

# Lifebanc CCF Import Form

---

Transplant Coordinator :

UNOS ID :

Donor Last Name :

Donor First Name :

Donor Age :

Cross Clamp Date :

Recovery Surgeon :

Recovery Team :

Organ (Heart, Left Lung, Right Lung, Double Lung, Liver, Liver Segment) :

Organ Disposition (Transplanted, Research, Discard) :

Transportation (Ground, Air, Courier) :

Biopsy (Yes or No) :

Waivers - Full ? (Yes or No) :

Waivers - Anatomical ? (Yes or No) :

Waivers - Biopsy ? (Yes or No) :

Waivers - Pump ? (Yes or No) :

UNOS 800 Code (Reason host OPO exported organ) :

Offered for Recipient Last Name :

Offered for Recipient First Name :

Recipient Last Name :

Recipient First Name :

Recipient Date of Birth :

\*

Recipient Age :

Recipient Gender (Male or Female) :

Recipient Race (Caucasian, African-American, Hispanic, Other) :

HIC # :

Date Listed :

Transplant Date :

ABO Type (A, B, O, AB) :

Primary Disease :

Transplant Surgeon :

Transplant Team :

Ischemic Time :

Previous Transplant (Yes or No) :

Married (Yes or No) :

Occupation :

Children (Yes or No) :

How Many Children :

Hobbies, Interests, Comments :

Street Address :

City :

State :

Zip :

Phone :

Is the recipient still in ICU (Yes or No) :

Did the organ function immediately (Yes or No) :

Is the organ functioning well (Yes or No) :

Has the recipient been extubated (Yes or No) :

Describe recipient's general condition :

For kidney recipients only (please complete the following questions):

Did recipient require dialysis within the first week? (Yes or No) :

What was the date and time of re-vascularization?

Re-vascularization Date:

Re-vascularization Time:

What was the initial and discharge creatinine?

Initial Creatinine:

Discharge Creatinine:

\* denotes you must fill in this field

---

Revised: -WEBBOT bot=TimeStamp S-Type="EDITED" S-Format="%B %d, %Y" startspan --> June 22, 2007