

# 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,	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
		<input type="radio"/> Positive
		<input type="radio"/> Negative
Antibody:		<input type="radio"/> Not Done
		<input type="radio"/> UNK/Cannot Disclose
		<input type="radio"/> Positive
		<input type="radio"/> Negative
RNA:		<input type="radio"/> Not Done
		<input type="radio"/> UNK/Cannot Disclose

#### CMV

YES  NO

	Test	Result
	Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
		<input type="radio"/> Positive
		<input type="radio"/> Negative
IgG:		<input type="radio"/> Not Done
		<input type="radio"/> UNK/Cannot Disclose
		<input type="radio"/> Positive
		<input type="radio"/> Negative
IgM:		<input type="radio"/> Not Done
		<input type="radio"/> UNK/Cannot Disclose
		<input type="radio"/> Positive
		<input type="radio"/> Negative
Nucleic Acid Testing:		<input type="radio"/> Not Done
		<input type="radio"/> 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: