

Records

Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Donor ID:

Donor Information

OPO:

Donor Hospital:

Referral Date:

Recovered Outside the U.S.:

YES NO

Country:

Last Name:

First Name:

DOB:

Age:

Months Years

Gender:

Male Female

Home City:

State:

Zip Code:

 -

Ethnicity/Race:

American Indian or Alaska Native

- American Indian
- Eskimo
- Aleutian
- Alaska Indian
- American Indian or Alaska Native: Other
- American Indian or Alaska Native: Not Specified/Unknown

Black or African American

- African American
- African (Continental)
- West Indian
- Haitian
- Black or African American: Other
- Black or African American: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

Asian

- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Asian: Other
- Asian: Not Specified/Unknown

Hispanic/Latino

- Mexican
- Puerto Rican (Mainland)
- Puerto Rican (Island)
- Cuban
- Hispanic/Latino: Other
- Hispanic/Latino: Not Specified/Unknown

White

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Native Hawaiian or Other Pacific Islander: Other
- Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

- European Descent
- Arab or Middle Eastern
- North African (non-Black)
- White: Other
- White: Not Specified/Unknown

Citizenship:

- U.S. CITIZEN
- RESIDENT ALIEN
- NON-RESIDENT ALIEN, Specify Country

Home Country:

Cause of Death:

- ANOXIA
- CVA/CEREBROVASCULAR/STROKE
- HEAD TRAUMA
- CNS TUMOR
- OTHER SPECIFY

Specify:

Mechanism of Death:

- DROWNING
- SEIZURE
- ASPHYXIATION
- ELECTRICAL
- STAB
- SIDS
- DEATH FROM NATURAL CAUSES
- DRUG INTOXICATION
- CARDIOVASCULAR
- GUNSHOT WOUND
- BLUNT INJURY
- INTRACRANIAL HEMORRHAGE/STROKE
- NONE OF THE ABOVE
- MVA

Circumstances of Death:

- SUICIDE
- HOMICIDE
- CHILD-ABUSE
- NON-MVA
- DEATH FROM NATURAL CAUSES
- NONE OF THE ABOVE

Procurement and Consent

Medical Examiner/Coroner:

- NO
- YES, MEDICAL EXAMINER CONSENTED
- YES, MEDICAL EXAMINER REFUSED CONSENT
- UNKNOWN

Did the patient have written documentation of their intent to be a donor:

- YES
- NO
- UNK

If yes, indicate mechanisms (check all that apply):

- Driver's license
- Donor Card
- Donor Registry
- Durable Power of Attorney / Healthcare Proxy

Other Specify

Was the consent based solely on this documentation:

- YES
- NO

Did the patient express to family or others the intent to be a donor:

- YES
- NO
- UNK

Date and time of pronouncement of death: (Complete for brain dead and DCD donors):

Date: Time: (military time)

Date and time consent obtained for first organ:

Date: Time: (military time)

Clinical Information

ABO Blood Group:

Height:

ft in cm

ST=

Weight:

lbs kg

ST=

Terminal Lab Data:

Serum Creatinine: mg/dl **ST=**

BUN: mg/dl **ST=**

Total Bilirubin: mg/dl **ST=**

SGOT/AST: u/L **ST=**

SGPT/ALT: u/L **ST=**

Protein in Urine: YES NO UNK

Last Serum Sodium Prior to Procurement: mEq/L **ST=**

INR: **ST=**

Blood PH: **ST=**

Hematocrit: % **ST=**

Pancreas (PA Donors Only):

Serum Lipase: u/L **ST=**

Serum Amylase: u/L **ST=**

Serology:

Positive
 Negative
 Unknown
 Cannot Disclose
 Not Done
 Indeterminate

Anti-HIV I/II:

Positive
 Negative
 Unknown
 Cannot Disclose
 Not Done
 Indeterminate

Anti-HTLV I/II:

Positive
 Negative
 Unknown

RPR-VDRL:

Anti-CMV:

- Cannot Disclose
- Not Done
- Indeterminate

- Positive
- Negative
- Unknown

HBsAg:

- Cannot Disclose
- Not Done
- Indeterminate

- Positive
- Negative
- Unknown

Anti-HBC:

- Cannot Disclose
- Not Done
- Indeterminate

- Positive
- Negative
- Unknown

Anti-HCV:

- Cannot Disclose
- Not Done
- Indeterminate

- Positive
- Negative
- Unknown

- Cannot Disclose
- Not Done
- Indeterminate

- Positive
- Negative

HBsAb:

- Unknown
- Cannot Disclose
- Not Done
- Indeterminate
- Positive
- Negative

EBV (VCA) (IgG):

- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

EBV (VCA) (IgM):

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

EBNA:

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Donor Management: (Any medications administered within 24 hours prior to crossclamp.)

Steroids:

- YES
- NO
- UNK

Diuretics:

- YES
- NO
- UNK

T3:

- YES
- NO
- UNK

T4:

- YES
- NO
- UNK

Anticonvulsants:

- YES
- NO
- UNK

Antihypertensives: YES NO UNK

Vasodilators: YES NO UNK

DDAVP: YES NO UNK

Heparin: YES NO UNK

Arginine Vasopressin: YES NO UNK

Insulin: YES NO UNK

Other/Specify:

Other/Specify:

Other/Specify:

Inotropic Medications at Time of Cross Clamp: YES NO UNK

Medication:

- Dopamine
- Dobutamine
- Epinephrine
- Levophed
- Neosynephrine
- Isoproterenol (Isuprel)
- Other, specify

Specify:

Dosage At Time of Cross Clamp:

Dosage Units:

- mcg/kg/min
- mcg/min
- mg/min
- units/hr
- mcg/hr

Final Dosage Duration: hours

Medication:

- Dopamine
- Dobutamine
- Epinephrine
- Levophed

Specify:

- Neosynephrine
- Isoproterenol (Isuprel)
- Other, specify

Dosage At Time of Cross Clamp:

Dosage Units:

- mcg/kg/min
- mcg/min
- mg/min
- units/hr
- mcg/hr

Final Dosage Duration: hours

Medication:

- Dopamine
- Dobutamine
- Epinephrine
- Levophed
- Neosynephrine
- Isoproterenol (Isuprel)
- Other, specify

Specify:

Dosage At Time of Cross Clamp:

Dosage Units:

- mcg/kg/min
- mcg/min
- mg/min
- units/hr
- mcg/hr

Final Dosage Duration: hours

Number of transfusions during this (terminal) hospitalization:

- NONE
- 1 - 5
- 6 - 10
- GREATER THAN 10
- UNKNOWN

Three or more inotropic agents at time of incision:

- YES NO

Cardiac arrest since neurological event that led to declaration of brain death:

YES NO

If Yes, Duration of Resuscitation:

min

ST=

Clinical Infection:

YES NO UNK

Source

Confirmed by Culture

Blood

YES NO

Lung

YES NO

Urine

YES NO

Other

YES NO

Other, specify:

Lifestyle Factors

Cigarette Use (> 20 pack years) - Ever:

YES NO UNK

AND continued in last six months:

YES NO UNK

Cocaine Use - Ever:

YES NO UNK

AND continued in last six months:

YES NO UNK

Other Drug Use (non - IV) - Ever:

YES NO UNK

AND continued in last six months:

YES NO UNK

Heavy Alcohol Use (heavy= 2+ drinks/day):

YES NO UNK

Tattoos:

YES NO UNK

Does the Donor meet CDC guidelines for "High Risk" for an organ donor:

YES NO UNK

NO

YES, 0-5 YEARS

YES, 6-10 YEARS

YES, >10 YEARS

YES, DURATION UNKNOWN

History of Diabetes:

Insulin Dependent:

- UNKNOWN
- NO
- YES, 0-5 YEARS
- YES, 6-10 YEARS
- YES, >10 YEARS
- YES, DURATION UNKNOWN
- UNKNOWN

History of Hypertension:

- NO
- YES, 0-5 YEARS
- YES, 6-10 YEARS
- YES, >10 YEARS
- YES, UNKNOWN DURATION
- UNKNOWN

If yes, method of control:

Diet: YES NO UNK

Diuretics: YES NO UNK

Other Hypertensive Medication: YES NO UNK

History of Cancer:

Specify:

Cancer Free Interval:

 years

ST=

Cancer at time of procurement:

Intracranial: YES NO UNK

Extracranial: YES NO UNK

Skin: YES NO UNK

Organ Recovery

Recovery Date (donor to OR):

Was this a DCD donor:

YES NO

If Yes, Controlled:

YES NO UNK

If Yes, Core Cooling Used:

YES NO

If Yes, Estimated Warm Ischemic Time:

min

ST=

Clamp Date:

Clamp Time: (Military Time)

ST=

Clamp Time Zone:

EASTERN

CENTRAL

MOUNTAIN

PACIFIC

ALASKA

HAWAII

ATLANTIC

All Donors Cardiac and Pulmonary Function:

History of previous MI:

YES NO UNK

LV ejection fraction (%):

ST=

Method:

Echo

MUGA

Angiogram

If LV, Ejection Fraction < 50%:

Structural Abnormalities:

Valves:

YES NO

Congenital:

YES NO

LVH:

YES NO

Wall Abnormalities:

Segmental:

YES NO

Global:

YES NO

Coronary Angiogram:

- No
- Yes, normal
- Yes, not normal

If Abnormal, # of Vessels with > 50% Stenosis:

- 0
- 1
- 2
- 3
- Unknown

Pulmonary Measurements:

Lung - Was pO2 done:

- YES
- NO
- UNK

If Yes, Lung pO2:

mm/Hg

ST=

If Yes, Lung pO2 on FiO2 of:

pCO2:

mm/Hg

ST=

Was a pulmonary artery catheter placed:

- YES
- NO

If Yes, Initial (baseline) and Final-Preoperative measurements:

	Initial		Final
Map: (mm/Hg)	<input type="text"/>	ST=	<input type="text"/>
	<input type="text"/>		<input type="text"/>
CVP: (mm/Hg)	<input type="text"/>	ST=	<input type="text"/>
	<input type="text"/>		<input type="text"/>
PCWP: (mm/Hg)	<input type="text"/>	ST=	<input type="text"/>
	<input type="text"/>		<input type="text"/>
SVR: (dynes/sec/cm)⁵	<input type="text"/>	ST=	<input type="text"/>
	<input type="text"/>		<input type="text"/>
PA Systolic: (mm/Hg)	<input type="text"/>	ST=	<input type="text"/>
	<input type="text"/>		<input type="text"/>
PA Diastolic: (mm/Hg)	<input type="text"/>	ST=	<input type="text"/>
	<input type="text"/>		<input type="text"/>
CO: (L/min)	<input type="text"/>	ST=	<input type="text"/>
	<input type="text"/>		<input type="text"/>

Cardiac Index: (L/min/sq.m)

 ST= ST=

Biopsy (heart donors only):

- NO
- YES, MYOCARDITIS
- YES, NEGATIVE BIOPSY RESULT
- YES, OTHER DIAGNOSIS SPECIFY

Other Diagnosis /Specify:

Left Kidney Biopsy:

- YES NO

Glomerulosclerosis:

- 0-5
- 6-10
- 11-15
- 16-20
- 20+
- Indeterminate

Pump:

- YES NO

Final Resistance Prior to Shipping:

 ST=

Transferred on pump:

- YES NO

Right Kidney Biopsy:

- YES NO

Glomerulosclerosis:

- 0-5
- 6-10
- 11-15
- 16-20
- 20+
- Indeterminate

Pump:

- YES NO

Final Resistance Prior to Shipping:

 ST=

Transferred on pump:

YES NO

Liver Biopsy:

YES NO

% Macro vesicular fat:

%

ST=

% Micro/intermediate vesicular fat:

%

ST=

Other Histology (check all that apply):

Hemosidera:

Granulomas:

Other Specify:

Left Lung Bronchoscopy:

- No Bronchoscopy
- Bronchoscopy Results normal
- Bronchoscopy Results, Abnormal-purulent secretions
- Bronchoscopy Results, Abnormal-aspiration of foreign body
- Bronchoscopy Results, Abnormal-blood
- Bronchoscopy Results, Abnormal-anatomy/other lesion
- Bronchoscopy Results, Unknown
- Unknown if bronchoscopy performed

Right Lung Bronchoscopy:

- No Bronchoscopy
- Bronchoscopy Results normal
- Bronchoscopy Results, Abnormal-purulent secretions
- Bronchoscopy Results, Abnormal-aspiration of foreign body
- Bronchoscopy Results, Abnormal-blood
- Bronchoscopy Results, Abnormal-anatomy/other lesion
- Bronchoscopy Results, Unknown
- Unknown if bronchoscopy performed

Chest X-ray:

- No chest x-ray
- Normal
- Abnormal-left

- Abnormal-right
- Abnormal-both
- Results Unknown
- Unknown if chest x-ray performed

Organ Dispositions

Right Kidney

- Organ:
- Consent Not Requested
 - Consent Not Obtained
 - Organ Not Recovered
 - Recovered Not for Tx
 - Recovered for TX but Not Tx
 - Transplanted
 - N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Left Kidney

- Consent Not Requested
- Consent Not Obtained

Organ:

- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Double Enbloc Kidney

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Pancreas

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Pancreas Segment 1

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Pancreas Segment 2

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted

N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Liver

Consent Not Requested

Consent Not Obtained

Organ Not Recovered

Organ:

Recovered Not for Tx

Recovered for TX but Not Tx

Transplanted

N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Liver Segment 1

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Liver Segment 2

- Consent Not Requested

Organ:

- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Intestine

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Intestine Segment 1

- Organ:
- Consent Not Requested
 - Consent Not Obtained
 - Organ Not Recovered
 - Recovered Not for Tx
 - Recovered for TX but Not Tx
 - Transplanted
 - N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Intestine Segment 2

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Heart

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx

Transplanted

N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Left Lung

Consent Not Requested

Consent Not Obtained

Organ Not Recovered

Organ:

Recovered Not for Tx

Recovered for TX but Not Tx

Transplanted

N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Right Lung

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Double Lung

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

UNOS View Only

Comments: