

Records

Living Donor Registration Worksheet

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

Donor ID:

Provider Information

Recipient Center:

Donor Information

Donor Name:

UNOS Donor ID #:

Address:

Home City:

State:

Zip Code:

 -

Home Phone:

Work Phone:

Email:

SSN:

Date of Birth:

Gender:

Male Female

Marital Status at Time of Donation:

- Single
- Married
- Divorced
- Separated
- Life Partner
- Unknown

ABO Blood Group:

O A B AB A1 A1B A2 A2B

Donor Type:

- Biological, blood related Parent
- Biological, blood related Child
- Biological, blood related Identical Twin
- Biological, blood related Full Sibling
- Biological, blood related Half Sibling
- Biological, blood related Other Relative: SPECIFY
- Non-Biological, Spouse

- Non-Biological, Life Partner
- Non-Biological, Unrelated: Paired Exchange
- Non-Biological, Unrelated: Non-Directed Donation (Anonymous)
- Non-Biological, Living/Deceased Exchange
- Non-Biological, Other Unrelated Directed Donation: Specify

Specify:

Ethnicity/Race:
(select all origins that apply)

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

Asian

- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Asian: Other
- Asian: 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

Hispanic/Latino

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

Native Hawaiian or Other Pacific Islander

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

White

- 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, Year Entered US

Year of Entry into U.S.:

- NONE
- GRADE SCHOOL (0-8)

Highest Education Level:

- HIGH SCHOOL (9-12)
- ATTENDED COLLEGE/TECHNICAL SCHOOL
- ASSOCIATE/BACHELOR DEGREE
- POST-COLLEGE GRADUATE DEGREE
- N/A (< 5 YRS OLD)
- UNKNOWN

Did the donor have health insurance:

- YES
- NO
- UNK

Functional Status:

Physical Capacity: (check one)

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Unknown

Working for Income:

- YES
- NO
- UNK

If No, Not Working Due To: (check one)

- Disability
- Insurance Conflict
- Inability to Find Work
- Donor Choice - Homemaker
- Donor Choice - Student Full Time/Part Time
- Donor Choice - Retired
- Donor Choice - Other
- Unknown

If Yes:

- Working Full Time
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Donor Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Pre-Donation Clinical Information

Viral Detection

Have any of the following viruses ever been tested for: HIV, CMV, HBV, HCV, EBV

YES NO

HIV

YES NO

Test

Result

AIDS):

Was there clinical disease (ARC,

YES NO UNK

Antibody:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

RNA:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

CMV

YES NO

Test

Result

Was there clinical disease:

YES NO UNK

IgG:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

IgM:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

Nucleic Acid Testing:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

- Culture:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

HBV

- YES NO

Test

Result

- Was there clinical disease:
- YES
 - NO
 - UNK

- Liver Histology:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

- Core Antibody:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

- Surface Antigen:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

- HBV DNA:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

- HDV (Delta Virus):
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

HCV

YES NO

Test

Result

Was there clinical disease:

YES NO UNK

Liver Histology:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

Antibody:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

RIBA:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

HCV RNA:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

EBV

YES NO

Test

Result

Was there clinical disease:

YES NO UNK

IgG:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

IgM:

Positive
 Negative
 Not Done

EBV DNA:

- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Pre-Donation Height and Weight

Height:

ft in cm

ST=

Weight:

lb kg

ST=

History of Cancer:

- NO
- SKIN - SQUAMOUS, BASAL CELL
- SKIN - MELANOMA
- CNS TUMOR - ASTROCYTOMA
- CNS TUMOR - GLIOBLASTOMA MULTIFORME
- CNS TUMOR - MEDULLOBLASTOMA
- CNS TUMOR - NEUROBLASTOMA
- CNS TUMOR - ANGIOBLASTOMA
- CNS TUMOR - MENINGIOMA
- CNS TUMOR - OTHER
- GENITOURINARY - BLADDER
- GENITOURINARY - UTERINE CERVIX
- GENITOURINARY - UTERINE BODY
ENDOMETRIAL
- GENITOURINARY - UTERINE BODY
CHORIOCARCINOMA
- GENITOURINARY - VULVA
- GENITOURINARY - OVARIAN
- GENITOURINARY - PENIS, TESTICULAR
- GENITOURINARY - PROSTATE
- GENITOURINARY - KIDNEY
- GENITOURINARY - UNKNOWN

- GASTROINTESTINAL - ESOPHAGEAL
- GASTROINTESTINAL - STOMACH
- GASTROINTESTINAL - SMALL INTESTINE
- GASTROINTESTINAL - COLO-RECTAL
- GASTROINTESTINAL - LIVER & BILIARY TRACT
- GASTROINTESTINAL - PANCREAS
- BREAST
- THYROID
- TONGUE/THROAT
- LARYNX
- LUNG (include broncial)
- LEUKEMIA/LYMPHOMA
- UNKNOWN
- OTHER, SPECIFY

Specify:

Cancer Free Interval: years ST=

Diabetes:

YES NO UNK

Treatment:

- Insulin
- Oral Hypoglycemic Agent
- Diet

Pre-Donation Liver Clinical Information

Total Bilirubin: mg/dl ST=

SGOT/AST: U/L ST=

SGPT/ALT: U/L ST=

Alkaline Phosphatase: units/L ST=

Serum Albumin: g/dl ST=

ST=

Serum Creatinine: mg/dl

INR:

ST=

Liver Biopsy:

YES NO

% Macro vesicular fat:

 %

ST=

% Micro vesicular fat:

 %

ST=

Pre-Donation Kidney Clinical Information

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

Serum Creatinine: mg/dl

ST=

Preoperative Blood Pressure Systolic: mm/Hg

ST=

Preoperative Blood Pressure Diastolic: mm/Hg

ST=

Urinalysis:

Urine Protein:

- Positive
- Negative
- Not Done
- Unknown

or

Protein-Creatinine Ratio:

Kidney Biopsy:

YES NO

0-5

6-10

Glomerulosclerosis:

11-15

16-20

20+

Pre-Donation Lung Clinical Information

Before
Bronchodilators

After
Bronchodilators

FVC % predicted:

ST=

ST=

FEV1 % predicted:

ST=

ST=

FEF (25-75%) % predicted:

ST=

ST=

TLC % predicted:

ST=

ST=

Diffusing lung capacity
corrected for alveolar volume %
predicted:

ST=

PaO2 on room air:

mm/Hg

ST=

History of Cigarette Use:

YES NO

0-10

11-20

If Yes, Check # pack years:

21-30

Duration of Abstinence:

- 31-40
- 41-50
- >50
- Unknown pack years

- 0-2 months
- 3-12 months
- 13-24 months
- 25-36 months
- 37-48 months
- 49-60 months
- >60 months
- Unknown duration

Other Tobacco Used:

- YES
- NO
- UNK

Liver Surgical Information

Type of Transplant Graft:

- Left Lateral Segment (Peds)
- Left Lobe
- Right Lobe
- Domino Whole Liver

Kidney Surgical Information

Type of Transplant Graft:

- LEFT KIDNEY
- RIGHT KIDNEY
- EN-BLOC
- Bilateral Sequential Kidney
- HEMI-RENAL

Intended Procedure Type:

- Transabdominal
- Flank(retroperitoneal)
- Laparoscopic Not Hand-assisted
- Laparoscopic Hand-assisted

Conversion from Laparoscopic to Open:

- YES
- NO

Lung Surgical Information

Type of Transplant Graft:

- SINGLE LEFT LUNG
- SINGLE RIGHT LUNG
- BILATERAL SEQUENTIAL LUNG
- EN-BLOC DOUBLE LUNG
- LOBE, RIGHT
- LOBE, LEFT

Procedure Type:

- Open
- Video Assisted Thoracoscopic

Conversion from Thoracoscopic to Open:

- YES NO

Intra-operative Complications:

- YES NO

If Yes, Specify:

- Sacrifice of Second Lobe Specify
- Anesthetic Complication Specify
- Arrhythmia Requiring Therapy
- Cerebrovascular Accident
- Phrenic Nerve Injury
- Brachial Plexus Injury
- Breast Implant Rupture
- Other Specify

Sacrifice of Second Lobe, Specify:

- RML
- RUL
- LUL
- Lingular

Anesthetic Complication Specify:

Arrhythmia requiring therapy:

- Medical therapy
- Cardioversion

Other Specify:

Post-Operative Information

Date of Initial Discharge:

Date of Death:

Cause of Death:

Other Specify:

Non-Autologous Blood Administration:

YES NO

If Yes, Number of Units:

 PRBC Platelets FFP

Liver Related Post-Operative Complications (In first 6 weeks post-donation)

Biliary Complications:

YES NO UNK

If Yes, Specify:

Grade 1 – Bilious JP drainage more than 10 days

Grade 2 – Interventional procedure (ERCP, PTC, percutaneous drainage, etc.)

Grade 3 – Surgical Intervention

Vascular Complications Requiring Intervention:

YES NO UNK

If Yes, Specify:

Portal Vein

Hepatic Vein

Hepatic Artery

Pulmonary Embolus

Deep Vein Thrombosis

Other, Specify

Specify:

Other Complications Requiring Intervention:

YES NO UNK

If Yes, Specify:

Renal insufficiency requiring dialysis

Ascites

Line or IV complication

Pneumothorax

Pneumonia

Wound Complication

Brachial Nerve Injury

Other, specify

Specify:

Reoperation:

YES NO UNK

If yes, specify reason for reoperation (during first six weeks):

Liver Failure Requiring Transplant

Date:

Bleeding Complications

Date:

Biliary

Date:

Hernia Repair

Date:

Bowel Obstruction

Date:

Vascular Complications

Date:

Other Specify

Date:

Other Specify:

Any Readmission After Initial Discharge:

YES NO UNK

If yes, specify reason for readmission (during first six weeks):

Wound Infection

Fever

Bowel Obstruction

Pleural Effusion

Biliary Complications

Vascular Complications

Other, specify

Other Specify:

If Yes, Date of First Readmission:

Other Interventional Procedures:

YES NO UNK

If Yes, Specify Procedure:

Date of Procedure:

Kidney Related Post-Operative Complications (In first 6 weeks post-donation)

Vascular Complications Requiring Intervention:

YES NO UNK

If Yes, Specify:

Renal Vein

Renal Artery

- Aorta
- Vena Cava
- Pulmonary Embolus
- Deep Vein Thrombosis
- Other, specify

Specify:

Other Complications Requiring Intervention:

- YES NO UNK

If Yes, Specify:

- Renal insufficiency requiring dialysis
- Ascites
- Line or IV complication
- Pneumothorax
- Pneumonia
- Wound Complication
- Brachial Nerve Injury
- Other, specify

Other Specify:

Reoperation:

- YES NO UNK

If yes, specify reason for reoperation (during first six weeks):

- Bleeding Date:
- Hernia Repair Date:
- Bowel Obstruction Date:
- Vascular Date:
- Other Specify Date:

Other Specify:

Any Readmission After Initial Discharge:

- YES NO UNK

If yes, specify reason for readmission (during first six weeks):

- Wound Infection
- Fever
- Bowel Obstruction
- Pleural Effusion
- Vascular Complications

Other, specify

Other Specify:

If Yes, Date of First Readmission:

Other Interventional Procedures:

YES NO UNK

If Yes, Specify Procedure:

Date of Procedure:

Lung Related Post-Operative Complications (In first 6 weeks post-donation)

Post-operative complications during the initial hospitalization:

YES NO

If Yes, Specify:

Arrhythmia requiring therapy

Bleeding requiring surgical or therapeutic bronchoscopic intervention

Bowel Obstruction or Ileus not requiring surgical or therapeutic bronchoscopic intervention

Bowel Obstruction or Ileus requiring surgical or therapeutic bronchoscopic intervention

Bronchial Stenosis/Stricture not requiring surgical or therapeutic bronchoscopic intervention

Bronchial Stenosis/Stricture requiring surgical or therapeutic bronchoscopic intervention

Bronchopleural Fistula requiring surgical or therapeutic bronchoscopic intervention

Cerebrovascular Accident

Deep Vein Thrombosis

Empyema requiring therapeutic bronchoscopic intervention

Epidural-Related Complication

Line or IV Complication

Loculated Pleural Effusion requiring surgical or therapeutic bronchoscopic intervention

Pericardial Tamponade or Pericarditis requiring surgical or therapeutic bronchoscopic intervention

Pericarditis not requiring surgical or therapeutic bronchoscopic intervention

Peripheral Nerve Injury

Phrenic Nerve Injury

Placement of Additional Thoracostomy Tube(s), Specify Indication

Pneumonia/Atelectasis

- Prolonged (>14days) Thoracostomy Tube Requirement
- Pulmonary Artery Embolus or Thrombosis
- Pulmonary Vein or Left Atrial Thrombosis
- Wound Complication
- Wound Infection requiring surgical or therapeutic bronchoscopic intervention
- Other Specify

Arrhythmia requiring therapy:

- Medical therapy
- Cardioversion
- Electrophysiologic Ablation

Placement of Additional Thoracostomy Tube(s), Indication:

- Pneumothorax
- Pleural effusion
- Empyema

Other Specify:

Any Readmission After Initial Discharge:

- YES NO UNK

If yes, specify reason for readmission (during first six weeks):

- Wound Infection
- Fever
- Bowel Obstruction
- Pleural Effusion
- Vascular Complications
- Other, specify

Specify:

If Yes, Date of First Readmission:

Post-Operative Clinical Information (Within 6 weeks post-donation)

Most Recent Date of Tests:

Height:

 ft in cm

ST=

Weight:

 lb kg

ST=

Kidney Post-Operative Clinical Information

Serum Creatinine:

mg/dl

ST=

Post-Op Blood Pressure Systolic:

mm/Hg

ST=

Post-Op Blood Pressure Diastolic:

mm/Hg

ST=

Urinalysis:

Urine Protein:

- Positive
- Negative
- Not Done
- Unknown

or

Protein-Creatinine Ratio:

Donor Developed Hypertension Requiring Medication:

- YES
- NO
- UNK

Liver Post-Operative Clinical Information

Total Bilirubin:

mg/dl

ST=

SGOT/AST:

U/L

ST=

SGPT/ALT:

U/L

ST=

Alkaline Phosphatase:

units/L

ST=

Serum Albumin:

g/dl

ST=

Serum Creatinine:

mg/dl

ST=

INR:

ST=

Organ Recovery

Organ Recovery Date:

Organ(s) Recovered

Recipient Name (Last, First)

Recipient SSN#

Donor Recovery Facility:

Donor Workup Facility: