Patient Details Hidden Show

Show/Hide Annotations Stickies: Toggle All Toggle Open Toggle Resolved

Show trials/registries

Form 2: Donor

Toggle Question Year/Info Print this Form Not Started

Transplant Date

Question Added: 01 JAN 1993
TXDATE

1 **Donor Age**

Indicate age in months, days, or years

- Days
- Months
- Years

Missing Reason:
- Unknown

TIMEAGE

Question Added: 01 JAN 1993

DONORAGE

2 **Donor Date of Birth**

Missing Reason:
- Unknown

Question Added: 01 JAN 1993
DONORDOB

Height and Weight

3 **Donor Height**

- Centimeters
- Inches

HTDONORU

Missing Reason:
- Not Done
- Unknown

Question Added: 01 JAN 1993

HTDONOR

Calculated

BSA: **n/a**
BMI: **n/a**

4 **Donor Weight**

- Kilograms
- Pounds

WTDONORU

Missing Reason:
- Not Done
- Unknown

Question Added: 01 JAN 1993

WTDONOR

5 **Donor Sex**

- Female
- Male
- Unknown

Question Added: 01 JAN 1993
DONORSEX

6 **Donor Race**

Check all that apply.

- American Indian or Alaskan Native — DRACE_AI
- Asian — DRACE_A
- Black — DRACE_B
- Pacific Islander — DRACE_PI

- [ ] White — DRACE_W
- [ ] Unknown — DRACE_UN
- [ ] Other, specify — DRACE_O

DOTHRACE

Question Added: 01 JAN 1993

7 Hispanic or Latino

Yes if of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin, regardless of race.

- ○ Yes
- ○ No
- ○ Unknown

Question Added: 01 JAN 1993
HISPF2

8a Donor Date of Death

MM/DD/YYYY

Missing Reason:
- ○ Unknown

Question Added: 01 JAN 2005
DDEATHDT

8b Donor Cause of Death

Check only one.

- ○ Anoxia
- ○ Cerebrovascular/Stroke
- ○ CNS Tumor
- ○ Head Trauma
- ○ Other, specify

CODIE

Question Added: 01 JAN 1993
DCAUSEOD

8c Donor Mechanism of death

Check only one.

- ○ Asphyxiation
- ○ Blunt Injury
- ○ Cardiovascular
- ○ Cerebral Embolism
- ○ CNS Infection
- ○ Drowning
- ○ Drug Intoxication
- ○ Electrical
- ○ Gunshot Wound
- ○ Intracranial Hemorrhage (ICH)
- ○ Seizure
- ○ Stab
- ○ Sudden Infant Death
- ○ Unknown
- ○ Other, specify

MECOTH

Question Added: 01 JAN 1993
DMECHOD

8d Donor Circumstances of death

- ○ Alleged Child Abuse
- ○ Alleged Homicide
- ○ Alleged Suicide
- ○ Motor Vehicle Accident
- ○ Non-Motor Vehicle Accident
- ○ Unknown
- ○ Other, specify

CIRCOTH

Question Added: 01 JAN 1993
DCIRCOD

9 **Donor Downtime**
Previously called "Duration of Cardiac Arrest".
- ○ Yes
- ○ No
- ○ Unknown

Question Added: 01 JAN 2005
DTIME

9a **Duration of Donor Downtime**
Previously called "Duration of Cardiac Arrest".
Enter duration in minutes.

Missing Reason:
- ○ Unknown

Question Added: 01 JAN 2005
DURCARST

10 **Chest Compressions (CPR)**
- ○ Yes
- ○ No
- ○ Unknown

Question Added: 01 JAN 1993
CPR

10a **If yes, CPR Time**
Enter duration in minutes

minutes

Missing Reason:
- ○ Unknown

Question Added: 01 JAN 2010
CPRMIN

	Recipient Blood Type			
Donor Blood Type	**A**	**B**	**AB**	**O**
A	*ABO compatible*	ABO incompatible	*ABO compatible*	ABO incompatible
B	ABO incompatible	*ABO compatible*	*ABO compatible*	ABO incompatible
AB	ABO incompatible	ABO incompatible	*ABO compatible*	ABO incompatible
O	*ABO compatible*	*ABO compatible*	*ABO compatible*	*ABO compatible*

11 **Donor Blood Type**
- ○ A
- ○ AB
- ○ B
- ○ O

Question Added: 01 JAN 1993
DABOTYPE

11a **Blood type A subtype**
- ○ A1
- ○ A2
- ○ Unknown

Question Added: 01 JAN 2010
DRABOAT

12 **Donor Rh**
- ○ Negative
- ○ Positive
- ○ Unknown

Question Added: 01 JAN 1993
DRHTYPE

13 **Donor Past Medical History**
Check all that are known.

- ☐ Cancer at time of procurement — CANCPRO
- ☐ Diabetes — DMHDIAB
- ☐ History of Cancer — HISCANC
- ☐ Hypertension — DMHHYTEN
- ☐ Infection, specify — DMHINF

DMHINFSP

- ☐ Mitral Valve Prolapse — DMHMVP
- ☐ None — DHXNONE
- ☐ Unknown — DHXUNK

☐ Other, specify DMHOTHR

Question Added: 01 JAN 1993

13a **If donor had diabetes, was patient on insulin?**
○ Yes ○ No ○ Unknown

Question Added: 01 JAN 1993
DHXINSUL

13 **Cancer at Time of Procurement, Location**

Question Added: 01 JAN 1993
CANLOCPR

13 **Cancer Type/Location**

Question Added: 01 JAN 1993
CANLOCSP

13 **Past Medical History, Specify**

Question Added: 28 MAY 2021
DMHSPEC

14 **Did the donor have an increased risk for HIV, HBV, HCV?**
○ Yes ○ No ○ Unknown

Question Added: 01 SEPT 2015
DRISK

14a **If yes, specify increased risk.**
☐ At risk medical history (i.e. hemodialysis, new diagnosis of or treatment for STD in past 12 months) ATRSKHST
☐ At risk social history (specify) ATRSKSHS
☐ Hemodiluted sample HEMDILUT

Question Added: 01 SEPT 2015

14a.i **If at risk social history, specify.**
Check all that apply
☐ Incarceration INCARCTN
☐ Injected Drug Use INJDRUGS
☐ Mother with HIV MTHRHIV
☐ Sexual exposure SEXEXHIS
☐ Unknown RISKUNK
☐ Other, specify RISKOTHR
RISKSPEC

Question Added: 01 SEPT 2015

Pre-transplant Donor Echocardiogram

15 **Pre-Transplant Donor Echocardiogram**
(closest to time of procurement)
○ Yes ○ No ○ Unknown

Question Added: 01 JAN 1993
DPTXECHO

Result of Donor Echocardiogram ○ Abnormal
EFIND

15a
- Normal
- Unknown

Question Added: 01 JAN 1993

15a.i **If abnormal, please specify**
Check all that apply.
- Abnormal Septal Motion — ABSEPTMO
- Diffuse Wall Motion Abnormality — DWMA
- Focal Wall Motion Abnormality — FWMA
- Mitral Regurgitation — MITREG
- Tricuspid Regurgitation — TRIREG
- Unknown — EFINDUNK

Question Added: 01 JAN 1993

15b **Donor Fractional Shortening** [ ]
Missing Reason:
- Not Done
- Unknown

Question Added: 01 JAN 1993
FRACSHOR

15c **Donor Estimated LV Eject Fraction** [ ]
Missing Reason:
- Not Done
- Unknown

Question Added: 01 JAN 1993
ESTEJECT

Pre-transplant Donor Angiogram

16 **Pre-transplant Donor Angiogram**
- Yes
- No
- Unknown

Question Added: 01 JAN 1993
DPTXANGI

16a **Angiogram results**
- Abnormal, Specify [ ] — DPTXABNS
- Normal
- Unknown

Question Added: 01 JAN 2005
DPTXNORM

Donor Serologies

17a **HB core Ab**
Hepatitis B core antibody
- Negative
- Not Done
- Positive
- Unknown

Question Added: 01 JAN 1993
DHBCAB

17b **HBs Ag**
Hepatitis B surface antigen
- Negative
- Not Done
- Positive
- Unknown

Question Added: 01 JAN 1993
DHBSAG

17c **HBs Ab**
Hepatitis B surface antibody
- Negative
- Not Done
- Positive
- Unknown

Question Added: 01 JAN 1993
DHBSAB

17d **Hep C ab**
Hepatitis C antibody
○ Negative ○ Not Done ○ Positive ○ Unknown
Question Added: 01 JAN 1993 DHCAB

17e **HIV Serology**
AIDS testing
○ Negative ○ Not Done ○ Positive ○ Unknown
Question Added: 01 JAN 1993 DHIV

17f **CMV IgG**
Cytomegalovirus testing
○ Negative ○ Not Done ○ Positive ○ Unknown
Question Added: 01 JAN 1993 DCMV

17g **RPR/Syphilis**
Syphillis testing
○ Negative ○ Not Done ○ Positive ○ Unknown
Question Added: 01 JAN 1993 DRPR

17h **EBV IgG**
Epstein Barr Virus
○ Negative ○ Not Done ○ Positive ○ Unknown
Question Added: 01 JAN 1993 DEBV

17i **IFA Toxo**
Toxoplasma testing
○ Negative ○ Not Done ○ Positive ○ Unknown
Question Added: 01 JAN 1993 DTOXO

Donor on Inotropes, Pressors, or Thyroid Hormones at time of procurement?

18a **T3**
Tri-iodothyronine (Thyroid hormone)
○ Yes ○ No ○ Unknown
Question Added: 01 JAN 1993 DON_T3

18b **T4**
Levothyroxine (Thyroid hormone)
○ Yes ○ No ○ Unknown
Question Added: 01 JAN 1993 DON_T4

18c **Epinephrine**
Adrenaline (Inotrope, pressor)
○ Yes ○ No ○ Unknown
Question Added: 01 JAN 1993 DON_EPI

18d **Dopamine**
(Inotrope)
○ Yes ○ No ○ Unknown
Question Added: 01 JAN 1993 DON_DOP

18e **Dobutamine**
Dobutrex (Inotrope)
○ Yes ○ No ○ Unknown
Question Added: 01 JAN 1993 DON_DOB

18f **Vasopressin**
Pitressin (Pituitary hormone)
○ Yes ○ No ○ Unknown
Question Added: 01 JAN 1993 DON_VPR

18g **Levophed**
Norepinephrine (Inotrope, Pressor)
○ Yes ○ No ○ Unknown
Question Added: 01 JAN 1993 DON_LEVO

18h **Milrinone**
Primacor (Inotrope)
○ Yes ○ No ○ Unknown
DON_MIL

Question Added: 01 JAN 1993

18i **Neosynephrine** ○ Yes ○ No ○ Unknown
Phenylephrine (Pressor)

Question Added: 01 JAN 1993
DON_NSYN

18j **Other** ○ Yes ○ No ○ Unknown

Question Added: 01 JAN 1993
DON_OTH

18j **Please specify**

Question Added: 01 January 1993
DOPRDSC1

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