

# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

## Section Name: Header

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Header	A	Date of notification	(Non crf field) The date record was created for this admission / registry OR the date Source Data Provider (SDP) was informed/ notify of this admission / registry. Also known as date of enrollment. This date could be autofilled as date data entry or manually completed by the SDP (Non-CRF field)		<input type="checkbox"/>	<input type="checkbox"/>
2	Header	ia	Reporting Centre Name	A unique identifying number assigned to a source data provider (SDP) by the Registry manager and / or the steering committee for the purpose of reporting to central data coordinator.		<input type="checkbox"/>	<input type="checkbox"/>
3	Header	ii	Time & Date of referral	Time & Date of referral		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Header	iii	Status	Status of the Donor or type of donor categorised as brain death OR Cardiopulmonary death. Post cardiac death, cadaveric tissue donors can only donate tissues such as corneas, heart valves, bone and skin	1:Brain death; 2: Cardiopulmonary death; 8888:Not Available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Definition of Brain death: Brain death is a diagnosis of death that is both medically and legally recognized. Brain death occurs when blood flow to the brain stops for an extended period of time. Without blood, the brain has no source of oxygen and without oxygen, the brain begins to die. A brain dead individual has been defined as one "who has either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brainstem." (Uniform Determination of Death Act, promulgated in 1980) Brain death may be caused by any condition that stops blood flow to the brain. Examples include acute injuries such as automobile accidents or when a blood vessel bursts in the brain. These conditions cause the brain to swell. If this swelling is not controlled, blood flow to the brain will stop, permanently resulting in brain death. Source: <a href="http://www.donatelifeny.org/glossary/glossary.html#a">http://www.donatelifeny.org/glossary/glossary.html#a</a> Definition of Cardiac Death: The cessation of all respiratory and cardiac functions.			

## Section Name: SECTION 1 : DONOR DETAILS & DEMOGRAPHICS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
5	Name	1	Name	Name of the Donor as registered in the MyKad or the applicable legal identification documents in CAPITAL LETTER and in FULL		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

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6	NRIC	2a	NRIC	Donor's identity card number. The numbering of the individual MyKad utilizes a 12-digit numbering system (usual format: YYMMDD-BP-###G) known as the Identification Card number (IC) is issued to MyKad holders. - YYMMDD represent the Donor's birth date -	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	NRIC	2b	Old IC	Old Identity Card Number. Only Applicable if MyKad is not available.	<input type="checkbox"/>	<input type="checkbox"/>	
8	NRIC	2c	Other ID document No.	Only Applicable if Donor's MyKad and Old IC are not available	<input type="checkbox"/>	<input type="checkbox"/>	
9	NRIC	2d	Specify document type	To record what type of document was used for "Other ID Document No". Categorized as Old IC/New IC/Army/Police/Mother's IC/Father's IC/Work Permit/Passport/Birth Certificate/Pension Card/Others	3: Army; 4: Police; 5: Mother's IC; 6: Father's IC; 7: Work Permit; 8:Passport; 9:Birth Certificate; 10: Pension Card; 99: Others; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
10	NRIC	2e	Specify document type (if others)	Specification of the document type if Other ID document is coded to "Others" and none of the listed categories are applicable	<input type="checkbox"/>	<input type="checkbox"/>	
11	Address	3a	Address	The address of the physical location where the Donor resides	<input type="checkbox"/>	<input type="checkbox"/>	
12	Address	3b	Postcode	Postcode of Donor's current place of residence. Postcode - 5 number series that denotes the area of residence.	<input type="checkbox"/>	<input type="checkbox"/>	
13	Address	3c	Town/ City	The name of the town and or city that the Donor was residing in. It can also be the name of the village.	<input type="checkbox"/>	<input type="checkbox"/>	
14	Address	3d	State	The current state of residence. It can be any ONE of the 14 states in Malaysia or other specify if not local.	1:Johor Darul Takzim; 2:Kedah Darul Aman; 3:Kelantan Darul Naim; 4:Melaka; 5:Negeri Sembilan Darul Khusus; 6:Pahang Darul Makmur; 7:Perak Darul Ridzuan; 8:Perlis Indera Kayangan; 9:Pulau Pinang; 10:Sabah; 11:Sarawak; 12:Selangor Darul Ehsan; 13:Terengganu Darul Iman; 14:Wilayah Persekutuan Kuala Lumpur; 15:Wilayah Persekutuan Labuan; 16:Wilayah Persekutuan Putrajaya; 8888: Not applicable - Foreign; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
15	Date of Birth	4a	Date of Birth	The date the Donor was born and recorded on their birth certificate. If the date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age OR if exact date is not known, please enter 01/07/yyyy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16	Date of Birth	4b	Estimate / presume Year	If date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age. (if exact date is not known, please enter 01/07/yyyy)	<input type="checkbox"/>	<input type="checkbox"/>	

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17	Age	5	Age at referral, year(s)	Age at Death / notification (auto calculated from Date of Death - Date of Birth) - year(s)		<input type="checkbox"/>	<input type="checkbox"/>
18	Age	5.ii	Age at referral, month(s)	Age at Death / notification (auto calculated from Date of Death - Date of Birth) - year(s)		<input type="checkbox"/>	<input type="checkbox"/>
19	Age	5.iii	Age at referral, day(s)	Age at Death / notification (auto calculated from Date of Death - Date of Birth) - year(s)		<input type="checkbox"/>	<input type="checkbox"/>
20	Gender	6	Gender	The Donor's biological sex refers to the biological differences between males and females (the assemblage of physical properties or qualities by which male is distinguished from female), and not referring to a person's social role (masculine or feminine)	1:Male; 2:Female; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Race	7b	Bumiputera Sabah, specify	Specification if Donor's Ethnic group is Bumiputera Sabah		<input type="checkbox"/>	<input type="checkbox"/>
22	Race	7a	Ethnic Group	Donor's Ethnic Group- categorized as Malay/Chinese/Indian/Bumiputera Sabah/Bumiputera Sarawak/Orang Asli/Others	100:Malay; 200:Chinese; 300:Indian; 800:Bumiputera Sabah; 1000:Bumiputera Sarawak; 1200:Orang Asli; 1301:Others; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	Race	7c	Bumiputera Sarawak, specify	Specification if Donor's Ethnic group is Bumiputera Sarawak		<input type="checkbox"/>	<input type="checkbox"/>
24	Race	7d	Others	Specification of other Malaysian ethnic group / race if none of the listed categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
25	Religion	8a	Religion	Donor's religion	8888:No Information; 1:Islam; 2:Christianity; 3:Buddhism; 4:Hinduism; 5:Sikhism; 6:Atheist; 7:Taoism; 8:Confucianism; 9:Bahaism; 10:Animism; 99:Others; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26	Religion	8b	Religion, Others, specify	Specification if Religion Others		<input type="checkbox"/>	<input type="checkbox"/>
27	Nationality	9a	Nationality	Nationality as per stated in the legal document	1:Citizen; 2:Permanent Resident; 3:Non-Citizen, specify country; 8888:Not available;9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
28	Nationality	9b	Nationality, Others, specify	Country of birth or origin of patients who are not a the citizens of Malaysia		<input type="checkbox"/>	<input type="checkbox"/>

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29	Nationality	9c	Specify country	Country of birth or origin of patients who are not a the citizens of Malaysia	ABW:Aruba; AFG:Afghanistan; AGO:Angola; AIA:Anguilla; ALB:Albania; AND:Andorra; ANT:Netherlands Antilles; ARE:United Arab Emirates; ARG:Argentina; ARM:Armenia; ASM:American Samoa; ATA:Antartica; ATF:French Southern Territories; ATG:Antigua and Barbuda; AUS:Australia; AUT:Austria; AZE:Azerbaijan; BDI:Burundi; BEL:Belgium; BEN:Benin; BFA:Burkina Faso; BGD:Bangladesh; BGR:Bulgaria; BHR:Bahrain; BHS:Bahamas; BIH:Bosnia and Herzegovina; BLR:Belarus; BLZ:Belize; BMU:Bermuda; BOL:Bolivia; BRA:Brazil; BRB:Barbados; BRN:Brunei Darussalam; BTN:Bhutan; BVT:Bouvet Island; BWA:Botswana; CAF:Central African Republic; CAN:Canada; CCK:Cocos (Keeling) Islands; CHE:Switzerland; CHL:Chile; CHN:China; CIV:Cote d'Ivoire (Ivory Coast); CMR:Cameroon; COD:Congo, The Democratic Republic of the; COG:Congo (Zaire); COK:Cook Islands; COL:Colombia; COM:Comoros; CPV:Cape Verde; CRI:Costa Rica; CUB:Cuba; CXR:Christmas Island; CYM:Cayman Islands; CYP:Cyprus; CZE:Czech Republic; DEU:Germany; DJI:Djibouti; DMA:Dominica; DNK:Denmark; DOM:Dominican Republic; DZA:Algeria; ECU:Ecuador; EGY:Egypt; ERI:Eritrea; EHS:Western Sahara; ESP:Spain; EST:Estonia; ETH:Ethiopia; FIN:Finland; FJI:Fiji; FLK:Falkland Islands	<input type="checkbox"/>	<input type="checkbox"/>
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(Malvinas);  
FRA:France;  
FRO:Faroe Islands;  
FSM:Micronesia,  
Federated States of;  
GAB:Gabon;  
GBR:United Kingdom;  
GEO:Georgia;  
GHA:Ghana;  
GIB:Gibraltar;  
GIN:Guinea;  
GLP:Guadeloupe;  
GMB:Gambia;  
GNB:Guinea-Bissau;  
GNQ:Equatorial  
Guinea; GRC:Greece;  
GRD:Grenada;  
GRL:Greenland;  
GTM:Guatemala;  
GUF:French Guiana;  
GUM:Guam;  
GUY:Guyana;  
HKG:Hong Kong;  
HMD:Heard Island and  
McDonald Islands;  
HND:Honduras;  
HRV:Croatia; HTI:Haiti;  
HUN:Hungary;  
IDN:Indonesia;  
IND:India; IOT:British  
Indian Ocean Territory;  
IRL:Ireland; IRN:Iran,  
Islamic Republic of;  
IRQ:Iraq; ISL:Iceland;  
ISR:Israel; ITA:Italy;  
JAM:Jamaica;  
JOR:Jordan;  
JPN:Japan;  
KAZ:Kazakhstan;  
KEN:Kenya;  
KGZ:Kyrgyzstan;  
KHM:Cambodia;  
KIR:Kiribati; KNA:Saint  
Kitts and Nevis;  
KOR:Korea, Republic  
of; KWT:Kuwait;  
LAO:Lao People`s  
Democratic Republic;  
LBN:Lebanon;  
LBR:Liberia;  
LBY:Libyan Arab  
Jamahiriya; LCA:Saint  
Lucia;  
LIE:Liechtenstein;  
LKA:Sri Lanka;  
LSO:Lesotho;  
LTU:Lithuania;  
LUX:Luxembourg;  
LVA:Latvia;  
MAC:Macau;  
MAR:Morocco;  
MCO:Monaco;  
MDA:Moldova, Republic  
of; MDG:Madagascar;  
MDV:Maldives;  
MEX:Mexico;  
MHL:Marshall Islands;  
MKD:Macedonia, The  
Former Yugoslav  
Republic of; MLI:Mali;  
MLT:Malta;  
MMR:Myanmar;  
MNG:Mongolia;  
MNP:Northern Mariana  
Islands;  
MOZ:Mozambique;  
MRT:Mauritania;  
MSR:Montserrat;

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*Last updated 22/04/2010 Draft version 1.10*

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MTQ:Martinique;  
MUS:Mauritius;  
MWI:Malawi;  
MYS:Malaysia;  
MYT:Mayotte;  
NAM:Namibia;  
NCL:New Caledonia;  
NER:Niger;  
NFK:Norfolk Island;  
NGA:Nigeria;  
NIC:Nicaragua;  
NIU:Niue;  
NLD:Netherlands;  
NOR:Norway;  
NPL:Nepal;  
NRU:Nauru; NZL:New Zealand; OMN:Oman;  
PAK:Pakistan;  
PAN:Panama;  
PCN:Picairn;  
PER:Peru;  
PHL:Philippines;  
PLS:Palestinian Territory; PLW:Palau;  
PNG:Papua New Guinea; POL:Poland;  
PRI:Puerto Rico;  
PRK:Korea, Democratic People's Republic of;  
PRT:Portugal;  
PRY:Paraguay;  
PYF:French Polynesia;  
QAT:Qatar;  
REU:Reunion;  
ROM:Romania;  
RUS:Russian Federation;  
RWA:Rwanda;  
SAU:Saudi Arabia;  
SDN:Sudan;  
SEN:Senegal;  
SGP:Singapore;  
SGS:South Georgia and South Sandwich Islands; SHN:Saint Helena; SJM:Svalbard and Jan Mayen;  
SLB:Solomon Islands;  
SLE:Sierra Leone;  
SLV:El Salvador;  
SMR:San Marino;  
SOM:Somalia;  
SPM:Saint Pierre and Miquelon; STP:Sao Tome and Principe;  
SUR:Suriname;  
SVK:Slovakia;  
SVN:Slovenia;  
SWE:Sweden;  
SWZ:Swaziland;  
SYC:Seychelles;  
SYR:Syrian Arab Republic; TCA:Turks and Caicos Islands;  
TCD:Chad; TGO:Togo;  
THA:Thailand;  
TJK:Tajikistan;  
TKL:Tokelau;  
TKM:Turkmenistan;  
TMP:Timor-Leste (East Timor); TON:Tonga;  
TTO:Trinidad and Tobago; TUN:Tunisia;  
TUR:Turkey;  
TUV:Tuvatu;  
TWN:Taiwan;  
TZA:Tanzania, United Republic of;

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UGA:Uganda;  
 UKR:Ukraine;  
 UMI:United States  
 Minor Outlying Islands;  
 URY:Uruguay;  
 USA:United States;  
 UZB:Uzbekistan;  
 VAT:Holy See (Vatican City State); VCT:Saint Vincent and the Grenadines;  
 VEN:Venezuela;  
 VGB:Virgin Islands, British; VIR:Virgin Islands, USA;  
 VNM:Vietnam;  
 VUT:Vanuatu;  
 WLF:Wallis and Futuna; WSM:Samoa;  
 YEM:Yemen;  
 YUG:Yugoslavia;  
 ZAF:South Africa;  
 ZMB:Zambia;  
 ZWE:Zimbabwe;  
 OTH:Others, specify

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**Section Name: SECTION 2 : EDUCATION LEVEL, MARITAL STATUS & OCCUPATION**

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
30	Education level	1	Education level	The patient's highest grade / education levels completed or achieved. <input type="checkbox"/> -Primary school consists of six years of education, referred to as Standard 1 to Standard 6; <input type="checkbox"/> -Secondary schools offer education for a total of five years, starting with Form 1 and finishing at Form 5. <input type="checkbox"/> -Tertiary education including completed education in the public universities or attended private institutions of higher learning. This category includes the pre- university - Form 6 or the matriculation. This category also includes Postgraduate degrees <input type="checkbox"/> -Nil if patient did not receive any formal education or completed primary education	1:Nil; 2: Primary; 3:Secondary; 4:Tertiary; 8888:Unknown / Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
31	Marital status	2	Marital status	A demographic parameter indicating a person's conjugal status <input type="checkbox"/> Never Married: Refers to person who report themselves as never married categorized as Single <input type="checkbox"/> Married: Refers to people who were currently married at the time of enumeration. The term 'married', include those married by law or tradition or religious rites <input type="checkbox"/> Widowed: Refers to those whose marriages were terminated through death or their spouses and were not remarried at the time of enumeration <input type="checkbox"/> Divorced: Refers to those whose marriages were terminated through divorce by law or religious arrangement or separated for a long duration without any possibility of reconciliation <input type="checkbox"/> Separated: Refer to those still married but not living together. Possibility of temporary separation and reconciliation later - categorized under Married	1: Single; 2:Married; 3: Widowed; 4: Divorced; 8888: Unknown/Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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32	Occupation	3a	Legislator senior officials, managers	The International Standard Classification of Occupations is an International Labour Organization (ILO) classification structure. <input type="checkbox"/> This category includes :- Legislators, senior government officials, traditional chiefs and heads of villages, senior officials of special-interest organisations, (corporate managers), directors and chief executives, production and operations department managers, other department managers, general managers	<input type="checkbox"/>	<input type="checkbox"/>
33	Occupation	3b	Technicians, associate professionals	Physical and engineering science associate professionals, i.e - Physical and engineering science technicians, computer associate professionals, optical and electronic equipment operators, ship and aircraft controllers and technicians, safety and quality inspectors <input type="checkbox"/> -Life science and health associate professionals, i.e - Life science technicians and related associate professionals, modern health associate professionals (except nursing), nursing and midwifery associate professionals, traditional medicine practitioners and faith healers, teaching associate professionals, primary education teaching associate professionals, pre-primary education teaching associate professionals, special education teaching associate professionals, other teaching associate professionals <input type="checkbox"/> -other associate professionals, i.e - finance and sales associate professionals, business services agents and trade brokers, administrative associate professionals, customs, tax and related government associate professionals, police inspectors and detectives, social work associate professionals, artistic, entertainment and sports associate professionals, religious associate professionals	<input type="checkbox"/>	<input type="checkbox"/>
34	Occupation	3c	Service workers, shop and market sales workers	Personal and protective services workers, i.e - travel attendants and related workers, housekeeping and restaurant services workers, personal care and related workers, other personal services workers, astrologers, fortune-tellers and related workers, protective services workers. <input type="checkbox"/> -Models, salespersons and demonstrators, i.e - fashion and other models, shop salespersons and demonstrators, stall and market salespersons	<input type="checkbox"/>	<input type="checkbox"/>



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35	Occupation	3d	Craft and related trades workers	Extraction and building trades workers , i.e -miners, shotfirers, stone cutters and carvers, building frame and related trades workers, building finishers and related trades workers, painters, building structure cleaners and related trades workers <input type="checkbox"/> -Metal, machinery and related trades workers, i.e - metal moulders, welders, sheet-metal workers, structural- metal preparers, and related trades workers, blacksmiths, tool-makers and related trades workers, machinery mechanics and fitters, electrical and electronic equipment mechanics and fitters <input type="checkbox"/> -Precision, handicraft, printing and related trades workers, i.e - precision workers in metal and related materials, potters, glass-makers and related trades workers, handicraft workers in wood, textile, leather and related materials, printing and related trades workers <input type="checkbox"/> -Other craft and related trades workers, i.e - food processing and related trades workers, wood treaters, cabinet-makers and related trades workers, textile, garment and related trades workers, pelt, leather and shoemaking trades workers	<input type="checkbox"/>	<input type="checkbox"/>
36	Occupation	3e	Student	Indicated if occupation is Student	<input type="checkbox"/>	<input type="checkbox"/>
37	Occupation	3f	Elementary occupations	Sales and services elementary occupations, i.e-street vendors and related workers, shoe cleaning and other street services elementary occupations, domestic and related helpers, cleaners and launderers, building caretakers, window and related cleaners, messengers, porters, doorkeepers and related workers, garbage collectors and related labourers <input type="checkbox"/> -Agricultural, fishery and related labourers, i.e agricultural, fishery and related labourers, labourers in mining, construction, manufacturing and transport, mining and construction labourers, manufacturing labourers, transport labourers and freight handlers	<input type="checkbox"/>	<input type="checkbox"/>
38	Occupation	3h	Health professionals	Health professionals, i.e: health professionals, nursing and midwifery professionals.	<input type="checkbox"/>	<input type="checkbox"/>

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39	Occupation	3g	Other professionals	This category includes the following:- Physical, mathematical and engineering science professionals, i.e. - physicists, chemists and related professionals, mathematicians, statisticians and related professionals, computing professionals, architects, engineers and related professionals. <input type="checkbox"/> -Life science <input type="checkbox"/> -Teaching professionals – i.e- college, university and higher education teaching professionals, secondary education teaching professionals, primary and pre-primary education teaching professionals, special education teaching professionals, other teaching professionals. <input type="checkbox"/> -And Other professionals, i.e - business professionals, legal professionals, archivists, librarians and related information professionals, social science and related professionals, writers and creative or performing artists, religious professionals	<input type="checkbox"/>	<input type="checkbox"/>
40	Occupation	3i	Clerical workers	Office clerks, i.e - secretaries and keyboard-operating clerks, numerical clerks, material-recording and transport clerks, library, mail and related clerks, other office clerks <input type="checkbox"/> -Customer services clerks, i.e - cashiers, tellers and related clerks, client information clerks	<input type="checkbox"/>	<input type="checkbox"/>
41	Occupation	3j	Skilled agricultural, fishery workers	Market-oriented skilled agricultural and fishery workers, i.e - market gardeners and crop growers, market-oriented animal producers and related workers, market-oriented crop and animal producers, forestry and related workers, fishery workers, hunters and trappers <input type="checkbox"/> -Subsistence agricultural and fishery workers	<input type="checkbox"/>	<input type="checkbox"/>
42	Occupation	3k	Plant and machine operators and assemblers	Stationary-plant and related operators, i.e - mining- and mineral-processing-plant operators, metal-processing-plant operators, glass, ceramics and related plant operators, wood-processing- and papermaking-plant operators, chemical-processing-plant operators, power-production and related plant operators, automated-assembly-line and industrial-robot operators <input type="checkbox"/> -Machine operators and assemblers, i.e - metal- and mineral-products machine operators, chemical-products machine operators, rubber- and plastic-products machine operators, wood-products machine operators, printing-, binding- and paper-products machine operators, textile-, fur- and leather-products machine operators, food and related products machine operators, assemblers, other machine operators and assemblers <input type="checkbox"/> -Drivers and mobile-plant operators, i.e - locomotive-engine drivers and related workers, motor-vehicle drivers, agricultural and other mobile-plant operators, ships' deck crews and related workers	<input type="checkbox"/>	<input type="checkbox"/>

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43	Occupation	3l	Housewife	Housewife (or househusband) or A homemaker is a person whose prime occupation is to care for their family and/or home	<input type="checkbox"/>	<input type="checkbox"/>
44	Occupation	3m	Others	Other occupation if none of the listed categories are applicable	<input type="checkbox"/>	<input type="checkbox"/>
45	Occupation	3n	Others, specify	Specification of other occupation	<input type="checkbox"/>	<input type="checkbox"/>
46	Occupation	3o	Unemployed	Unemployment occurs when a person is available to work and seeking work but currently without work.	<input type="checkbox"/>	<input type="checkbox"/>
47	Occupation	3p	Retired	Retirement is the point where a person stops employment completely. A person may also semi-retire and keep some sort of retirement job, out of choice rather than necessity.	<input type="checkbox"/>	<input type="checkbox"/>
48	Occupation	3q	Unknown	Donor's occupation unknown	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 3 : HEIGHT & WEIGHT

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
49	Height	1	Height	Donor's height measurement		<input type="checkbox"/>	<input type="checkbox"/>
50	Weight	2	Weight	Donor's weight measurement		<input type="checkbox"/>	<input type="checkbox"/>
51	BMI	3	BMI	body mass index (BMI), or Quetelet index, is a statistical measurement which compares a person's weight and height. Due to its ease of measurement and calculation, it is the most widely used diagnostic tool to identify weight problem within a population including: underweight, overweight and obesity. Body mass index is defined as the individual's body weight divided by the square of his or her height. The formulas universally used in medicine produce a unit of measure of kg/m <sup>2</sup> . The WHO regard a BMI of less than 18.5 as underweight and may indicate malnutrition, an eating disorder, or other health problems, while a BMI greater than 25 is considered overweight and above 30 is considered obese. An ideal Body Mass Index [Weight (kg)/Height <sup>2</sup> (m)] – for Asians, the normal range has been proposed to be 18.5 to 23.5 kg/m <sup>2</sup> . Morbidly Obese = > 40 kg/m <sup>2</sup> . Emaciation =<15 kg/m <sup>2</sup> .		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 4 : BLOOD GROUP & RHESUS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
52	Blood group	1	Blood group	The classification of human blood into four groups: A, B, AB, and O. Cadaveric donors who donated tissues only were not tested for blood group	1:A; 2:B; 3:AB; 4:O; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
53	Rhesus	2	Rhesus	Rhesus	1:Positive; 2:Negative; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

## Section Name: SECTION 5 : HOSPITAL ADMISSION DETAILS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
54	Location where donor was referred from	1a	Location where donor was referred from	Procurement of organs and tissues from brain dead donors were carried out in the operation theatre, while multi-tissue procurement from cadaveric tissue donors was mainly done in the mortuary. Procurement in the ward and at home involved corneas only	1:Hospital; 2:Home; 99:Others,specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
55		1b	Others, specify	Other location where donor was referred from if none of the categories listed are applicable		<input type="checkbox"/>	<input type="checkbox"/>
56	if hospital	1c	If Hospital	List of location if location where donor was referred from is Hospital	1:ICU; 2:Ward; 3:Emergency department; 4:Mortuary; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
57	if hospital	1d	Others, specify	Specification if location for hospital is Others		<input type="checkbox"/>	<input type="checkbox"/>
58	Hospital Name	2a	Hospital Code	Transplant Centre code		<input type="checkbox"/>	<input type="checkbox"/>
59	Hospital Name	2b	Hospital Name	Transplant Centre name - A hospital that performs transplant surgery		<input type="checkbox"/>	<input type="checkbox"/>
60	RN	3	R/N	Donor hospital's local Registration or medical record number at the hospital where surgery / transpant occurred		<input type="checkbox"/>	<input type="checkbox"/>
61	Ward	5	Ward	Ward		<input type="checkbox"/>	<input type="checkbox"/>
62	Primary Unit	5a	Primary Unit	Primary Unit	1:Surgical; 2:Medical; 3:Neuro Surgical; 4:Neuro Medical; 5:Orthopaedic; 6:Paediatric; 7:Obstetrical & Gynaecological; 99:Others, specify; <input type="checkbox"/> 8888:Not available; <input type="checkbox"/> 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
63	Primary Unit	5b	Others, specify	Specification if Primary Unit is Others		<input type="checkbox"/>	<input type="checkbox"/>
64	Hospital admission date & time	6	Hospital admission date & time	Date and time of Hospital admission		<input type="checkbox"/>	<input type="checkbox"/>
65	Intubation date / & time	7	Intubation date / & time	Date and time of Intubation		<input type="checkbox"/>	<input type="checkbox"/>
66	ICU admission date & time	8	ICU admission date & time	Date and time of ICU admission		<input type="checkbox"/>	<input type="checkbox"/>
67	Diagnosis	9	Diagnosis	Diagnosis for hospital admission		<input type="checkbox"/>	<input type="checkbox"/>
68	Diagnosis	9a	ICD 10 diagnosis code	(non crf field) ICD 10 diagnosis code of recipient		<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

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69	Referred by	10a	Referred by	Hospital admission was referred by whom	1:By primary doctor; 2:Identified by TOP team; 3:Initiated by family; 4:ICU / Ward staff; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
70	Referred by	10b	Others, specify	Specification if hospital admission was referred by Others		<input type="checkbox"/>	<input type="checkbox"/>
71	Referred by	10c	Name	Name of doctor / TOP team member / ICU or ward staff		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 6 : TRAUMA & SURGERY

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
72	Polytrauma?	1	Polytrauma	Indication for Polytrauma. It is a medical term describing the condition of a person who has been subjected to multiple traumatic injuries, such as a serious head injury in addition to a serious burn. Source of reference: <a href="http://en.wikipedia.org/wiki/Polytrauma">http://en.wikipedia.org/wiki/Polytrauma</a>	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
73	Polytrauma?	1a	Head injury	Indication for Head injury		<input type="checkbox"/>	<input type="checkbox"/>
74	Polytrauma?	1b	Chest injury	Indication for Chest injury		<input type="checkbox"/>	<input type="checkbox"/>
75	Polytrauma?	1c	Abdomen injury	Indication for Abdomen injury		<input type="checkbox"/>	<input type="checkbox"/>
76	Polytrauma?	1d	Skin abrasion	Indication for Skin abrasion		<input type="checkbox"/>	<input type="checkbox"/>
77	Polytrauma?	1e	Eye injury	Indication for Eye injury		<input type="checkbox"/>	<input type="checkbox"/>
78	Polytrauma?	1f	Polyfracture	Indication for Polyfracture		<input type="checkbox"/>	<input type="checkbox"/>
79	Polytrauma?	1g	Others, specify	Other injuries of none of the specified categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
80	Polytrauma?	1h	Others, specify	Specify in details the injuries		<input type="checkbox"/>	<input type="checkbox"/>
81	Surgery performed	2	Surgery performed	Indicated if surgery was performed	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
82	Surgery performed	2a.1	Intracranial surgery	Type of surgery performed indicated as Intracranial surgery		<input type="checkbox"/>	<input type="checkbox"/>
83	Surgery performed	2a.2	Date of surgery	Date of Intracranial surgery		<input type="checkbox"/>	<input type="checkbox"/>
84	Surgery performed	2b.1	Chest surgery	Type of surgery performed indicated as Chest surgery		<input type="checkbox"/>	<input type="checkbox"/>
85	Surgery performed	2b.2	Date of surgery	Date of Chest surgery		<input type="checkbox"/>	<input type="checkbox"/>
86	Surgery performed	2c.1	Abdomen surgery	Type of surgery performed indicated as Abdomen surgery		<input type="checkbox"/>	<input type="checkbox"/>
87	Surgery performed	2c.2	Date of surgery	Date of Abdomen surgery		<input type="checkbox"/>	<input type="checkbox"/>
88	Surgery performed	2d.1	Orthopaedic surgery	Type of surgery performed indicated as Orthopaedic surgery		<input type="checkbox"/>	<input type="checkbox"/>
89	Surgery performed	2d.2	Date of surgery	Date of Orthopaedic surgery		<input type="checkbox"/>	<input type="checkbox"/>
90	Surgery performed	2e.1	Others, specify	Other type of surgery performed if none of the listed categories are applicable.		<input type="checkbox"/>	<input type="checkbox"/>
91	Surgery performed	2e.2	Date of surgery	Date of surgery performed		<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

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92	Surgery performed	2e.3	Others, specify	Specify in details the type of surgery performed	<input type="checkbox"/>	<input type="checkbox"/>
93	Date & time seen by TOP team	3	Date & time seen by TOP team	Date & time seen by TOP team	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 7 : BRAIN DEATH

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
94	Fullfill criteria for brain death?	1	Fullfill criteria for brain death?	Fullfill criteria for brain death?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
95	Fullfill criteria for brain death?	1a	Off muscle / relaxant	Date of Off muscle / relaxant		<input type="checkbox"/>	<input type="checkbox"/>
96	Fullfill criteria for brain death?	1b	Off sedation	Date of Off sedation		<input type="checkbox"/>	<input type="checkbox"/>
97	Type of sedation	1c i	Morphine	Indication for morphine administration. morphine is classified under N02 ANALGESICS with WHO drug ATC code: N02AA01 morphine (Natural opium alkaloids). Source of reference: <a href="http://www.whocc.no/atc_ddd_index/">http://www.whocc.no/atc_ddd_index/</a>		<input type="checkbox"/>	<input type="checkbox"/>
98	Type of sedation	1c ii	Propofol	Indication for propofol administration. propofol is classified under N01 ANESTHETICS with WHO drug ATC code: N01AX10 propofol (Other general anesthetics). Source of reference: <a href="http://www.whocc.no/atc_ddd_index/">http://www.whocc.no/atc_ddd_index/</a>		<input type="checkbox"/>	<input type="checkbox"/>
99	Type of sedation	1c iii	Midazolam	Indication for midazolam administration. midazolam is classified under N05 PSYCHOLEPTICS with WHO drug ATC code: N01AX10 midazolam (Benzodiazepine derivatives). Source of reference: <a href="http://www.whocc.no/atc_ddd_index/">http://www.whocc.no/atc_ddd_index/</a>		<input type="checkbox"/>	<input type="checkbox"/>
100	Type of sedation	1c iv	Others, specify	Other type of sedation if none of the above categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
101	Type of sedation	1c v	Others, specify	Specify in details the type of sedation		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 8 : DECLARATION OF BRAIN DEATH

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
102	Test done?	1	Test done?	Donor might be suspected as brain death (status = brain death) if Test done is Yes and donor is confirmed as brain death (possibly organ donor) if test was not done then donor is not dead or cardiac death	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
103	Reason	1a	Reason	Reason if test was not done	1:Patient is not brain dead; 2:No clearance from primary doctor; 3:No clearance from family; 4:Unable to correct parameters for brain death diagnosis; 5:Proceeded to cardiac death before test can be done; 99:Others,specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

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104	Reason	1b	Others, specify	Specify in details the reason if test was not done		<input type="checkbox"/>	<input type="checkbox"/>
105	1st brain death test: Doctor A	2a.ii	Name	Doctor A's Name of first brain death test		<input type="checkbox"/>	<input type="checkbox"/>
106	1st brain death test: Doctor A	2a.ii	Designation	Doctor A's Designation of first brain death test		<input type="checkbox"/>	<input type="checkbox"/>
107	1st brain death test: Doctor B	2b.i	Name	Doctor B's Name of first brain death test		<input type="checkbox"/>	<input type="checkbox"/>
108	1st brain death test: Doctor B	2b.ii	Designation	Doctor B's Designation of first brain death test		<input type="checkbox"/>	<input type="checkbox"/>
109	1st brain death test	2c	Date and Time	Date and time of first brain death test		<input type="checkbox"/>	<input type="checkbox"/>
110	2nd brain death test: Doctor A	3a.i	Name	Doctor A's Name of second brain death test		<input type="checkbox"/>	<input type="checkbox"/>
111	2nd brain death test: Doctor A	3a.ii	Designation	Doctor A's Designation of second brain death test		<input type="checkbox"/>	<input type="checkbox"/>
112	2nd brain death test: Doctor A	3a.iii	Same as above	Indicated if doctor name is same as doctor's name for first brain death test		<input type="checkbox"/>	<input type="checkbox"/>
113	2nd brain death test: Doctor B	3b.i	Name	Doctor B's Name of second brain death test		<input type="checkbox"/>	<input type="checkbox"/>
114	2nd brain death test: Doctor B	3b.ii	Designation	Doctor B's Designation of second brain death test		<input type="checkbox"/>	<input type="checkbox"/>
115	2nd brain death test: Doctor B	3b.iii	Same as above	Indicated if doctor name is same as doctor's name for first brain death test		<input type="checkbox"/>	<input type="checkbox"/>
116	2nd brain death test	3c	Date and Time	Date and time of second brain death test		<input type="checkbox"/>	<input type="checkbox"/>
117	Was instrumental test done	4	Was instrumental test done	Was instrumental test done	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
118	Was instrumental test done	4aa	Cerebral angiography	Indication if Cerebral angiography was performed. <input type="checkbox"/> Common confirmatory tests in Brain Death: Cerebral angiography <input type="checkbox"/> - Contrast medium under high pressure in both anterior and posterior circulation injections <input type="checkbox"/> - No intracerebral filling at the level of the carotid or vertebral artery entry to the skull <input type="checkbox"/> - Patent external carotid circulation <input type="checkbox"/> - Possible delayed filling of the superior longitudinal sinus <input type="checkbox"/> Source of reference: <a href="http://www.braindeath.org/confirm.htm">http://www.braindeath.org/confirm.htm</a> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
119	Was instrumental test done	4b	Perfusion Scan	Indicated if Perfusion Scan was done		<input type="checkbox"/>	<input type="checkbox"/>

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120	Was instrumental test done	4c	EEG	<p>Indication if Electroencephalography was performed. <input type="checkbox"/> - Minimum of eight scalp electrodes <input type="checkbox"/> - Interelectrode dependencies should be between 100 and 10,000 <input type="checkbox"/> - Integrity of the entire recording system should be tested <input type="checkbox"/> - Electrode distances should be at least 10 cm. - Sensitivity should be increased to at least 2 <math>\mu</math>V for 30 minutes with inclusion of appropriate calibrations <input type="checkbox"/> - High-frequency filter setting should be at 30 Hz, and low-frequency setting should not be below 1 Hz <input type="checkbox"/> - There should be no electroencephalographic reactivity to intense somatosensory or audiovisual stimuli <input type="checkbox"/> Source of reference: <a href="http://www.braindeath.org/confirm.htm">http://www.braindeath.org/confirm.htm</a></p>	<input type="checkbox"/>	<input type="checkbox"/>
121	Was instrumental test done	4d	Others, specify	<p>Other test performed if none of the listed instrumental test are applicable. <input type="checkbox"/> Example: <input type="checkbox"/> Transcranial Doppler ultrasonography: <input type="checkbox"/> - Bilateral insonation. <input type="checkbox"/> - The probe is placed at the temporal bone above the zygomatic arch or the vertebrbasilar arteries through the suboccipital transcranial window <input type="checkbox"/> - The abnormalities should include a lack of diastolic or reverberating flow, small systolic peaks in early systole, and a lack of flow found by the investigator who previously demonstrated normal velocities OR <input type="checkbox"/> Cerebral scintigraphy (technetium Tc 99m hexametazime): <input type="checkbox"/> - Injection of isotope within 30 minutes of reconstitution <input type="checkbox"/> - Static image of 500,000 counts at several time intervals: immediately, between 30 and 60 minutes, and at 2 hours <input type="checkbox"/> - Correct intravenous injection needs to be confirmed with additional liver images demonstrating uptake (optional) OR any others <input type="checkbox"/> Source of reference: <a href="http://www.braindeath.org/confirm.htm">http://www.braindeath.org/confirm.htm</a></p>	<input type="checkbox"/>	<input type="checkbox"/>
122	Was instrumental test done	4e	Others, specify	<p>Specification if Other instrumental test is done</p>	<input type="checkbox"/>	<input type="checkbox"/>

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## Section Name: SECTION 9 : DEATH DETAILS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
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123	Date & Time death confirmed	1	Date & Time death confirmed	Declaration of death is performed by the donor's physician and is the official time of death. Death of a patient is determined when there is an absence of cardiovascular and respiratory functions or when there is an absence of all brain function, including lack of function of the brain stem. Physicians make the determination of death based on standard medical practice. Source of reference: <a href="http://www.donatelifeny.org/glossary/glossary2.html#d">http://www.donatelifeny.org/glossary/glossary2.html#d</a>	<input type="checkbox"/>	<input type="checkbox"/>
124	Cause of death / significant events: Brain death	2a i	Traumatic head injury	Traumatic head injury as the cause of death for donor with brain death. <input type="checkbox"/> Category: <input type="checkbox"/> Injury, poisoning and certain other consequences of external causes (S00-T98) <input type="checkbox"/> Injuries to the head (S00-S09) <input type="checkbox"/> S00 Superficial injury of head <input type="checkbox"/> S01 Open wound of head <input type="checkbox"/> S02 Fracture of skull and facial bones <input type="checkbox"/> S03 Dislocation, sprain and strain of joints and ligaments of head <input type="checkbox"/> S04 Injury of cranial nerves <input type="checkbox"/> S05 Injury of eye and orbit <input type="checkbox"/> S06 Intracranial injury <input type="checkbox"/> S07 Crushing injury of head <input type="checkbox"/> S08 Traumatic amputation of part of head <input type="checkbox"/> S09 Other and unspecified injuries of head <input type="checkbox"/> Source of reference: ICD 10th Revision Version for 2007 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	Cause of death / significant events: Brain death	2a i.1	Road traffic accident	Road traffic accident caused Traumatic head injury to the donor. <input type="checkbox"/> External causes of morbidity and mortality <input type="checkbox"/> Transport accidents (V01-V99) <input type="checkbox"/> V01-V09 Pedestrian injured in transport accident <input type="checkbox"/> V10-V19 Pedal cyclist injured in transport accident <input type="checkbox"/> V20-V29 Motorcycle rider injured in transport accident <input type="checkbox"/> V30-V39 Occupant of three-wheeled motor vehicle injured in transport accident <input type="checkbox"/> V40-V49 Car occupant injured in transport accident <input type="checkbox"/> V50-V59 Occupant of pick-up truck or van injured in transport accident <input type="checkbox"/> V60-V69 Occupant of heavy transport vehicle injured in transport accident <input type="checkbox"/> V70-V79 Bus occupant injured in transport accident <input type="checkbox"/> V80-V89 Other land transport accidents <input type="checkbox"/> V90-V94 Water transport accidents <input type="checkbox"/> V95-V97 Air and space transport accidents <input type="checkbox"/> V98-V99 Other and unspecified transport accidents <input type="checkbox"/> Source of reference: ICD 10th Revision Version for 2007	<input type="checkbox"/>	<input type="checkbox"/>

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126	Cause of death / significant events: Brain death	2a i.2	Fall	<p>Fall caused Traumatic head injury to the donor. <input type="checkbox"/> External causes of morbidity and mortality <input type="checkbox"/> Other external causes of accidental injury <input type="checkbox"/></p> <p>Falls (W00-W19) <input type="checkbox"/> W00 Fall on same level involving ice and snow <input type="checkbox"/> W01 Fall on same level from slipping, tripping and stumbling <input type="checkbox"/> W02 Fall involving ice-skates, skis, roller-skates or skateboards <input type="checkbox"/> W03 Other fall on same level due to collision with, or pushing by, another person <input type="checkbox"/> W04 Fall while being carried or supported by other persons <input type="checkbox"/> W05 Fall involving wheelchair <input type="checkbox"/> W06 Fall involving bed <input type="checkbox"/> W07 Fall involving chair <input type="checkbox"/> W08 Fall involving other furniture <input type="checkbox"/> W09 Fall involving playground equipment <input type="checkbox"/> W10 Fall on and from stairs and steps <input type="checkbox"/> W11 Fall on and from ladder <input type="checkbox"/> W12 Fall on and from scaffolding <input type="checkbox"/> W13 Fall from, out of or through building or structure <input type="checkbox"/> W14 Fall from tree <input type="checkbox"/> W15 Fall from cliff <input type="checkbox"/> W16 Diving or jumping into water causing injury other than drowning or submersion <input type="checkbox"/> W17 Other fall from one level to another <input type="checkbox"/> W18 Other fall on same level <input type="checkbox"/> W19 Unspecified fall <input type="checkbox"/> Source of reference: ICD 10th Revision Version for 2007</p>	<input type="checkbox"/>	<input type="checkbox"/>
127	Cause of death / significant events: Brain death	2a i.3	Homicide	<p>External causes of morbidity and mortality <input type="checkbox"/> Assault (X85-Y09) <input type="checkbox"/> X85 Assault by drugs, medicaments and biological substances <input type="checkbox"/> X86 Assault by corrosive substance <input type="checkbox"/> X87 Assault by pesticides <input type="checkbox"/> X88 Assault by gases and vapours <input type="checkbox"/> X89 Assault by other specified chemicals and noxious substances <input type="checkbox"/> X90 Assault by unspecified chemical or noxious substance <input type="checkbox"/> X91 Assault by hanging, strangulation and suffocation <input type="checkbox"/> X92 Assault by drowning and submersion <input type="checkbox"/> X93 Assault by handgun discharge <input type="checkbox"/> X94 Assault by rifle, shotgun and larger firearm discharge <input type="checkbox"/> X95 Assault by other and unspecified firearm discharge <input type="checkbox"/> X96 Assault by explosive material <input type="checkbox"/> X97 Assault by smoke, fire and flames <input type="checkbox"/> X98 Assault by steam, hot vapours and hot objects <input type="checkbox"/> X99 Assault by sharp object <input type="checkbox"/> Y00 Assault by blunt object <input type="checkbox"/> Y01 Assault by pushing from high place <input type="checkbox"/> Y02 Assault by pushing or placing victim before moving object <input type="checkbox"/> Y03 Assault by crashing of motor vehicle <input type="checkbox"/> Y04 Assault by bodily force <input type="checkbox"/> Y05 Sexual assault by bodily force <input type="checkbox"/> Y06 Neglect and abandonment <input type="checkbox"/> Y07 Other maltreatment syndromes <input type="checkbox"/> Y08 Assault by other specified means <input type="checkbox"/> Y09 Assault by unspecified means <input type="checkbox"/> Source of reference: ICD 10th Revision Version for 2007</p>	<input type="checkbox"/>	<input type="checkbox"/>

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128	Cause of death / significant events: Brain death	2a i.4	Suicide	<p>Suicide caused Traumatic head injury to the donor. Categories of Suicide: <input type="checkbox"/> F20.4 Post-schizophrenic depression <input type="checkbox"/> F32.3 Severe depressive episode with psychotic symptoms <input type="checkbox"/> F60.3 Emotionally unstable personality disorder <input type="checkbox"/></p> <p>R45.8 Other symptoms and signs involving emotional state <input type="checkbox"/> T14.9 Injury, unspecified <input type="checkbox"/> X60-X84 Intentional self-harm <input type="checkbox"/> X70 Intentional self-harm by hanging, strangulation and suffocation <input type="checkbox"/> X71 Intentional self-harm by drowning and submersion <input type="checkbox"/> X72 Intentional self-harm by handgun discharge <input type="checkbox"/></p> <p>X73 Intentional self-harm by rifle, shotgun and larger firearm discharge <input type="checkbox"/> X74 Intentional self-harm by other and unspecified firearm discharge <input type="checkbox"/> X75 Intentional self-harm by explosive material <input type="checkbox"/></p> <p>X76 Intentional self-harm by smoke, fire and flames <input type="checkbox"/> X77 Intentional self-harm by steam, hot vapours and hot objects <input type="checkbox"/> X78 Intentional self-harm by sharp object <input type="checkbox"/> X79 Intentional self-harm by blunt object <input type="checkbox"/> X80 Intentional self-harm by jumping from a high place <input type="checkbox"/> X81 Intentional self-harm by jumping or lying before moving object <input type="checkbox"/> X82 Intentional self-harm by crashing of motor vehicle <input type="checkbox"/> X83 Intentional self-harm by other specified means <input type="checkbox"/> X84 Intentional self-harm by unspecified means <input type="checkbox"/></p> <p>Y87.0 Sequelae of intentional self-harm <input type="checkbox"/> Z03.6 Observation for suspected toxic effect from ingested substance <input type="checkbox"/> Z03.8 Observation for other suspected diseases and conditions <input type="checkbox"/> Z81.8 Family history of other mental and behavioural disorders <input type="checkbox"/> Source of reference: ICD 10th Revision Version for 2007</p>	<input type="checkbox"/>	<input type="checkbox"/>
129	Cause of death / significant events: Brain death	2a i.5	Industrial accident	<p>Industrial accident caused Traumatic head injury to the donor.</p>	<input type="checkbox"/>	<input type="checkbox"/>
130	Cause of death / significant events: Brain death	2a i.6	Others, specify	<p>Other cause of death / significant events if none of the listed categories are applicable</p>	<input type="checkbox"/>	<input type="checkbox"/>
131	Cause of death / significant events: Brain death	2a i.7	Others, specify	<p>Specify other cause of death in details</p>	<input type="checkbox"/>	<input type="checkbox"/>

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132	Cause of death / significant events: Brain death	2a ii	Spontaneous intracranial hemorrhage	<p>Diseases of the circulatory system</p> <p><input type="checkbox"/> Cerebrovascular diseases (I60-I69)</p> <p><input type="checkbox"/> I60.6 Subarachnoid haemorrhage from other intracranial arteries</p> <p><input type="checkbox"/> I60.7 Subarachnoid haemorrhage from intracranial artery, unspecified</p> <p><input type="checkbox"/> I62.9 Intracranial haemorrhage (nontraumatic), unspecified <input type="checkbox"/> I62 Other nontraumatic intracranial haemorrhage Excludes: sequelae of intracranial haemorrhage <input type="checkbox"/> I62.0 Subdural haemorrhage (acute)(nontraumatic) <input type="checkbox"/> I62.1 Nontraumatic extradural haemorrhage Nontraumatic epidural haemorrhage <input type="checkbox"/> I62.9 Intracranial haemorrhage (nontraumatic), unspecified <input type="checkbox"/> I69.2 Sequelae of other nontraumatic intracranial haemorrhage <input type="checkbox"/> Pregnancy, childbirth and the puerperium</p> <p><input type="checkbox"/> Other obstetric conditions, not elsewhere classified (O94-O99)</p> <p><input type="checkbox"/> O99.4 Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium <input type="checkbox"/> Injury, poisoning and certain other consequences of external causes <input type="checkbox"/> Injuries to the head (S00-S09) <input type="checkbox"/> S06.8 Other intracranial injuries Traumatic haemorrhage: cerebellar or intracranial NOS <input type="checkbox"/> Injury, poisoning and certain other consequences of external causes</p> <p><input type="checkbox"/> Complications of surgical and medical care, not elsewhere classified (T80-T88) <input type="checkbox"/> T85.8 Other complications of internal prosthetic devices, implants and grafts, not elsewhere classified Conditions listed in T82.8 due to internal prosthetic devices, implants and grafts NEC <input type="checkbox"/> T82.8 Other complications of cardiac and vascular prosthetic devices, implants and grafts Complication</p> <p><input type="checkbox"/> Embolism /Fibrosis /Haemorrhage /Pain /Stenosis /Thrombosis due to cardiac and vascular prosthetic devices, implants and grafts <input type="checkbox"/> Source of reference: ICD 10th Revision Version for 2007</p>	<input type="checkbox"/>	<input type="checkbox"/>
133	Cause of death / significant events: Brain death	2a iii	Thromboembolic brain infarct	I74.9 Embolism and thrombosis of unspecified artery	<input type="checkbox"/>	<input type="checkbox"/>

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134	Cause of death / significant events: Brain death	2a iv	Brain hypoxic encephalopathy	<p>G93.1 Anoxic brain damage, not elsewhere classified Excludes: complicating: <input type="checkbox"/> • abortion or ectopic or molar pregnancy ( O00-O07 , O08.8 ) <input type="checkbox"/> • pregnancy, labour or delivery ( O29.2 , O74.3 , O89.2 )</p> <p><input type="checkbox"/></p> <p>• surgical and medical care ( T80-T88 )<input type="checkbox"/>G97.8 Other postprocedural disorders of nervous system<input type="checkbox"/>I24.8 Other forms of acute ischaemic heart disease <input type="checkbox"/>Coronary: <input type="checkbox"/> • failure</p> <p><input type="checkbox"/></p> <p>• insufficiency<input type="checkbox"/>W94 Exposure to high and low air pressure and changes in air pressure <input type="checkbox"/>Includes: high air pressure from rapid descent in water <input type="checkbox"/>reduction in atmospheric pressure while surfacing from: <input type="checkbox"/> • deep-water diving <input type="checkbox"/> • underground <input type="checkbox"/>residence or prolonged visit at high altitude as the cause of: <input type="checkbox"/> • anoxia <input type="checkbox"/> • barodontalgia <input type="checkbox"/> • barotitis <input type="checkbox"/> • hypoxia <input type="checkbox"/> • mountain sickness</p> <p><input type="checkbox"/></p> <p>sudden change in air pressure in aircraft during ascent or descent<input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
135	Cause of death / significant events: Brain death	2a v	Intracranial tumors	<p>C70.0Malignant neoplasm: Cerebral meninges<input type="checkbox"/>C71.9Malignant neoplasm: Brain, unspecified<input type="checkbox"/>C79.3Secondary malignant neoplasm of brain and cerebral meninges<input type="checkbox"/>D32.0Benign neoplasm: Cerebral meninges<input type="checkbox"/>D33.2Benign neoplasm: Brain, unspecified<input type="checkbox"/>D42.0Neoplasm of uncertain or unknown behaviour: Cerebral meninges<input type="checkbox"/>D43.2Neoplasm of uncertain or unknown behaviour: Brain, unspecified<input type="checkbox"/>G93.2Benign intracranial hypertension<input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
136	Cause of death / significant events: Brain death	2a vi	Intracranial infection	<p>A52.0+Cardiovascular syphilis<input type="checkbox"/>A52.1Symptomatic neurosyphilis<input type="checkbox"/>G06Intracranial and intraspinal abscess and granuloma<input type="checkbox"/>G06.0Intracranial abscess and granuloma<input type="checkbox"/>G07*Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere<input type="checkbox"/>G08Intracranial and intraspinal phlebitis and thrombophlebitis<input type="checkbox"/>G09Sequelae of inflammatory diseases of central nervous system<input type="checkbox"/>I68.1* Cerebral arteritis in infectious and parasitic diseases classified elsewhere</p> <p><input type="checkbox"/></p> <p>Cerebral arteritis: <input type="checkbox"/> • listerial ( A32.8+ ) <input type="checkbox"/> • syphilitic ( A52.0+ ) <input type="checkbox"/> • tuberculous ( A18.8+ )</p>	<input type="checkbox"/>	<input type="checkbox"/>

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137	Cause of death / significant events: Brain death	2a vii	Heart disease	Ischaemic heart diseases (I20-I25) □ I20 Angina pectoris □ I21 Acute myocardial infarction □ I22 Subsequent myocardial infarction □ I23 Certain current complications following acute myocardial infarction □ I24 Other acute ischaemic heart diseases □ I25 Chronic ischaemic heart disease □ Other forms of heart disease (I30-I52) □ I30 Acute pericarditis □ I31 Other diseases of pericardium □ I32* Pericarditis in diseases classified elsewhere □ I33 Acute and subacute endocarditis □ I34 Nonrheumatic mitral valve disorders □ I35 Nonrheumatic aortic valve disorders □ I36 Nonrheumatic tricuspid valve disorders □ I37 Pulmonary valve disorders □ I38 Endocarditis, valve unspecified □ I39* Endocarditis and heart valve disorders in diseases classified elsewhere □ I40 Acute myocarditis □ I41* Myocarditis in diseases classified elsewhere □ I42 Cardiomyopathy □ I43* Cardiomyopathy in diseases classified elsewhere □ I44 Atrioventricular and left bundle-branch block □ I45 Other conduction disorders □ I46 Cardiac arrest □ I47 Paroxysmal tachycardia □ I48 Atrial fibrillation and flutter □ I49 Other cardiac arrhythmias □ I50 Heart failure □ I51 Complications and ill-defined descriptions of heart disease □ I52* Other heart disorders in diseases classified elsewhere □ Pulmonary heart disease and diseases of pulmonary circulation (I26-I28) □ I26 Pulmonary embolism □ I27 Other pulmonary heart diseases □ Source of reference: ICD 10th Revision Version for 2007	<input type="checkbox"/>	<input type="checkbox"/>
138	Cause of death / significant events: Brain death	2a viii	Others, specify	Other Traumatic head injury if none of the listed categories are applicable	<input type="checkbox"/>	<input type="checkbox"/>
139	Cause of death / significant events: Brain death	2a x	Others, specify	Specify in details the caused of the Traumatic head injury	<input type="checkbox"/>	<input type="checkbox"/>
140	Cause of death / significant events: Brain death	2a xi	Hypertension Bleed		<input type="checkbox"/>	<input type="checkbox"/>
141	Cause of death / significant events: Cardiopulmonary death	2b i	Traumatic injury	Traumatic injury as the cause of death for donor with Cardiopulmonary death.	<input type="checkbox"/>	<input type="checkbox"/>
142	Cause of death / significant events: Cardiopulmonary death	2b i.1	Road traffic accident	Indicated if traumatic injury is Road traffic accident	<input type="checkbox"/>	<input type="checkbox"/>
143	Cause of death / significant events: Cardiopulmonary death	2b i.2	Fall	Indicated if traumatic injury is Fall	<input type="checkbox"/>	<input type="checkbox"/>

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144	Cause of death / significant events: Cardiopulmonary death	2b i.3	Homicide	Indicated if traumatic injury is Homicide	<input type="checkbox"/>	<input type="checkbox"/>
145	Cause of death / significant events: Cardiopulmonary death	2b i.4	Suicide	Indicated if traumatic injury is Suicide	<input type="checkbox"/>	<input type="checkbox"/>
146	Cause of death / significant events: Cardiopulmonary death	2b i.5	Industrial Accident	Indicated if traumatic injury is Industrial Accident	<input type="checkbox"/>	<input type="checkbox"/>
147	Cause of death / significant events: Cardiopulmonary death	2b i.6	Others, specify	Other Traumatic head injury if none of the listed categories are applicable	<input type="checkbox"/>	<input type="checkbox"/>
148	Cause of death / significant events: Cardiopulmonary death	2b i.7	Others, specify	Specify in details the caused of the Traumatic head injury	<input type="checkbox"/>	<input type="checkbox"/>
149	Cause of death / significant events: Cardiopulmonary death	2b ii	Heart disease	Indicated if cause of death / significant events fro Cardiopulmonary is Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
150	Cause of death / significant events: Cardiopulmonary death	2b iii	Respiratory disease	Diseases of the respiratory system (J00-J99) <input type="checkbox"/> J00-J06 Acute upper respiratory infections <input type="checkbox"/> J09-J18 Influenza and pneumonia <input type="checkbox"/> J20-J22 Other acute lower respiratory infections <input type="checkbox"/> J30-J39 Other diseases of upper respiratory tract <input type="checkbox"/> J40-J47 Chronic lower respiratory diseases <input type="checkbox"/> J60-J70 Lung diseases due to external agents <input type="checkbox"/> J80-J84 Other respiratory diseases principally affecting the interstitium <input type="checkbox"/> J85-J86 Suppurative and necrotic conditions of lower respiratory tract <input type="checkbox"/> J90-J94 Other diseases of pleura <input type="checkbox"/> J95-J99 Other diseases of the respiratory system <input type="checkbox"/> Source of reference: ICD 10th Revision Version for 2007	<input type="checkbox"/>	<input type="checkbox"/>
151	Cause of death / significant events: Cardiopulmonary death	2b iv	Endocrine disease	Endocrine, nutritional and metabolic diseases (E00-E90) <input type="checkbox"/> E00-E07 Disorders of thyroid gland <input type="checkbox"/> E10-E14 Diabetes mellitus <input type="checkbox"/> E15-E16 Other disorders of glucose regulation and pancreatic internal secretion <input type="checkbox"/> E20-E35 Disorders of other endocrine glands <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152	Cause of death / significant events: Cardiopulmonary death	2b v	Infection	Infection as cause of death / significant events	<input type="checkbox"/>	<input type="checkbox"/>
153	Cause of death / significant events: Cardiopulmonary death	2b vi	Cancers	Cancer as cause of death / significant events	<input type="checkbox"/>	<input type="checkbox"/>
154	Cause of death / significant events: Cardiopulmonary death	2b vii	Poisoning	Poisoning as cause of death / significant events	<input type="checkbox"/>	<input type="checkbox"/>
155	Cause of death / significant events: Cardiopulmonary death	2b viii	Others, specify	Other cause of death / significant events if none of the listed categories are applicable	<input type="checkbox"/>	<input type="checkbox"/>

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156	Cause of death / significant events: Cardiopulmonary death	2b x	Others, specify	Specify other cause of death in details		<input type="checkbox"/>	<input type="checkbox"/>
157	Donation initiated by	3a	Donation initiated by	Donation initiated by	5:Transplant coordinator; 6:Ward doctor; 2:TOP team member on rounds; 3:Family; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
158	Donation initiated by	3b	Name	Specification f donation initiated by Transplant coordinator / ward doctor / TOP team member on rounds		<input type="checkbox"/>	<input type="checkbox"/>
159	Donation initiated by	3b	Others, specify	Specification f donation initiated by Others		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 10 : CONSENT FOR ORGAN & TISSUE DONATION

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
160	Was the donor registered pledger?	1	Was the donor registered pledger	Was the donor registered pledger	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
161	Was request for organ / tissue donation made?	2a	Was request for organ / tissue donation made?	Was request for organ / tissue donation made?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
162	Was request for organ / tissue donation made?	2b	Person who made the initial request	Person who made the initial request	6:Ward doctor; 5:Transplant Coordinator; 2:TOP team; 3:Family; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
163	Was request for organ / tissue donation made?	2c	Others, specify	Specify in details the person who made the initial request if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
164	Was request for organ / tissue donation made?	2d	Name	Name of the requestor		<input type="checkbox"/>	<input type="checkbox"/>
165	Was request for organ / tissue donation made?	2e	Reason for not making the request	Reason for not making the request	1:No clearance from primary doctor; 2:Family did not accept brain death; 3:Staff uncomfortable about making the request; 4:Donor not suitable; 5:No medical legal clearance; 6:Not brain dead; 7:Unable to contact family; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
166	Was request for organ / tissue donation made?	2f	Others, specify	Specify in details the reason for not making the request if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
167	Was request for organ / tissue donation made?	2g	Having transmissible disease	Reason for donor not being suitable categorized as Having transmissible disease		<input type="checkbox"/>	<input type="checkbox"/>
168	Was request for organ / tissue donation made?	2h	Non acceptable cancer	Reason for donor not being suitable categorized as Non acceptable cancer		<input type="checkbox"/>	<input type="checkbox"/>

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169	Was request for organ / tissue donation made?	2i	Overwhelming sepsis	Reason for donor not being suitable categorized as Overwhelming sepsis		<input type="checkbox"/>	<input type="checkbox"/>
170	Was request for organ / tissue donation made?	2j	Multiorgan failure	Reason for donor not being suitable categorized as Multiorgan failure		<input type="checkbox"/>	<input type="checkbox"/>
171	Was request for organ / tissue donation made?	2k	High risk activities	Reason for donor not being suitable categorized as High risk activities		<input type="checkbox"/>	<input type="checkbox"/>
172	Has the family ever discuss about donation before	3	Has the family ever discussed about donation before	Has the family ever discussed about donation before	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
173	Was organ/ tissue donation request outcome successful?	4	Was organ/ tissue donation request outcome successful?	Was organ/ tissue donation request outcome successful?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
174	Was organ/ tissue donation request outcome successful?	4a	If yes	Indication for organ/ tissue donation request outcome successful with Unconditional consent or Conditional consent	1:Unconditional consent ; 2:Conditional consent, specify; 8888:Not available; 9999:Missing;	<input type="checkbox"/>	<input type="checkbox"/>
175	Was organ/ tissue donation request outcome successful?	4b	Conditional consent, specify	if conditional consent, specify the details		<input type="checkbox"/>	<input type="checkbox"/>
176	Was organ/ tissue donation request outcome successful?	4c	if No, Reason	Indication for reason organ/ tissue donation request outcome was not successful	1: Direct refusal; 2: Conditional consent obtained but organ/tissue donation was not possible; 99:Others, specify; 8888:Not available; <input type="checkbox"/> 9999:Missing;	<input type="checkbox"/>	<input type="checkbox"/>
177	Was organ/ tissue donation request outcome successful?	4d	Other reason, specify	Specify in details the reason if none of the categories for reason organ/ tissue donation request outcome was not successful, are applicable		<input type="checkbox"/>	<input type="checkbox"/>
178	Was organ/ tissue donation request outcome successful?	4e	Family did not accept death - not convinced about brain death	Reason for direct refusal was indicated as Family did not accept death - not convinced about brain death		<input type="checkbox"/>	<input type="checkbox"/>
179	Was organ/ tissue donation request outcome successful?	4f	Perceived as against religious beliefs	Reason for direct refusal was indicated as Perceived as against religious beliefs		<input type="checkbox"/>	<input type="checkbox"/>
180	Was organ/ tissue donation request outcome successful?	4g	Family did not know the wishes of the deceased	Reason for direct refusal was indicated as Family did not know the wishes of the deceased		<input type="checkbox"/>	<input type="checkbox"/>
181	Was organ/ tissue donation request outcome successful?	4h	No consensus / differing opinion among family members	Reason for direct refusal was indicated as No consensus / differing opinion among family members		<input type="checkbox"/>	<input type="checkbox"/>
182	Reason for direct refusal	4i	Concern about mutilation	Reason for direct refusal was indicated as Concern about mutilation		<input type="checkbox"/>	<input type="checkbox"/>
183	Reason for direct refusal	4j	Concern about funeral delay	Reason for direct refusal was indicated as Concern about funeral delay		<input type="checkbox"/>	<input type="checkbox"/>
184	Reason for direct refusal	4k	Did not want deceased to suffer anymore	Reason for direct refusal was indicated as Did not want deceased to suffer anymore		<input type="checkbox"/>	<input type="checkbox"/>

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185	Reason for direct refusal	4l	Not stated	Reason for direct refusal was Not stated		<input type="checkbox"/>	<input type="checkbox"/>
186	Reason for direct refusal	4m	Intervention by 3rd party	Reason for direct refusal was indicated as Intervention by 3rd party		<input type="checkbox"/>	<input type="checkbox"/>
187	Reason for direct refusal	4n	Others, specify	Other reason for direct refusal if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
188	Reason for direct refusal	4o	Others, specify	Specify in details the reason for direct refusal		<input type="checkbox"/>	<input type="checkbox"/>
189	Reason	4p	if Conditional consent obtained but organ/tissue donation was not possible	Indication for Conditional consent obtained but organ/tissue donation was not possible because of Consent for organ only but cardiac death OR Time constrain because of logistic	1:Consent for organ only but cardiac death; <input type="checkbox"/> 2:Time constraint because of logistic; <input type="checkbox"/> 8888:Not available; <input type="checkbox"/> 9999:Missing;	<input type="checkbox"/>	<input type="checkbox"/>
190	Organ / tissue Consented & Procured	5a.1	Heart: Consent obtained?	Heart: Consent obtained?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
191	Organ / tissue Consented & Procured	5a.2	Heart: Procured?	Indicated if heart was procured from the Donor. A muscular organ that pumps blood through the body. The heart can be donated and transplanted. <input type="checkbox"/> Cardiovascular tissue, which includes the thoracic aorta, the abdominal aorta with iliac arteries , saphenous veins , and femoral vessels, may be transplanted to restore compromised blood circulation	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
192	Organ / tissue Consented & Procured	5a.3	Heart: Reason for non-procurement	Indication of the reason for non-procurement	1:Organ/tissue in poor condition; 2:No blood group match; 3:No size match; 4:Logistic difficulties/problems; 5:Recipient refused; 6:Became cardiac death; 7:Donor/tissue not suitable; <input type="checkbox"/> 99:Others, specify; <input type="checkbox"/> 8888:Not applicable; <input type="checkbox"/> 9999:Missing;	<input type="checkbox"/>	<input type="checkbox"/>
193	Organ / tissue Consented & Procured : Heart	5a.4	Heart: Others, specify	Specification if reason for non-procurement is Others		<input type="checkbox"/>	<input type="checkbox"/>
194	Organ / tissue Consented & Procured	5a.4	Heart: Unacceptable cancer	Indicated if donor / tissue not suitable because of Unacceptable cancer		<input type="checkbox"/>	<input type="checkbox"/>
195	Organ / tissue Consented & Procured	5a.5	Heart: Transmissible disease	Indicated if donor / tissue not suitable because of Transmissible disease		<input type="checkbox"/>	<input type="checkbox"/>
196	Organ / tissue Consented & Procured	5a.6	Heart: Overwhelming sepsis	Indicated if donor / tissue not suitable because of Overwhelming sepsis		<input type="checkbox"/>	<input type="checkbox"/>
197	Organ / tissue Consented & Procured	5a.7	Heart: Presence of risk factors	Indicated if donor / tissue not suitable because of Presence of risk factors		<input type="checkbox"/>	<input type="checkbox"/>
198	Organ / tissue Consented & Procured	5a.8	Heart: Unsuitable age group	Indicated if donor / tissue not suitable because of Unsuitable age group		<input type="checkbox"/>	<input type="checkbox"/>

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199	Organ / tissue Consented & Procured	5a.9	Heart: Others, specify	Other reason donor / tissue not suitable if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
200	Organ / tissue Consented & Procured	5a.10	Heart: Others, specify	Specify in details the reason donor / tissue not suitable		<input type="checkbox"/>	<input type="checkbox"/>
201	Organ / tissue Consented & Procured	5b.1	Lungs: Consent obtained?	Lungs: Consent obtained?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
202	Organ / tissue Consented & Procured	5b.2	Lungs: Procured?	Indicated if lungs was procured from the Donor. A pair of two spongy organs that remove carbon dioxide from the blood and provide it with oxygen. The lungs can be donated and transplanted.	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
203	Organ / tissue Consented & Procured	5b.3	Lungs: Reason for non-procurement	Indication of the reason for non-procurement	1:Organ/tissue in poor condition; 2:No blood group match; 3:No size match; 4:Logistic difficulties/problems; 5:Recipient refused; 6:Became cardiac death; 7:Donor/tissue not suitable; 99:Others, specify; 8888:Not applicable; 9999:Missing;	<input type="checkbox"/>	<input type="checkbox"/>
204	Organ / tissue Consented & Procured : Lungs	5b.4	Lungs: Others, specify	Specification if reason for non-procurement is Others		<input type="checkbox"/>	<input type="checkbox"/>
205	Organ / tissue Consented & Procured	5.b.4	Lungs: Unacceptable cancer	Indicated if donor / tissue not suitable because of Unacceptable cancer		<input type="checkbox"/>	<input type="checkbox"/>
206	Organ / tissue Consented & Procured	5.b.5	Lungs: Transmissible disease	Indicated if donor / tissue not suitable because of Transmissible disease		<input type="checkbox"/>	<input type="checkbox"/>
207	Organ / tissue Consented & Procured	5.b.6	Lungs: Overwhelming sepsis	Indicated if donor / tissue not suitable because of Overwhelming sepsis		<input type="checkbox"/>	<input type="checkbox"/>
208	Organ / tissue Consented & Procured	5.b.7	Lungs: Presence of risk factors	Indicated if donor / tissue not suitable because of Presence of risk factors		<input type="checkbox"/>	<input type="checkbox"/>
209	Organ / tissue Consented & Procured	5.b.8	Lungs: Unsuitable age group	Indicated if donor / tissue not suitable because of Unsuitable age group		<input type="checkbox"/>	<input type="checkbox"/>
210	Organ / tissue Consented & Procured	5.b.9	Lungs: Others, specify	Other reason donor / tissue not suitable if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
211	Organ / tissue Consented & Procured	5.b.10	Lungs: Others, specify	Specify in details the reason donor / tissue not suitable		<input type="checkbox"/>	<input type="checkbox"/>
212	Organ / tissue Consented & Procured	5c.1	Liver: Consent obtained?	Liver: Consent obtained?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
213	Organ / tissue Consented & Procured	5c.2	Liver: Procured?	Indicated if liver was procured from the Donor. A large reddish-brown organ that secretes bile and is active in the formation of certain blood proteins and in the metabolism of carbohydrates, fats, and proteins. The liver can be donated and transplanted.	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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214	Organ / tissue Consented & Procured	5c.3	Liver: Reason for non-procurement	Indication of the reason for non-procurement	1:Organ/tissue in poor condition; 2:No blood group match; 3:No size match; 4:Logistic difficulties/problems; 5:Recipient refused; 6:Became cardiac death; 7:Donor/tissue not suitable; 99:Others, specify; 8888:Not applicable; 9999:Missing;	<input type="checkbox"/>	<input type="checkbox"/>
215	Organ / tissue Consented & Procured : Liver	5c.4	Liver: Others, specify	Specification if reason for non-procurement is Others		<input type="checkbox"/>	<input type="checkbox"/>
216	Organ / tissue Consented & Procured	5.c.4	Liver: Unacceptable cancer	Indicated if donor / tissue not suitable because of Unacceptable cancer		<input type="checkbox"/>	<input type="checkbox"/>
217	Organ / tissue Consented & Procured	5.c.5	Liver: Transmissible disease	Indicated if donor / tissue not suitable because of Transmissible disease		<input type="checkbox"/>	<input type="checkbox"/>
218	Organ / tissue Consented & Procured	5.c.6	Liver: Overwhelming sepsis	Indicated if donor / tissue not suitable because of Overwhelming sepsis		<input type="checkbox"/>	<input type="checkbox"/>
219	Organ / tissue Consented & Procured	5.c.7	Liver: Presence of risk factors	Indicated if donor / tissue not suitable because of Presence of risk factors		<input type="checkbox"/>	<input type="checkbox"/>
220	Organ / tissue Consented & Procured	5.c.8	Liver: Unsuitable age group	Indicated if donor / tissue not suitable because of Unsuitable age group		<input type="checkbox"/>	<input type="checkbox"/>
221	Organ / tissue Consented & Procured	5.c.9	Liver: Others, specify	Other reason donor / tissue not suitable if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
222	Organ / tissue Consented & Procured	5.c.10	Liver: Others, specify	Specify in details the reason donor / tissue not suitable		<input type="checkbox"/>	<input type="checkbox"/>
223	Organ / tissue Consented & Procured	5d.1	Kidneys: Consent obtained?	Kidneys: Consent obtained?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
224	Organ / tissue Consented & Procured	5d.2	Kidneys: Procured?	Indicated if kidney was procured from the Donor. A pair of organs that maintain proper water and electrolyte balance, regulate acid-base concentration, and filter the blood of metabolic waste, which is excreted as urine. Kidneys can be donated and transplanted.	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
225	Organ / tissue Consented & Procured	5d.3	Kidneys: Reason for non-procurement	Indication of the reason for non-procurement	1:Organ/tissue in poor condition; 2:No blood group match; 3:No size match; 4:Logistic difficulties/problems; 5:Recipient refused; 6:Became cardiac death; 7:Donor/tissue not suitable; 99:Others, specify; 8888:Not applicable; 9999:Missing;	<input type="checkbox"/>	<input type="checkbox"/>
226	Organ / tissue Consented & Procured : Kidneys	5d.4	Kidneys: Others, specify	Specification if reason for non-procurement is Others		<input type="checkbox"/>	<input type="checkbox"/>
227	Organ / tissue Consented & Procured	5.d.4	Kidneys: Unacceptable cancer	Indicated if donor / tissue not suitable because of Unacceptable cancer		<input type="checkbox"/>	<input type="checkbox"/>

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228	Organ / tissue Consented & Procured	5.d.5	Kidneys: Transmissible disease	Indicated if donor / tissue not suitable because of Transmissible disease		<input type="checkbox"/>	<input type="checkbox"/>
229	Organ / tissue Consented & Procured	5.d.6	Kidneys: Overwhelming sepsis	Indicated if donor / tissue not suitable because of Overwhelming sepsis		<input type="checkbox"/>	<input type="checkbox"/>
230	Organ / tissue Consented & Procured	5.d.7	Kidneys: Presence of risk factors	Indicated if donor / tissue not suitable because of Presence of risk factors		<input type="checkbox"/>	<input type="checkbox"/>
231	Organ / tissue Consented & Procured	5.d.8	Kidneys: Unsuitable age group	Indicated if donor / tissue not suitable because of Unsuitable age group		<input type="checkbox"/>	<input type="checkbox"/>
232	Organ / tissue Consented & Procured	5.d.9	Kidneys: Others, specify	Other reason donor / tissue not suitable if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
233	Organ / tissue Consented & Procured	5.d.10	Kidneys: Others, specify	Specify in details the reason donor / tissue not suitable		<input type="checkbox"/>	<input type="checkbox"/>
234	Organ / tissue Consented & Procured	5e.1	Heart valves: Consent obtained?	Heart valves: Consent obtained?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
235	Organ / tissue Consented & Procured	5e.2	Heart valves: Procured?	Indicated if heart valves was procured from the Donor. A tissue that prevents the back flow of blood into the heart. The heart valves can be donated and transplanted. Human heart valves from donated hearts may be transplanted to replace defective or diseased valves.	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
236	Organ / tissue Consented & Procured	5e.3	Heart valves: Reason for non-procurement	Indication of the reason for non-procurement	4:Logistic difficulties/problems; 5:Recipient refused; 7:Donor/tissue not suitable; 99:Others, specify; 8888:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
237	Organ / tissue Consented & Procured : Heart valves	5e.4	Heart valves: Others, specify	Specification if reason for non-procurement is Others		<input type="checkbox"/>	<input type="checkbox"/>
238	Organ / tissue Consented & Procured	5.e.4	Heart valves: Unacceptable cancer	Indicated if donor / tissue not suitable because of Unacceptable cancer		<input type="checkbox"/>	<input type="checkbox"/>
239	Organ / tissue Consented & Procured	5.e.5	Heart valves: Transmissible disease	Indicated if donor / tissue not suitable because of Transmissible disease		<input type="checkbox"/>	<input type="checkbox"/>
240	Organ / tissue Consented & Procured	5.e.6	Heart valves: Overwhelming sepsis	Indicated if donor / tissue not suitable because of Overwhelming sepsis		<input type="checkbox"/>	<input type="checkbox"/>
241	Organ / tissue Consented & Procured	5.e.7	Heart valves: Presence of risk factors	Indicated if donor / tissue not suitable because of Presence of risk factors		<input type="checkbox"/>	<input type="checkbox"/>
242	Organ / tissue Consented & Procured	5.e.8	Heart valves: Unsuitable age group	Indicated if donor / tissue not suitable because of Unsuitable age group		<input type="checkbox"/>	<input type="checkbox"/>
243	Organ / tissue Consented & Procured	5.e.9	Heart valves: Others, specify	Other reason donor / tissue not suitable if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
244	Organ / tissue Consented & Procured	5.e.10	Heart valves: Others, specify	Specify in details the reason donor / tissue not suitable		<input type="checkbox"/>	<input type="checkbox"/>

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# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

245	Organ / tissue Consented & Procured	5f.1	Eyes: Consent obtained?	Eyes: Consent obtained?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
246	Organ / tissue Consented & Procured	5f.2	Eyes: Procured?	Indicated if eyes was procured from the Donor. The outer curved transparent tissue covering the iris and pupils on the outside of the eye. Only the cornea is removed for corneal transplants	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
247	Organ / tissue Consented & Procured	5f.3	Eyes: Reason for non-procurement	Indication of the reason for non-procurement	4:Logistic difficulties/problems; 5:Recipient refused; 7:Donor/tissue not suitable; 99:Others, specify; 8888:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
248	Organ / tissue Consented & Procured : Eyes	5f.4	Eyes: Others, specify	Specification if reason for non-procurement is Others		<input type="checkbox"/>	<input type="checkbox"/>
249	Organ / tissue Consented & Procured	5f.4	Eyes: Unacceptable cancer	Indicated if donor / tissue not suitable because of Unacceptable cancer		<input type="checkbox"/>	<input type="checkbox"/>
250	Organ / tissue Consented & Procured	5f.5	Eyes: Transmissible disease	Indicated if donor / tissue not suitable because of Transmissible disease		<input type="checkbox"/>	<input type="checkbox"/>
251	Organ / tissue Consented & Procured	5f.6	Eyes: Overwhelming sepsis	Indicated if donor / tissue not suitable because of Overwhelming sepsis		<input type="checkbox"/>	<input type="checkbox"/>
252	Organ / tissue Consented & Procured	5f.7	Eyes: Presence of risk factors	Indicated if donor / tissue not suitable because of Presence of risk factors		<input type="checkbox"/>	<input type="checkbox"/>
253	Organ / tissue Consented & Procured	5f.8	Eyes: Unsuitable age group	Indicated if donor / tissue not suitable because of Unsuitable age group		<input type="checkbox"/>	<input type="checkbox"/>
254	Organ / tissue Consented & Procured	5f.9	Eyes: Others, specify	Other reason donor / tissue not suitable if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
255	Organ / tissue Consented & Procured	5f.10	Eyes: Others, specify	Specify in details the reason donor / tissue not suitable		<input type="checkbox"/>	<input type="checkbox"/>
256	Organ / tissue Consented & Procured	5g.1	Bone: Consent obtained?	Bone: Consent obtained?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
257	Organ / tissue Consented & Procured	5g.2	Bone: Procured?	Indicated if bone was procured from the Donor. Dense tissue that forms the skeleton. Bone and soft musculoskeletal tissue, such as ligaments, may be transplanted for orthopedic and spinal surgeries and repair of sports medicine injuries	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
258	Organ / tissue Consented & Procured	5g.3	Bone: Reason for non-procurement	Indication of the reason for non-procurement	4:Logistic difficulties/problems; 5:Recipient refused; 7:Donor/tissue not suitable; 99:Others, specify; 8888:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
259	Organ / tissue Consented & Procured : Bone	5g.4	Bone: Others, specify	Specification if reason for non-procurement is Others		<input type="checkbox"/>	<input type="checkbox"/>
260	Organ / tissue Consented & Procured	5.g.4	Bone: Unacceptable cancer	Indicated if donor / tissue not suitable because of Unacceptable cancer		<input type="checkbox"/>	<input type="checkbox"/>

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# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

261	Organ / tissue Consented & Procured	5.g.5	Bone: Transmissible disease	Indicated if donor / tissue not suitable because of Transmissible disease		<input type="checkbox"/>	<input type="checkbox"/>
262	Organ / tissue Consented & Procured	5.g.6	Bone: Overwhelming sepsis	Indicated if donor / tissue not suitable because of Overwhelming sepsis		<input type="checkbox"/>	<input type="checkbox"/>
263	Organ / tissue Consented & Procured	5.g.7	Bone: Presence of risk factors	Indicated if donor / tissue not suitable because of Presence of risk factors		<input type="checkbox"/>	<input type="checkbox"/>
264	Organ / tissue Consented & Procured	5.g.8	Bone: Unsuitable age group	Indicated if donor / tissue not suitable because of Unsuitable age group		<input type="checkbox"/>	<input type="checkbox"/>
265	Organ / tissue Consented & Procured	5.g.9	Bone: Others, specify	Other reason donor / tissue not suitable if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
266	Organ / tissue Consented & Procured	5.g.10	Bone: Others, specify	Specify in details the reason donor / tissue not suitable		<input type="checkbox"/>	<input type="checkbox"/>
267	Organ / tissue Consented & Procured	5h.1	Skin: Consent obtained?	Skin: Consent obtained?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
268	Organ / tissue Consented & Procured	5h.2	Skin: Procured?	Indicated if skin was procured from the Donor. Skin may be transplanted to promote healing and prevent infection in critically burned individuals. Tissues available for transplantation include corneas, skin, bone, heart valves, veins and tendons	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
269	Organ / tissue Consented & Procured	5h.3	Skin: Reason for non-procurement	Indication of the reason for non-procurement	4:Logistic difficulties/problems; 5:Recipient refused; 7:Donor/tissue not suitable; 99:Others, specify; 8888:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
270	Organ / tissue Consented & Procured : Skin	5h.4	Skin: Others, specify	Specification if reason for non-procurement is Others		<input type="checkbox"/>	<input type="checkbox"/>
271	Organ / tissue Consented & Procured	5.h.4	Skin: Unacceptable cancer	Indicated if donor / tissue not suitable because of Unacceptable cancer		<input type="checkbox"/>	<input type="checkbox"/>
272	Organ / tissue Consented & Procured	5.h.5	Skin: Transmissible disease	Indicated if donor / tissue not suitable because of Transmissible disease		<input type="checkbox"/>	<input type="checkbox"/>
273	Organ / tissue Consented & Procured	5.h.6	Skin: Overwhelming sepsis	Indicated if donor / tissue not suitable because of Overwhelming sepsis		<input type="checkbox"/>	<input type="checkbox"/>
274	Organ / tissue Consented & Procured	5.h.7	Skin: Presence of risk factors	Indicated if donor / tissue not suitable because of Presence of risk factors		<input type="checkbox"/>	<input type="checkbox"/>
275	Organ / tissue Consented & Procured	5.h.8	Skin: Unsuitable age group	Indicated if donor / tissue not suitable because of Unsuitable age group		<input type="checkbox"/>	<input type="checkbox"/>
276	Organ / tissue Consented & Procured	5.h.9	Skin: Others, specify	Other reason donor / tissue not suitable if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
277	Organ / tissue Consented & Procured	5.h.10	Skin: Others, specify	Specify in details the reason donor / tissue not suitable		<input type="checkbox"/>	<input type="checkbox"/>

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# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

278	Organ / tissue procured but not transplanted	6a	Heart	Indicated if Organ / tissue procured but not transplanted is Heart	<input type="checkbox"/>	<input type="checkbox"/>
279	Reason	6a.i	Positive serology	Indicated if reason for organ/tissue procured but not transplanted is positive Serology	<input type="checkbox"/>	<input type="checkbox"/>
280	Reason	6a.ii	Others	Indicated if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
281	Reason	6a.iii	Others, specify	Specification if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
282	Organ / tissue procured but not transplanted	6b	Lung	Indicated if Organ / tissue procured but not transplanted is Lung	<input type="checkbox"/>	<input type="checkbox"/>
283	Reason	6b.i	Positive serology	Indicated if reason for organ/tissue procured but not transplanted is positive Serology	<input type="checkbox"/>	<input type="checkbox"/>
284	Reason	6b.ii	Others	Indicated if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
285	Reason	6b.iii	Others, specify	Specification if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
286	Organ / tissue procured but not transplanted	6c	Liver	Indicated if Organ / tissue procured but not transplanted is Liver	<input type="checkbox"/>	<input type="checkbox"/>
287	Reason	6c.i	Positive serology	Indicated if reason for organ/tissue procured but not transplanted is positive Serology	<input type="checkbox"/>	<input type="checkbox"/>
288	Reason	6c.ii	Others	Indicated if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
289	Reason	6c.iii	Others, specify	Specification if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
290	Organ / tissue procured but not transplanted	6d	Kidney	Indicated if Organ / tissue procured but not transplanted is Kidney	<input type="checkbox"/>	<input type="checkbox"/>
291	Reason	6d.i	Positive serology	Indicated if reason for organ/tissue procured but not transplanted is positive Serology	<input type="checkbox"/>	<input type="checkbox"/>
292	Reason	6d.ii	Others	Indicated if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
293	Reason	6d.iii	Others, specify	Specification if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
294	Organ / tissue procured but not transplanted	6e	HeartValve	Indicated if Organ / tissue procured but not transplanted is Heart Valve	<input type="checkbox"/>	<input type="checkbox"/>
295	Reason	6e.i	Positive serology	Indicated if reason for organ/tissue procured but not transplanted is positive Serology	<input type="checkbox"/>	<input type="checkbox"/>
296	Reason	6e.ii	Others	Indicated if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
297	Reason	6e.iii	Others, specify	Specification if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>

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# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

298	Organ / tissue procured but not transplanted	6f	Eye	Indicated if Organ / tissue procured but not transplanted is Eye	<input type="checkbox"/>	<input type="checkbox"/>
299	Reason	6f.i	Positive serology	Indicated if reason for organ/tissue procured but not transplanted is positive Serology	<input type="checkbox"/>	<input type="checkbox"/>
300	Reason	6f.ii	Others	Indicated if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
301	Reason	6f.iii	Others, specify	Specification if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
302	Organ / tissue procured but not transplanted	6g	Bone	Indicated if Organ / tissue procured but not transplanted is Bone	<input type="checkbox"/>	<input type="checkbox"/>
303	Reason	6g.i	Positive serology	Indicated if reason for organ/tissue procured but not transplanted is positive Serology	<input type="checkbox"/>	<input type="checkbox"/>
304	Reason	6g.ii	Others	Indicated if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
305	Reason	6g.iii	Others, specify	Specification if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
306	Organ / tissue procured but not transplanted	6h	Skin	Indicated if Organ / tissue procured but not transplanted is Skin	<input type="checkbox"/>	<input type="checkbox"/>
307	Reason	6h.i	Positive serology	Indicated if reason for organ/tissue procured but not transplanted is positive Serology	<input type="checkbox"/>	<input type="checkbox"/>
308	Reason	6h.ii	Others	Indicated if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
309	Reason	6h.iii	Others, specify	Specification if reason for organ/tissue procured but not transplanted is Other	<input type="checkbox"/>	<input type="checkbox"/>
310	If tissue unable to be transplanted, family agreed for tissues to be	7a	Used for research	Family agreed for tissues to be used for research	<input type="checkbox"/>	<input type="checkbox"/>
311	If tissue unable to be transplanted, family agreed for tissues to be	7b	to be returned back to family	Family agreed for tissues to be returned back to family	<input type="checkbox"/>	<input type="checkbox"/>
312	If tissue unable to be transplanted, family agreed for tissues to be	7c	Respectfully disposed as per deceased religion	Family agreed for tissues to be respectfully disposed as per deceased religion	<input type="checkbox"/>	<input type="checkbox"/>
313	If tissue unable to be transplanted, family agreed for tissues to be	7d	Others	Other action taken for the tissues if the tissues are unable to be transplanted	<input type="checkbox"/>	<input type="checkbox"/>
314	If tissue unable to be transplanted, family agreed for tissues to be	7e	Others, specify	Specify the other action taken if none of listed categories are applicable	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 11 : DONOR FAMILY INFORMATION

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
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*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

315	Name	1	Name	The Name of the Donor's next of kin / family. The person(s) most closely related to a deceased individual as designated by applicable law		<input type="checkbox"/>	<input type="checkbox"/>
316	NRIC	2a	NRIC	The Donor's next of kin / family identity card number		<input type="checkbox"/>	<input type="checkbox"/>
317	NRIC	2b	Old IC	The Donor's next of kin / family Old Identity Card Number. Only Applicable if MyKad is not available.		<input type="checkbox"/>	<input type="checkbox"/>
318	NRIC	2b	Other ID document No.	Only Applicable if MyKad is not available.		<input type="checkbox"/>	<input type="checkbox"/>
319	NRIC	2c	Specify document type (if others)	Only Applicable if MyKad and Old IC are not available	1: Old IC; 3: Army; 4: Police; 5: Mother's IC; 6: Father's IC; 7: Work Permit; 8:Passport; 9:Birth Certificate; 10: Pension Card; 99: Others; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
320	NRIC	2d	Others	Specification of the document type if Other ID document is coded to "Others" and none of the listed categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
321	Address	3a	Address	The current address of the Donor's next of kin / family		<input type="checkbox"/>	<input type="checkbox"/>
322	Address	3b	Postcode	Postcode of Donor's next of kin / family current place of residence. Postcode - 5 number series that denotes the area of residence.		<input type="checkbox"/>	<input type="checkbox"/>
323	Address	3c	Town/ City	The name of the town and or city that the Donor's next of kin / family is currently residing in. It can also be the name of the village		<input type="checkbox"/>	<input type="checkbox"/>
324	Address	3d	State	The current state of residence. It can be any ONE of the 14 states in Malaysia or other specify if not local	1:Johor Darul Takzim; 2:Kedah Darul Aman; 3:Kelantan Darul Naim; 4:Melaka; 5:Negeri Sembilan Darul Khusus; 6:Pahang Darul Makmur; 7:Perak Darul Ridzuan; 8:Perlis Indera Kayangan; 9:Pulau Pinang; 10:Sabah; 11:Sarawak; 12:Selangor Darul Ehsan; 13:Terengganu Darul Iman; 14:Wilayah Persekutuan Kuala Lumpur; 15:Wilayah Persekutuan Labuan; 16:Wilayah Persekutuan Putrajaya; 8888: Not applicable - Foreign; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
325	Contact number	4a	Home	The current home phone number if available, including the 2 or 3 digit state code number. If there is no available contact number, then ask for the nearest relative/neighbour's contact. □### - the first 3 digits denotes the state code□##### - 7 or 8 last digits denotes the home phone of Donor's next to kin / family residence		<input type="checkbox"/>	<input type="checkbox"/>
326	Contact number	4b	Handphone	Donor's next to kin / family current mobile/handphone number (###-#####)		<input type="checkbox"/>	<input type="checkbox"/>

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# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

327	Email	5	Email	Email of donor family		<input type="checkbox"/>	<input type="checkbox"/>
328	Gender	6	Gender	The person's biological sex refers to the biological differences between males and females (the assemblage of physical properties or qualities by which male is distinguished from female), and not referring to a person's social role (masculine or feminine). Information collected for transsexuals and transgender people should be treated in the same manner, ie, their biological sex reported. Identification of gender is based upon self-report and may come from a form, questionnaire, interview, etc	1:Male; 2:Female; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
329	Relationship	7a	Relationship	Family link as state by the individual	1:Parents; 2:Spouse; 3:Children; 4:Siblings; 99:Others, specify; 8888:Not available; 9999:Missing;	<input type="checkbox"/>	<input type="checkbox"/>
330	Relationship	7b	Others, specify	Specification if relationship with donor is Others		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 12 : DONOR CHECKLIST - MEDICO-LEGAL CASE

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
331	Homicide case	1	Homicide case	Homicide case	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
332	Suicide	2	Suicide	Suicide	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
333	Magistrate consent obtained?	2a	Magistrate consent obtained?	Magistrate consent obtained?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
334	Magistrate consent obtained?	2b	Name of magistrate	Name of magistrate		<input type="checkbox"/>	<input type="checkbox"/>
335	Magistrate consent obtained?	2c	Office address	Office address		<input type="checkbox"/>	<input type="checkbox"/>
336	Magistrate consent obtained?	2d	Contact number	Contact number		<input type="checkbox"/>	<input type="checkbox"/>
337	Post mortem	3a	Post mortem	Post mortem	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
338	Post mortem	3b	Post mortem type	Type of post mortem	1:Mandatory; 2:Family requested; 8888:Not available; 9999:Missing;	<input type="checkbox"/>	<input type="checkbox"/>
339	Post mortem	3c	Date & time	Date and time of post mortem		<input type="checkbox"/>	<input type="checkbox"/>
340	Forensic Pathologist	4a	Name	Pathologist name		<input type="checkbox"/>	<input type="checkbox"/>
341	Forensic Pathologist	4a.i	Name	Pathologist name	Refer to Staff table	<input type="checkbox"/>	<input type="checkbox"/>
342	Forensic Pathologist	4b.i	Contacted	Pathologist is contacted or not	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
343	Forensic Pathologist	4b.ii	Date & time	Date and time of pathologist contacted		<input type="checkbox"/>	<input type="checkbox"/>
344	Forensic Pathologist	4c.i	Clearance obtained	Clearance obtained	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
345	Forensic Pathologist	4c.ii	Any restrictions	Specification for any restrictions		<input type="checkbox"/>	<input type="checkbox"/>

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# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

346	Police	5a	Contacted	Police is contacted or not	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
347	Police	5a.i	Date & time	Date and time of police contacted		<input type="checkbox"/>	<input type="checkbox"/>
348	Police	5a.ii	Name	Police name		<input type="checkbox"/>	<input type="checkbox"/>
349	Police	5a.iii	Police ID number	Police ID number		<input type="checkbox"/>	<input type="checkbox"/>
350	Police	5a.iv	Contact number	Police Contact number		<input type="checkbox"/>	<input type="checkbox"/>
351	Police	5a.v	Station	Station		<input type="checkbox"/>	<input type="checkbox"/>
352	Police	5b	Clearance obtained	Clearance obtained	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 13 : CONFIDENTIAL DONOR HISTORY

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
353	Medical history	a1	None	Indicated if no confidential donor history		<input type="checkbox"/>	<input type="checkbox"/>
354	Medical history	a1.i	Influenza-like illness (ILI)	Indicated if medical history is Influenza-like illness (ILI)		<input type="checkbox"/>	<input type="checkbox"/>
355	Medical history	a1.ii	Influenza-like illness (ILI) - Specify	Specification if medical history is Influenza-like illness (ILI)		<input type="checkbox"/>	<input type="checkbox"/>
356	Medical history	a2.i	Heart disease (including family history)	Indicated if medical history is Heart disease (including family history)		<input type="checkbox"/>	<input type="checkbox"/>
357	Medical history	a2.ii	Heart disease (including family history) - Specify	Specification if medical history is Heart disease (including family history)		<input type="checkbox"/>	<input type="checkbox"/>
358	Medical history	a3.i	High blood pressure (hypertension)	Indicated if Donor had been diagnosed for hypertension. When the force of the blood pushing against the walls of the blood vessels is higher than normal because the blood vessels have either become less elastic or have gotten smaller. High blood pressure causes the heart to pump harder to move blood through the body. High blood pressure can cause kidney failure and heart disease if not treated. Source of reference: <a href="http://optn.transplant.hrsa.gov/resources/glossary.asp">http://optn.transplant.hrsa.gov/resources/glossary.asp</a> . <input type="checkbox"/> Hypertension should not be diagnosed on the basis of a single measurement unless there is target organ damage (TOD) or SBP = 210 mm Hg or DBP = 120 mm Hg. Otherwise, the initial elevated readings should be confirmed on at least two subsequent visits. The reevaluation may be done within days or weeks depending upon the level of the initial blood pressure <input type="checkbox"/> Source of reference: Approach to the management of Hypertension MOH		<input type="checkbox"/>	<input type="checkbox"/>
359	Medical history	a3.ii	Treated for how long?	Duration of treatment received		<input type="checkbox"/>	<input type="checkbox"/>
360	Medical history	a3.iii	High blood pressure (hypertension) - Specify	Specification if medical history is High blood pressure (hypertension)		<input type="checkbox"/>	<input type="checkbox"/>

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# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

361	Medical history	a4.i	Diabetes	Indicated if Donor had been diagnosed for Diabetes. A disease in which the pancreas does not manufacture an adequate amount of insulin. As a result, the level of sugar in the blood is too high. A leading factor in heart and kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
362	Medical history	a4.ii	Treatment : Oral medication	Indication for Oral hypoglycaemic drugs (OHA) used	<input type="checkbox"/>	<input type="checkbox"/>
363	Medical history	a4.iii	Treatment : Insulin	Indication for insulin used	<input type="checkbox"/>	<input type="checkbox"/>
364	Medical history	a4.iv	Diabetes - Specify	Specification if medical history is Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
365	Medical history	a5.i	Asthma or any lung disease or has been treated for tuberculosis (TB) or atypical pneumonia	Indicated if medical history is Asthma or any lung disease or has been treated for tuberculosis (TB) or atypical pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
366	Medical history	a5.ii	Asthma or any lung disease or has been treated for tuberculosis (TB) or atypical pneumonia- Specify	Specification if medical history is Asthma or any lung disease or has been treated for tuberculosis (TB) or atypical pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
367	Medical history	a6.i	Kidney disease	Indicated if medical history is Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
368	Medical history	a6.ii	Kidney disease - Specify	Specification if medical history is Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
369	Medical history	a7.i	Liver disease or jaundice	Indicated if medical history is Liver disease or jaundice	<input type="checkbox"/>	<input type="checkbox"/>
370	Medical history	a7.ii	Liver disease or jaundice - Specify	Specification if medical history is Liver disease or jaundice	<input type="checkbox"/>	<input type="checkbox"/>
371	Medical history	a8.i	Eye disease, infection, cataracts, corneal disease or operations or trauma involving the eyes	Indicated if medical history is Eye disease, infection, cataracts, corneal disease or operations or trauma involving the eyes	<input type="checkbox"/>	<input type="checkbox"/>
372	Medical history	a8.ii	Eye disease, infection, cataracts, corneal disease or operations or trauma involving the eyes - Specify	Specification if medical history is Eye disease, infection, cataracts, corneal disease or operations or trauma involving the eyes	<input type="checkbox"/>	<input type="checkbox"/>
373	Medical history	a9.i	Arthritis or joint disease? e.g. osteoporosis, osteoarthritis, paget's disease, rheumatoid arthritis,connective tissue disease such as systemic lupus erythematosus	Indicated if medical history is Arthritis or joint disease? e.g. osteoporosis, osteoarthritis, paget's disease, rheumatoid arthritis,connective tissue disease such as systemic lupus erythematosus	<input type="checkbox"/>	<input type="checkbox"/>
374	Medical history	a9.ii	Arthritis or joint disease? e.g. osteoporosis, osteoarthritis, paget's disease, rheumatoid arthritis,connective tissue disease such as systemic lupus erythematosus - Specify	Specification if medical history is Arthritis or joint disease? e.g. osteoporosis, osteoarthritis, paget's disease, rheumatoid arthritis,connective tissue disease such as systemic lupus erythematosus	<input type="checkbox"/>	<input type="checkbox"/>
375	Medical history	a10.i	Been hospitalised in the past 2 years	Indicated if medical history is Been hospitalised in the past 2 years	<input type="checkbox"/>	<input type="checkbox"/>
376	Medical history	a10.ii	Been hospitalised in the past 2 years - Specify	Specification if medical history is Been hospitalised in the past 2 years	<input type="checkbox"/>	<input type="checkbox"/>
377	Medical history	a11.i	Ever received an organ or tissue transplant	Indicated if medical history is Ever received an organ or tissue transplant	<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

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378	Medical history	a11.ii	Ever received an organ or tissue transplant - Specify	Specification if medical history is Ever received an organ or tissue transplant	<input type="checkbox"/>	<input type="checkbox"/>
379	Medical history	a12.i	Ever had a cancer or received chemotherapy, radiotherapy or treatment for cancer	Indicated if medical history is Ever had a cancer or received chemotherapy, radiotherapy or treatment for cancer	<input type="checkbox"/>	<input type="checkbox"/>
380	Medical history	a12.ii	Ever had a cancer or received chemotherapy, radiotherapy or treatment for cancer - Specify	Specification if medical history is Ever had a cancer or received chemotherapy, radiotherapy or treatment for cancer	<input type="checkbox"/>	<input type="checkbox"/>
381	Medical history	a13.i	Ever suffered any types of dementia or brain disease such as alzheimers, seizures, memory loss, history of brain tumour or meningitis	<p>Indication if Donor suffered from dementia. Based on the ICD classification, Dementia is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement. Consciousness is not clouded. Impairments of cognitive function are accompanied and occasionally preceded by deterioration in emotional control, social behaviour or motivation</p> <p>The diagnosis of dementia can be made according to the DSM-IV classification<sup>6</sup> as stated below or:</p> <p>A. The development of multiple cognitive deficits manifested by:-</p> <p><input type="checkbox"/></p> <p>1. Memory impairment (impaired ability to learn new information or to recall previously learned information)</p> <p><input type="checkbox"/></p> <p>2. One (or more) of the following cognitive disturbances:</p> <p><input type="checkbox"/></p> <p>a. aphasia (language disturbance)</p> <p><input type="checkbox"/></p> <p>b. apraxia (impaired ability to carry out motor activities despite intact motor function)</p> <p><input type="checkbox"/></p> <p>c. agnosis (failure to recognise or identify objects despite intact sensory function)</p> <p><input type="checkbox"/></p> <p>d. disturbance in executive functioning (i.e. planning, organising, sequencing, abstracting)</p> <p>B. The cognitive deficits in criteria A1 and A2 each cause significant impairment in social and occupational functioning and represent a significant decline from a previous level of functional</p> <p>Source of reference: Clinical practice guidelines For management of dementia MOH</p>	<input type="checkbox"/>	<input type="checkbox"/>
382	Medical history	a13.ii	Ever suffered any types of dementia or brain disease such as alzheimers, seizures, memory loss, history of brain tumour or meningitis - Specify	Specification if medical history is Ever suffered any types of dementia or brain disease such as alzheimers, seizures, memory loss, history of brain tumour or meningitis	<input type="checkbox"/>	<input type="checkbox"/>
383	Medical history	a14.i	History of long term fever, infection or unexplained weight loss	Indicated if medical history is History of long term fever, infection or unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
384	Medical history	a14.ii	History of long term fever, infection or unexplained weight loss - Specify	Specification if medical history is History of long term fever, infection or unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>

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385	Medical history	a15.i	History of blood transfusion	Indicated if medical history is History of blood transfusion		<input type="checkbox"/>	<input type="checkbox"/>
386	Medical history	a15.ii	History of blood transfusion - Specify	Specification if medical history is History of blood transfusion		<input type="checkbox"/>	<input type="checkbox"/>
387	Medical history	a16.i	History of skin disease	Indicated if medical history is History of skin disease		<input type="checkbox"/>	<input type="checkbox"/>
388	Medical history	a16.ii	History of skin disease - Specify	Specification if medical history is History of skin disease		<input type="checkbox"/>	<input type="checkbox"/>
389	Medical history	a17.i	Others	Indicated if medical history is Others		<input type="checkbox"/>	<input type="checkbox"/>
390	Medical history	a17.ii	Others - Specify	Specification if medical history is Others		<input type="checkbox"/>	<input type="checkbox"/>
391	Surgical history	b1.i	Had any serious illness or operation performed in the past	Indicated if surgical history is Had any serious illness or operation performed in the past		<input type="checkbox"/>	<input type="checkbox"/>
392	Surgical history	b1.ii	Had any serious illness or operation performed in the past - Specify	Specification if surgical history is Had any serious illness or operation performed in the past		<input type="checkbox"/>	<input type="checkbox"/>
393	Surgical history	b2.i	Others	Indicated if surgical history is Others		<input type="checkbox"/>	<input type="checkbox"/>
394	Surgical history	b2.ii	Others - Specify	Specification if surgical history is Others		<input type="checkbox"/>	<input type="checkbox"/>
395	Social history	c1.i	Exposure to toxic substances e.g. lead, pesticides or others	Indicated if social history is Exposure to toxic substances e.g. lead, pesticides or others		<input type="checkbox"/>	<input type="checkbox"/>
396	Social history	c1.ii	Exposure to toxic substances e.g. lead, pesticides or others - Specify	Specification if social history is Exposure to toxic substances e.g. lead, pesticides or others		<input type="checkbox"/>	<input type="checkbox"/>
397	Social history	c2.i	Ever drink alcohol	Indicated if social history is Ever drink alcohol		<input type="checkbox"/>	<input type="checkbox"/>
398	Social history	c2.ii	Frequency	Frequency if drink alcohol	1:Occasional; 2:Frequent; 3:Heavy; 7777:Unknown; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
399	Social history	c2.iii	Ever drink alcohol - Specify	Specification if social history is Ever drink alcohol		<input type="checkbox"/>	<input type="checkbox"/>
400	Social history	c3.i	Ever smoked	Indicated if social history is Ever smoked		<input type="checkbox"/>	<input type="checkbox"/>
401	Social history	c3.ii	Duration smoked	Duration of smoked	1:Former (quit > 30 days); 2: Current; 7777:Unknown; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
402	Social history	c3.iii	Ever smoked - Specify	Specification if social history is Ever smoked		<input type="checkbox"/>	<input type="checkbox"/>
403	Social history	c4.i	Intravenous drug user	Indicated if social history is Intravenous drug user		<input type="checkbox"/>	<input type="checkbox"/>
404	Social history	c4.ii	Intravenous drug user - Specify	Specification if social history is Intravenous drug user		<input type="checkbox"/>	<input type="checkbox"/>
405	Social history	c5.i	In the past 12 months, had a tattoo, body piercing, stud piercing, acupuncture or accidental needle stick injury	Indicated if social history is In the past 12 months, had a tattoo, body piercing, stud piercing, acupuncture or accidental needle stick injury		<input type="checkbox"/>	<input type="checkbox"/>

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406	Social history	c5.ii	In the past 12 months, had a tattoo, body piercing, stud piercing, acupuncture or accidental needle stick injury - Specify	Specification if social history is In the past 12 months, had a tattoo, body piercing, stud piercing, acupuncture or accidental needle stick injury	<input type="checkbox"/>	<input type="checkbox"/>
407	Social history	c6.i	Any sexual risk factors	Indicated if social history is Any sexual risk factors	<input type="checkbox"/>	<input type="checkbox"/>
408	Social history	c6.ii	Any sexual risk factors - Specify	Specification if social history is Any sexual risk factors	<input type="checkbox"/>	<input type="checkbox"/>
409	Social history	c7.i	Others	Indicated if social history is Others	<input type="checkbox"/>	<input type="checkbox"/>
410	Social history	c7.ii	Others - Specify	Specification if social history is Others	<input type="checkbox"/>	<input type="checkbox"/>
411	Medication	d1.i	Taken any medication on a regular basis	Indicated if medication is Taken any medication on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
412	Medication	d1.ii	Taken any medication on a regular basis - specify	Specification if medication is Taken any medication on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
413	Medication	d2.i	Taken any antimalarial drugs (history of Malaria or typhus)	Indicated if medication is Taken any antimalarial drugs (history of Malaria or typhus)	<input type="checkbox"/>	<input type="checkbox"/>
414	Medication	d2.ii	Taken any antimalarial drugs (history of Malaria or typhus) - specify	Specification if medication is Taken any antimalarial drugs (history of Malaria or typhus)	<input type="checkbox"/>	<input type="checkbox"/>
415	Medication	d3.i	Been vaccinated or immunised in the past 12 months for any reason	Indicated if medication is Been vaccinated or immunised in the past 12 months for any reason	<input type="checkbox"/>	<input type="checkbox"/>
416	Medication	d3.ii	Been vaccinated or immunised in the past 12 months for any reason - specify	Specification if medication is Been vaccinated or immunised in the past 12 months for any reason	<input type="checkbox"/>	<input type="checkbox"/>
417	Medication	d4.i	Ever been given pituitary growth or fertility hormone	Indicated if medication is Ever been given pituitary growth or fertility hormone	<input type="checkbox"/>	<input type="checkbox"/>
418	Medication	d4.ii	Ever been given pituitary growth or fertility hormone - specify	Specification if medication is Ever been given pituitary growth or fertility hormone	<input type="checkbox"/>	<input type="checkbox"/>
419	Medication	d5.i	Ever used non-prescribed drugs IV steroids, heroin, other illegal drugs or inhalants or herbs or traditional medications or supplements	Indicated if medication is Ever used non-prescribed drugs IV steroids, heroin, other illegal drugs or inhalants or herbs or traditional medications or supplements	<input type="checkbox"/>	<input type="checkbox"/>
420	Medication	d5.ii	Ever used non-prescribed drugs IV steroids, heroin, other illegal drugs or inhalants or herbs or traditional medications or supplements - specify	Specification if medication is Ever used non-prescribed drugs IV steroids, heroin, other illegal drugs or inhalants or herbs or traditional medications or supplements	<input type="checkbox"/>	<input type="checkbox"/>
421	Medication	d6.i	Others	Indicated if medication is Others	<input type="checkbox"/>	<input type="checkbox"/>
422	Medication	d6.ii	Others - Specify	Specification if medication is Others	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 14 : ADVERSE EVENTS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
423	Cardiac arrest	1	Cardiac arrest	Cardiac arrest	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
424	Cardiac arrest	1.i	CPR?	CPR?	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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425	Cardiac arrest	1.ii	Duration (min)	Duration of CPR		<input type="checkbox"/>	<input type="checkbox"/>
426	Cardiac arrest: Type of arrest	1.iii.a	Asystole	Four rhythms produce pulseless cardiac arrest: ventricular fibrillation (VF), rapid ventricular tachycardia (VT), pulseless electrical activity (PEA), and asystole.		<input type="checkbox"/>	<input type="checkbox"/>
427	Cardiac arrest: Type of arrest	1.iii.b	Ventricular fibrillation (VF)	Four rhythms produce pulseless cardiac arrest: ventricular fibrillation (VF), rapid ventricular tachycardia (VT), pulseless electrical activity (PEA), and asystole.		<input type="checkbox"/>	<input type="checkbox"/>
428	Cardiac arrest: Type of arrest	1.iii.c	Rapid ventricular tachycardia (VT)	Four rhythms produce pulseless cardiac arrest: ventricular fibrillation (VF), rapid ventricular tachycardia (VT), pulseless electrical activity (PEA), and asystole.		<input type="checkbox"/>	<input type="checkbox"/>
429	Cardiac arrest: Type of arrest	1.iii.d	Pulseless electrical activity (PEA)	Four rhythms produce pulseless cardiac arrest: ventricular fibrillation (VF), rapid ventricular tachycardia (VT), pulseless electrical activity (PEA), and asystole.		<input type="checkbox"/>	<input type="checkbox"/>
430	Cardiac arrest: Type of arrest	1.iii.e	Others	Other type of cardiac arrest		<input type="checkbox"/>	<input type="checkbox"/>
431	Cardiac arrest: Type of arrest	1.iii.f	Others, specify	specify other type of cardiac arrest		<input type="checkbox"/>	<input type="checkbox"/>
432	Cardiac arrest: Treatment	1.iv.a	Drugs	Management and treatment of Cardiac Arrest: Medications for Arrest Rhythms		<input type="checkbox"/>	<input type="checkbox"/>
433	Cardiac arrest: Treatment	1.iv.b	Drugs, specify	Specify the drug name or the medication(s) used or administered for arrest rhythms		<input type="checkbox"/>	<input type="checkbox"/>
434	Cardiac arrest: Treatment	1.iv.c	Defibrillation	Indicated if there is defibrillation attempted within minutes of collapse or during cardiac arrest		<input type="checkbox"/>	<input type="checkbox"/>
435	Cardiac arrest: Treatment	1.iv.d	Defibrillation, specify frequency	If there is defibrillation attempted, specify the frequency or number of times it was attempted		<input type="checkbox"/>	<input type="checkbox"/>
436	Cardiac arrest: Treatment	1.iv.e	Others	Other type of management or treatment of Cardiac Arrest if none of the categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
437	Cardiac arrest: Treatment	1.iv.f	Others, specify	Specify in details the type of management or treatment of Cardiac Arrest		<input type="checkbox"/>	<input type="checkbox"/>
438	BP < 70 mmHg SYST	2a	BP < 70 mmHg SYST	BP < 70 mmHg SYST	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
439	BP < 70 mmHg SYST	2b	mmHg	Result of BP if less than 70 mmHg SYST		<input type="checkbox"/>	<input type="checkbox"/>
440	BP < 70 mmHg SYST	2c	Hours	Duration if less than 70 mmHg SYST		<input type="checkbox"/>	<input type="checkbox"/>
441	Temperature <35 C	3a	Temperature <35 C	Temperature <35 C	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
442	Temperature <35 C	3b	hours	Duration if Temperature <35 C		<input type="checkbox"/>	<input type="checkbox"/>
443	Temperature >39 C	4a	Temperature >39 C	Temperature >39 C	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
444	Temperature >39 C	4b	hours	Duration if Temperature >39 C		<input type="checkbox"/>	<input type="checkbox"/>

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445	Oliguria	5a	Oliguria	Oliguria is defined as a urine output that is less than 1 mL/kg/h in infants, less than 0.5 mL/kg/h in children, and less than 400 mL/day (equals 17mL/hour) in adults. Source of reference: Klahr S, Miller S (1998). "Acute oliguria". N Engl J Med 338 (10): 671-5.	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
446	Oliguria	5b	< 0.5 mls/ kg / hr for (hours)	Number of hours if < 0.5 mls/ kg / hr		<input type="checkbox"/>	<input type="checkbox"/>
447	Oliguria	5c	Urine colour	Urine colour	1:Clear; 2:Haematuria; 3:Concentrated; 4:Cloudy; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 15: HAEMODYNAMICS MEASUREMENTS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
448	Date & time:	0a	Date & time:	Date and time for haemodynamics measurements		<input type="checkbox"/>	<input type="checkbox"/>
449	Date & time:	0b	Not Done	Haemodynamics measurements not done		<input type="checkbox"/>	<input type="checkbox"/>
450	BP	1a	Systolic	Systolic measurement		<input type="checkbox"/>	<input type="checkbox"/>
451	BP	1b	Disatolic	Disatolic measurement		<input type="checkbox"/>	<input type="checkbox"/>
452	MAP	2	MAP	Mean arterial pressure measurement. The mean arterial pressure (MAP) is a term used in medicine to describe an average blood pressure in an individual. It is defined as the average arterial pressure during a single cardiac cycle.		<input type="checkbox"/>	<input type="checkbox"/>
453	HR	3	HR	Heart rate: The number of heart beats per unit time, usually per minute. The heart rate is based on the number of contractions of the ventricles (the lower chambers of the heart). The heart rate may be too fast (tachycardia) or too slow (bradycardia). The pulse is bulge of an artery from the wave of blood coursing through the blood vessel as a result of the heart beat. The pulse is often taken at the wrist to estimate the heart rate. Reference: <a href="http://www.medterms.com/script/main/art.asp?articlekey=3674">http://www.medterms.com/script/main/art.asp?articlekey=3674</a>		<input type="checkbox"/>	<input type="checkbox"/>
454	CVP	4	CVP	Central venous pressure (CVP) describes the pressure of blood in the thoracic vena cava, near the right atrium of the heart. CVP reflects the amount of blood returning to the heart and the ability of the heart to pump the blood into the arterial system. It is a good approximation of right atrial pressure,[1] which is a major determinant of right ventricular end diastolic volume. Normal values are 2-8 mmHg. Reference: <a href="http://en.wikipedia.org/wiki/Central_venous_pressure">http://en.wikipedia.org/wiki/Central_venous_pressure</a>		<input type="checkbox"/>	<input type="checkbox"/>
455	Temperature	5	Temperature	Temperature		<input type="checkbox"/>	<input type="checkbox"/>
456	U/O	6	U/O	U/O		<input type="checkbox"/>	<input type="checkbox"/>

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457	Supported by Ionotrope	7a	Supported by Ionotrope	Indication for ionotrope administration - Medications that increase the force of contraction of the heart muscle	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
458	Supported by Ionotrope	7b	Dopamine	Indication for Dopamine administration. Dopamine is classified under Cardiac stimulants excl. Cardiac glycosides with WHO drug ATC code: C01CA04 dopamine (Adrenergic and dopaminergic agents). Source of reference: <a href="http://www.whocc.no/atc_ddd_index/">http://www.whocc.no/atc_ddd_index/</a>		<input type="checkbox"/>	<input type="checkbox"/>
459	Supported by Ionotrope	7c	Dopamine - Dose	Dopamine dose		<input type="checkbox"/>	<input type="checkbox"/>
460	Supported by Ionotrope	7d	Dobutamine	Indication for dobutamine administration. Dobutamine is classified under Cardiac stimulants excl. Cardiac glycosides with WHO drug ATC code: C01CA07 dobutamine (Adrenergic and dopaminergic agents)		<input type="checkbox"/>	<input type="checkbox"/>
461	Supported by Ionotrope	7e	Dobutamine - Dose	Dobutamine dose		<input type="checkbox"/>	<input type="checkbox"/>
462	Supported by Ionotrope	7f	Noradrenaline	Indication for Noradrenaline administration. Noradrenaline is (also referred to as norepinephrine) is a catecholamine with dual roles as a hormone and a neurotransmitter, classified under Cardiac stimulants excl. Cardiac glycosides with WHO drug ATC code: C01CA03 norepinephrine (Adrenergic and dopaminergic agents)		<input type="checkbox"/>	<input type="checkbox"/>
463	Supported by Ionotrope	7g	Noradrenaline - Dose	Noradrenaline dose		<input type="checkbox"/>	<input type="checkbox"/>
464	Supported by Ionotrope	7h	Adrenaline	Indication for Adrenaline administration. Adrenaline is (also referred to as Epinephrine) is a hormone and neurotransmitter, classified under Cardiac stimulants excl. Cardiac glycosides with WHO drug ATC code: C01CA24 epinephrine (Adrenergic and dopaminergic agents)		<input type="checkbox"/>	<input type="checkbox"/>
465	Supported by Ionotrope	7i	Adrenaline - Dose	Adrenaline dose		<input type="checkbox"/>	<input type="checkbox"/>
466	Supported by Ionotrope	7j	Others, specify	Other type of ionotrope if none of the listed ionotrope are applicable		<input type="checkbox"/>	<input type="checkbox"/>
467	Supported by Ionotrope	7k	Others, specify	Specify the type of ionotrope		<input type="checkbox"/>	<input type="checkbox"/>
468	Supported by Ionotrope	7l	Others, specify - Dose	The above type of ionotrope - dose		<input type="checkbox"/>	<input type="checkbox"/>
469	Supported by Ionotrope	7m	Others, specify - Unit	The above type of ionotrope - unit		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 16: LABORATORY RESULTS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
470	Section 15a: Biochemistry	0a	Date & time:	Date and time of the test / blood was taken for the test		<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

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471	Section 15a: Biochemistry	0b	Not Done	Indication for Biochemistry test not done	<input type="checkbox"/>	<input type="checkbox"/>
472	Section 15a: Biochemistry	1a	Sodium (Na)	Sodium (Na) result	<input type="checkbox"/>	<input type="checkbox"/>
473	Section 15a: Biochemistry	1b	Sodium (Na) - ND	Indicated that Sodium test was not done	<input type="checkbox"/>	<input type="checkbox"/>
474	Section 15a: Biochemistry	2a	Potassium (K)	Potassium (K) result	<input type="checkbox"/>	<input type="checkbox"/>
475	Section 15a: Biochemistry	2b	Potassium (K) - ND	Indicated that Potassium test was not done	<input type="checkbox"/>	<input type="checkbox"/>
476	Section 15a: Biochemistry	3a	Urea	Urea result	<input type="checkbox"/>	<input type="checkbox"/>
477	Section 15a: Biochemistry	3b	Urea - ND	Indicated that Urea test was not done	<input type="checkbox"/>	<input type="checkbox"/>
478	Section 15a: Biochemistry	4a	Chloride	Chloride result	<input type="checkbox"/>	<input type="checkbox"/>
479	Section 15a: Biochemistry	4b	Chloride - ND	Indicated that Chloride test was not done	<input type="checkbox"/>	<input type="checkbox"/>
480	Section 15a: Biochemistry	5a	Creatinine	Creatinine results. Found in the blood, it is a waste by-product of muscle; creatinine level in the blood is one of the key measures of kidney function	<input type="checkbox"/>	<input type="checkbox"/>
481	Section 15a: Biochemistry	5b	Creatinine - ND	Indicated that creatinine test was not done	<input type="checkbox"/>	<input type="checkbox"/>
482	Section 15a: Biochemistry	6a	Total Protein	Total Protein result	<input type="checkbox"/>	<input type="checkbox"/>
483	Section 15a: Biochemistry	6b	Total Protein - ND	Indicated that Total Protein test was not done	<input type="checkbox"/>	<input type="checkbox"/>
484	Section 15a: Biochemistry	7a	Albumin	Albumin result	<input type="checkbox"/>	<input type="checkbox"/>
485	Section 15a: Biochemistry	7b	Albumin - ND	Indicated that Albumin test was not done	<input type="checkbox"/>	<input type="checkbox"/>
486	Section 15a: Biochemistry	8a	Globulin	Globulin result	<input type="checkbox"/>	<input type="checkbox"/>
487	Section 15a: Biochemistry	8b	Globulin - ND	Indicated that Globulin test was not done	<input type="checkbox"/>	<input type="checkbox"/>
488	Section 15a: Biochemistry	9a	A/G ratio	A/G ratio result	<input type="checkbox"/>	<input type="checkbox"/>
489	Section 15a: Biochemistry	9b	A/G ratio - ND	Indicated that A/G ratio test was not done	<input type="checkbox"/>	<input type="checkbox"/>
490	Section 15a: Biochemistry	10a	Total bilirubin	Total bilirubin result	<input type="checkbox"/>	<input type="checkbox"/>
491	Section 15a: Biochemistry	10b	Total bilirubin - ND	Indicated that Total bilirubin test was not done	<input type="checkbox"/>	<input type="checkbox"/>
492	Section 15a: Biochemistry	11a	ALP	ALP result	<input type="checkbox"/>	<input type="checkbox"/>
493	Section 15a: Biochemistry	11b	ALP - ND	Indicated that ALP test was not done	<input type="checkbox"/>	<input type="checkbox"/>
494	Section 15a: Biochemistry	12a	AST	AST result	<input type="checkbox"/>	<input type="checkbox"/>
495	Section 15a: Biochemistry	12b	AST - ND	Indicated that AST test was not done	<input type="checkbox"/>	<input type="checkbox"/>
496	Section 15a: Biochemistry	13a	ALT	ALT result	<input type="checkbox"/>	<input type="checkbox"/>

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497	Section 15a: Biochemistry	13b	ALT - ND	Indicated that ALT test was not done	<input type="checkbox"/>	<input type="checkbox"/>
498	Section 15a: Biochemistry	14a	GGT	GGT result	<input type="checkbox"/>	<input type="checkbox"/>
499	Section 15a: Biochemistry	14b	GGT - ND	Indicated that GGT test was not done	<input type="checkbox"/>	<input type="checkbox"/>
500	Section 15a: Biochemistry	15a	Glucose	Glucose result	<input type="checkbox"/>	<input type="checkbox"/>
501	Section 15a: Biochemistry	15b	Glucose - ND	Indicated that Glucose test was not done	<input type="checkbox"/>	<input type="checkbox"/>
502	Section 15a: Biochemistry	17a	Lipase	Lipase result	<input type="checkbox"/>	<input type="checkbox"/>
503	Section 15a: Biochemistry	17b	Lipase - ND	Indicated that Lipase test was not done	<input type="checkbox"/>	<input type="checkbox"/>
504	Section 15a: Biochemistry	16a	Amylase	Amylase result	<input type="checkbox"/>	<input type="checkbox"/>
505	Section 15a: Biochemistry	16b	Amylase - ND	Indicated that Amylase test was not done	<input type="checkbox"/>	<input type="checkbox"/>
506	Section 15a: Biochemistry	18a	CK	CK result	<input type="checkbox"/>	<input type="checkbox"/>
507	Section 15a: Biochemistry	18b	CK - ND	Indicated that CK test was not done	<input type="checkbox"/>	<input type="checkbox"/>
508	Section 15a: Biochemistry	19a	Troponin	Troponin result	<input type="checkbox"/>	<input type="checkbox"/>
509	Section 15a: Biochemistry	19b	Troponin - ND	Indicated that Troponin test was not done	<input type="checkbox"/>	<input type="checkbox"/>
510	Section 15a: Biochemistry	20a	Calcium	Calcium result	<input type="checkbox"/>	<input type="checkbox"/>
511	Section 15a: Biochemistry	20b	Calcium - ND	Indicated that Calcium test was not done	<input type="checkbox"/>	<input type="checkbox"/>
512	Section 15a: Biochemistry	21a	Lactate	Lactate result	<input type="checkbox"/>	<input type="checkbox"/>
513	Section 15a: Biochemistry	21b	Lactate - ND	Indicated that Lactate test was not done	<input type="checkbox"/>	<input type="checkbox"/>
514	Section 15a: Biochemistry	22a	Magnesium	Magnesium result	<input type="checkbox"/>	<input type="checkbox"/>
515	Section 15a: Biochemistry	22b	Magnesium - ND	Indicated that Magnesium test was not done	<input type="checkbox"/>	<input type="checkbox"/>
516	Section 15a: Biochemistry	23a	Phosphate	Phosphate result	<input type="checkbox"/>	<input type="checkbox"/>
517	Section 15a: Biochemistry	23b	Phosphate - ND	Indicated that Phosphate test was not done	<input type="checkbox"/>	<input type="checkbox"/>
518	Section 15b: Haematology	0a	Date & time:	Date and time of the test / blood was taken for the test	<input type="checkbox"/>	<input type="checkbox"/>
519	Section 15b: Haematology	0b	Not Done	Indication for haematology test not done	<input type="checkbox"/>	<input type="checkbox"/>
520	Section 15b: Haematology	1a	Hb	Hb results. The protein in red blood cells that carries oxygen.	<input type="checkbox"/>	<input type="checkbox"/>
521	Section 15b: Haematology	1b	Hb - ND	Indicated that Hb test was not done	<input type="checkbox"/>	<input type="checkbox"/>

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522	Section 15b: Haematology	2a	HCT	HCT results. The measure of the volume of red blood cells as percentage of the total blood volume. Normal in males is 43 to 49 percent, in females 37 to 43 percent.	<input type="checkbox"/>	<input type="checkbox"/>
523	Section 15b: Haematology	2b	HCT - ND	Indicated that HCT test was not done	<input type="checkbox"/>	<input type="checkbox"/>
524	Section 15b: Haematology	3a	WBC	WBC result	<input type="checkbox"/>	<input type="checkbox"/>
525	Section 15b: Haematology	3b	WBC- ND	Indicated that WBC test was not done	<input type="checkbox"/>	<input type="checkbox"/>
526	Section 15b: Haematology	4a	Platelet	Platelet result	<input type="checkbox"/>	<input type="checkbox"/>
527	Section 15b: Haematology	4b	Platelet -ND	Indicated that Platelet test was not done	<input type="checkbox"/>	<input type="checkbox"/>
528	Section 15b: Haematology	5a	PT	PT result	<input type="checkbox"/>	<input type="checkbox"/>
529	Section 15b: Haematology	5b	PT- ND	Indicated that PT test was not done	<input type="checkbox"/>	<input type="checkbox"/>
530	Section 15b: Haematology	6a	APPT	APPT result	<input type="checkbox"/>	<input type="checkbox"/>
531	Section 15b: Haematology	6b	APPT - ND	Indicated that APPT test was not done	<input type="checkbox"/>	<input type="checkbox"/>
532	Section 15b: Haematology	7a	Fibrin	Fibrin result	<input type="checkbox"/>	<input type="checkbox"/>
533	Section 15b: Haematology	7b	Fibrin - ND	Indicated that Fibrin test was not done	<input type="checkbox"/>	<input type="checkbox"/>
534	Section 15b: Haematology	8a	INR	INR result	<input type="checkbox"/>	<input type="checkbox"/>
535	Section 15b: Haematology	8b	INR - ND	Indicated that INR test was not done	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 17: GAS EXCHANGE

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
536	Gas Exchange	0a	Date & time:	Date and time of the gas exchange data acquisition		<input type="checkbox"/>	<input type="checkbox"/>
537	Gas Exchange	0b	Not Done	Indication for gas exchange data acquisition not done		<input type="checkbox"/>	<input type="checkbox"/>
538	Gas Exchange	1a	pH	pH result		<input type="checkbox"/>	<input type="checkbox"/>
539	Gas Exchange	1b	pH- ND	Indicated that pH measurement was not done / not performed		<input type="checkbox"/>	<input type="checkbox"/>
540	Gas Exchange	2a	PaO2	The partial pressure of oxygen (PaO2), as measured in arterial blood, provide a picture of gas exchange in the lung.		<input type="checkbox"/>	<input type="checkbox"/>
541	Gas Exchange	2b	PaO2- ND	Indicated that PaO2 measurement was not done / not performed		<input type="checkbox"/>	<input type="checkbox"/>
542	Gas Exchange	3a	PaCO2	PaCO2 result		<input type="checkbox"/>	<input type="checkbox"/>
543	Gas Exchange	3b	PaCO2- ND	Indicated that PaCO2 measurement was not done / not performed		<input type="checkbox"/>	<input type="checkbox"/>
544	Gas Exchange	4a	B.E	B.E result		<input type="checkbox"/>	<input type="checkbox"/>

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545	Gas Exchange	4b	B.E- ND	Indicated that BE measurement was not done / not performed	<input type="checkbox"/>	<input type="checkbox"/>
546	Gas Exchange	5a	HCO3	HCO3 level	<input type="checkbox"/>	<input type="checkbox"/>
547	Gas Exchange	5b	HCO3- ND	Indicated that HCO3 measurement was not done / not performed	<input type="checkbox"/>	<input type="checkbox"/>
548	Gas Exchange	6a	FiO2	FiO2 result	<input type="checkbox"/>	<input type="checkbox"/>
549	Gas Exchange	6b	FiO2- ND	Indicated that FiO2 measurement was not done / not performed	<input type="checkbox"/>	<input type="checkbox"/>
550	Gas Exchange	7a	PEEP	PEEP result	<input type="checkbox"/>	<input type="checkbox"/>
551	Gas Exchange	7b	PEEP- ND	Indicated that PEEP measurement was not done / not performed	<input type="checkbox"/>	<input type="checkbox"/>
552	Gas Exchange	8a	TV	TV result	<input type="checkbox"/>	<input type="checkbox"/>
553	Gas Exchange	8b	TV- ND	Indicated that TV measurement was not done / not performed	<input type="checkbox"/>	<input type="checkbox"/>
554	Gas Exchange	9a	PaO /FiO2	PaO /FiO2 result	<input type="checkbox"/>	<input type="checkbox"/>
555	Gas Exchange	9b	PaO /FiO2 - ND	Indicated that PaO /FiO2 measurement was not done / not performed	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 18: MICROBIOLOGY CULTURE

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
556	Blood	1a	Blood	The findings for blood culture	1:Normal; 2:Abnormal; 7777:Not done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
557	Blood	1b	Blood	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
558	Blood	1c	Date and time	Date and time of Blood culture test		<input type="checkbox"/>	<input type="checkbox"/>
559	Urine	2a	Urine	The findings for urine culture	1:Normal; 2:Abnormal; 7777:Not done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
560	Urine	2b	Urine	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
561	Urine	2c	Date and time	Date and time of Urine test		<input type="checkbox"/>	<input type="checkbox"/>
562	Sputum, Tracheal aspirate / BAL (Bronchoalveolar lavage)	3a	Sputum, Tracheal aspirate / BAL (Bronchoalveolar lavage)	The findings for Sputum, Tracheal aspirate / BAL (Bronchoalveolar lavage)	1:Normal; 2:Abnormal; 7777:Not done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
563	Sputum, Tracheal aspirate / BAL (Bronchoalveolar lavage)	3b	Sputum, Tracheal aspirate / BAL (Bronchoalveolar lavage)	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
564	Sputum, Tracheal aspirate / BAL (Bronchoalveolar lavage)	3c	Date and time	Date and time of Sputum test		<input type="checkbox"/>	<input type="checkbox"/>
565	Others, specify	4a	Others, specify - findings	The findings for Other culture if none of the listed categories are applicable	1:Normal; 2:Abnormal; 7777:Not done; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
566	Others, specify	4b	Others, specify - findings	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>

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567	Others, specify	4c	Date and time	Date and time of Other culture test	<input type="checkbox"/>	<input type="checkbox"/>
568	Others, specify	4d	Others, specify	Other type of culture	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 19: SEROLOGY

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
569	Serology	0	Date and time	Date and time of the Transmissible infection screening (Serology test)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
570	Serology	1	HIV	HIV result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
571	Serology	2	Hbs Antigen	Hbs Antigen result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
572	Serology	3	Anti HBsAb	Anti HBsAb result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
573	Serology	4	Anti Hep B Core Ab TOTAL	Anti Hep B Core Ab TOTAL result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
574	Serology	5	Anti HCV	Anti HCV result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
575	Serology	6	VDRL	VDRL result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
576	Serology	7	CMV IgG	CMV IgG result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
577	Serology	7	CMV IgM	CMV IgM result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
578	Serology	8	Toxoplasmosis IgM	Toxoplasmosis result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
579	Serology	8	Toxoplasmosis	Toxoplasmosis result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
580	Serology	9	EBV	EBV result	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
581	Serology	10a	Others, specify	Other type of serology test	2:Negative; 1:Positive; 7777:Not done; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
582	Serology	10b	Others, specify	specify in details the type of serology test		<input type="checkbox"/>	<input type="checkbox"/>

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## Section Name: SECTION 20 : OTHER INVESTIGATIONS & RELEVANT INFORMATION

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
583	ECG	1	None	No investigations & relevant informations		<input type="checkbox"/>	<input type="checkbox"/>
584	ECG	1a	ECG	Indicated if ECG is peformed		<input type="checkbox"/>	<input type="checkbox"/>
585	ECG	1b	Date and time	Date and time of ECG		<input type="checkbox"/>	<input type="checkbox"/>
586	ECG	1c	Results	ECG result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
587	ECG	1d	Results, specify	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
588	ECG	1e	Reported by: Name	ECG result reported by		<input type="checkbox"/>	<input type="checkbox"/>
589	ECHO	2a	ECHO	Indicated if ECHO is peformed		<input type="checkbox"/>	<input type="checkbox"/>
590	ECHO	2b	Date and time	Date and time of ECHO		<input type="checkbox"/>	<input type="checkbox"/>
591	ECHO	2c	Results	ECHO result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
592	ECHO	2d	Results, specify	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
593	ECHO	2e	Reported by: Name	ECHO result reported by		<input type="checkbox"/>	<input type="checkbox"/>
594	CXR	3a	CXR	Indicated if CXR is peformed		<input type="checkbox"/>	<input type="checkbox"/>
595	CXR	3b	Date and time	Date and time of CXR		<input type="checkbox"/>	<input type="checkbox"/>
596	CXR	3c	Results	CXR result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
597	CXR	3d	Results, specify	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
598	CXR	3e	Reported by: Name	CXR result reported by		<input type="checkbox"/>	<input type="checkbox"/>
599	Bronchoscopy	4a	Bronchoscopy	Indicated if Bronchoscopy is peformed		<input type="checkbox"/>	<input type="checkbox"/>
600	Bronchoscopy	4b	Date and time	Date and time of Bronchoscopy		<input type="checkbox"/>	<input type="checkbox"/>
601	Bronchoscopy	4c	Results	Bronchoscopy result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
602	Bronchoscopy	4d	Results, specify	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
603	Bronchoscopy	4e	Reported by: Name	Bronchoscopy result reported by		<input type="checkbox"/>	<input type="checkbox"/>
604	CT Brain	5a	CT Brain	Indicated if CT Brain is peformed		<input type="checkbox"/>	<input type="checkbox"/>
605	CT Brain	5b	Date and time	Date and time of CT Brain		<input type="checkbox"/>	<input type="checkbox"/>
606	CT Brain	5c	Results	CT Brain result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
607	CT Brain	5d	Results, specify	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
608	CT Brain	5e	Reported by: Name	CT Brain result reported by		<input type="checkbox"/>	<input type="checkbox"/>
609	Ultrasound- Liver	6a	Ultrasound- Liver	Indicated if Ultrasound- Liver is peformed		<input type="checkbox"/>	<input type="checkbox"/>

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610	Ultrasound- Liver	6b	Date and time	Date and time of Ultrasound- Liver		<input type="checkbox"/>	<input type="checkbox"/>
611	Ultrasound- Liver	6c	Results	Ultrasound- Liver result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
612	Ultrasound- Liver	6d	Results, specify	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
613	Ultrasound- Liver	6e	Reported by: Name	Ultrasound- Liver result reported by		<input type="checkbox"/>	<input type="checkbox"/>
614	Ultrasound-Kidney	7a	Ultrasound-Kidney	Indicated if Ultrasound-Kidney is peformed		<input type="checkbox"/>	<input type="checkbox"/>
615	Ultrasound-Kidney	7b	Date and time	Date and time of Ultrasound-Kidney		<input type="checkbox"/>	<input type="checkbox"/>
616	Ultrasound-Kidney	7c	Results	Ultrasound-Kidney result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
617	Ultrasound-Kidney	7d	Results, specify	if abnormal findings present, specify in details the abnormalities		<input type="checkbox"/>	<input type="checkbox"/>
618	Ultrasound-Kidney	7e	Reported by: Name	Ultrasound-Kidney result reported by		<input type="checkbox"/>	<input type="checkbox"/>
619	Aspiration	8	Aspiration	Aspiration	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
620	Tracheostomy	9	Tracheostomy	Tracheostomy	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
621	Chest Drain	10a	Chest Drain	Chest Drain	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
622	Chest Drain	10b	Chest Drain - Right	Indicated if chest drain is performed at right side		<input type="checkbox"/>	<input type="checkbox"/>
623	Chest Drain	10c	Chest Drain - Left	Indicated if chest drain is performed at left side		<input type="checkbox"/>	<input type="checkbox"/>
624	Sputum	11	Sputum	Sputum		<input type="checkbox"/>	<input type="checkbox"/>
625	Lung measurements	12a	Left lung (cm)	Measurement of left lung (Apex to base)		<input type="checkbox"/>	<input type="checkbox"/>
626	Lung measurements	12b	Right lung (cm)	Measurement of right lung (Apex to base)		<input type="checkbox"/>	<input type="checkbox"/>
627	Lung measurements	12c	Transthoracic	Measurement of transthoracic (widest points)		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 21: CARDIAC STATUS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
628	Cardiac Status	0a	Date & time	Date and time of cardiac status		<input type="checkbox"/>	<input type="checkbox"/>
629	Cardiac Status	0b	Not Done	Indicated if Cardiac status was not done / performed		<input type="checkbox"/>	<input type="checkbox"/>
630	Cardiac Status	1a	Cardiac Index	Cardiac Index result		<input type="checkbox"/>	<input type="checkbox"/>
631	Cardiac Status	1b	Cardiac Index - ND	Indicated if Cardiac Index is Not done		<input type="checkbox"/>	<input type="checkbox"/>
632	Cardiac Status	2a	SVR	SVR result		<input type="checkbox"/>	<input type="checkbox"/>
633	Cardiac Status	2b	SVR - ND	Indicated if SVR is Not done		<input type="checkbox"/>	<input type="checkbox"/>
634	Cardiac Status	3a	Cardiac output	Cardiac output result		<input type="checkbox"/>	<input type="checkbox"/>
635	Cardiac Status	3b	Cardiac output - ND	Indicated if Cardiac output is Not done		<input type="checkbox"/>	<input type="checkbox"/>

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## Section Name: SECTION 22 : TERMINAL TREATMENT IN ICU

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
636	Inotropes	1a	Inotropes	Indicated if Inotropes were administered	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
637	Inotropes	1b	Medication	Medication of Inotropes	1: Dopamine; 2: Dobutamine; 3: Noradrenaline; 99: Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
638	Inotropes	1c	Medication - specify	Specification of Inotropes medication		<input type="checkbox"/>	<input type="checkbox"/>
639	Inotropes	1d	Date Start	Date start of Inotropes		<input type="checkbox"/>	<input type="checkbox"/>
640	Inotropes	1e	Date Stop	Date stopped of Inotropes		<input type="checkbox"/>	<input type="checkbox"/>
641	Inotropes	1f	Concentration	Concentration of Inotropes		<input type="checkbox"/>	<input type="checkbox"/>
642	Inotropes	1g	Max Dose	Max Dose Inotropes		<input type="checkbox"/>	<input type="checkbox"/>
643	Inotropes	1h	mls/ hr	Inotropes dose in mls/ hr		<input type="checkbox"/>	<input type="checkbox"/>
644	Inotropes	1i	Mcg/Kg/min	Inotropes dose in Mcg/Kg/min. Source of formula: <a href="http://manuelsweb.com/DoseMcgKgMin.htm">http://manuelsweb.com/DoseMcgKgMin.htm</a>		<input type="checkbox"/>	<input type="checkbox"/>
645	IV Fluids	2a	Type of fluids	Type of fluids	1: Crystalloid; <input type="checkbox"/> 2: Colloid; <input type="checkbox"/> 3: Blood; <input type="checkbox"/> 4: Blood product; <input type="checkbox"/> 99: Others, specify; <input type="checkbox"/> 8888:Not available; <input type="checkbox"/> 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
646	IV Fluids	2b	Type of fluids - specify	Specification type of IV fluids		<input type="checkbox"/>	<input type="checkbox"/>
647	Crystalloid	2c	If Crystalloid	Medication if type of fluid is Crystalloid	101: Dextrose 5%; 102: Dextrose Saline; 103: 1/5 Dextrose Saline; 104: Normal Saline; 105: Half Saline; 106: Hartmann; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
648	Colloid	2d	If Colloid	Medication if type of fluid is Colloid	201: Gelafundin; 202: Hemacel; 203: Hetastarch; 204: Voluven; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
649	Colloid	2e	If Blood	Medication if type of fluid is Blood	301: Whole Blood; 302: Packed cell; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
650	Colloid	2f	If Blood Product	Medication if type of fluid is Blood Product	401: Platelet; 402: FFP; 403: Cyro; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
651	IV Fluids	2g	Date Start and time start	Date start and time start of IV fluids		<input type="checkbox"/>	<input type="checkbox"/>
652	IV Fluids	2h	Date stop and time end	Date stopped and time end of IV fluids		<input type="checkbox"/>	<input type="checkbox"/>
653	IV Fluids	2i	Volume	Volume of IV fluids		<input type="checkbox"/>	<input type="checkbox"/>
654	IV Fluids	2i	Unit	Unit IV fluids		<input type="checkbox"/>	<input type="checkbox"/>

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655	IV Fluids	2j	Route	Route of IV fluids	1: IV bolus;2: Nasogastric tube; □99: Others, specify;□8888:Not available;□9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
656	IV Fluids	2k	Route- specify	Specification for route		<input type="checkbox"/>	<input type="checkbox"/>
657	Hormonal replacement	3a	Hormonal replacement	Indicated if hormonal replacement was administered	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
658	Hormonal replacement	3b	Medication	Indicated if hormonal replacement was administered	1: Methylprednisolone; □ 2: Insulin; □3: T3; □4: Vasopressin; □5: DDAVP;□99: Others, specify; 8888:Not available;□9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
659	Hormonal replacement	3c	Medication - specify	Specification for hormonal replacement medication		<input type="checkbox"/>	<input type="checkbox"/>
660	Hormonal replacement	3d	Date Start	Date start of hormonal replacement		<input type="checkbox"/>	<input type="checkbox"/>
661	Hormonal replacement	3e	Date Stop	Date stopped of hormonal replacement		<input type="checkbox"/>	<input type="checkbox"/>
662	Hormonal replacement	3f	Dose	Dose of hormonal replacement		<input type="checkbox"/>	<input type="checkbox"/>
663	Hormonal replacement	3g	Units	Unit of hormonal replacement	01: mg; □02: unit; □03: µg (microgram); □99: Others, specify;□8888:Not available;□9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
664	Hormonal replacement	3h	Units - specify	Specification of unit for hormonal replacement		<input type="checkbox"/>	<input type="checkbox"/>
665	Hormonal replacement	3h	Freq	Frequency of hormonal replacement		<input type="checkbox"/>	<input type="checkbox"/>
666	Antibiotics	4a	Antibiotics	Indicated if antibiotics were administered	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
667	Antibiotics	4b	Medication	Indicated if antibiotics were administered		<input type="checkbox"/>	<input type="checkbox"/>
668	Antibiotics	4c	Date Start	Date start of antibiotics		<input type="checkbox"/>	<input type="checkbox"/>
669	Antibiotics	4d	Date Stop	Date stopped of antibiotics		<input type="checkbox"/>	<input type="checkbox"/>
670	Antibiotics	4e	Dose	Dose of antibiotics		<input type="checkbox"/>	<input type="checkbox"/>
671	Antibiotics	4f	Units	Unit of antibiotics		<input type="checkbox"/>	<input type="checkbox"/>
672	Antibiotics	4g	Freq	Frequency of antibiotics		<input type="checkbox"/>	<input type="checkbox"/>
673	Other medications	5a	Other Medication	Indicated if other medications were administered	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
674	Other medications	5b	Medication	Specification for other medications		<input type="checkbox"/>	<input type="checkbox"/>
675	Other medications	5c	Date Start	Date start of other medications		<input type="checkbox"/>	<input type="checkbox"/>
676	Other medications	5d	Date Stop	Date stopped of other medications		<input type="checkbox"/>	<input type="checkbox"/>
677	Other medications	5e	Dose	Dose of other medications		<input type="checkbox"/>	<input type="checkbox"/>
678	Other medications	5f	Units	Unit of other medications		<input type="checkbox"/>	<input type="checkbox"/>
679	Other medications	5g	Freq	Frequency of other medications		<input type="checkbox"/>	<input type="checkbox"/>
680	Enteral feeding including water	6a	Enteral feeding including water	Indicated if Enteral feeding including water were administered	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

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681	Enteral feeding including water	6b	Types of enteral feeds	Types of enteral feeds	<input type="checkbox"/>	<input type="checkbox"/>
682	Enteral feeding including water	6c	Date Start	Date start of enteral feeding	<input type="checkbox"/>	<input type="checkbox"/>
683	Enteral feeding including water	6d	Date Stop	Date stopped of enteral feeding	<input type="checkbox"/>	<input type="checkbox"/>
684	Enteral feeding including water	6e	Max Volume per day	Max Volume per day of enteral feeding	<input type="checkbox"/>	<input type="checkbox"/>
685	Enteral feeding including water	6f	Freq	Frequency of enteral feeding	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 23 : REFERRAL TO RECIPIENT'S COORDINATOR

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
686	Organ / tissue	1a	Heart	Indicated if organ / tissue is Heart		<input type="checkbox"/>	<input type="checkbox"/>
687	Organ / tissue	1b	Lung	Indicated if organ / tissue is Lungs		<input type="checkbox"/>	<input type="checkbox"/>
688	Organ / tissue	1c	Liver	Indicated if organ / tissue is Liver		<input type="checkbox"/>	<input type="checkbox"/>
689	Organ / tissue	1d	Kidney	Indicated if organ / tissue is Kidney		<input type="checkbox"/>	<input type="checkbox"/>
690	Organ / tissue	1e	Heart valve	Indicated if organ / tissue is Heart valve		<input type="checkbox"/>	<input type="checkbox"/>
691	Organ / tissue	1f	Skin	Indicated if organ / tissue is Skin		<input type="checkbox"/>	<input type="checkbox"/>
692	Organ / tissue	1g	Cornea	Indicated if organ / tissue is Cornea		<input type="checkbox"/>	<input type="checkbox"/>
693	Organ / tissue	1h	Bone	Indicated if organ / tissue is Bone		<input type="checkbox"/>	<input type="checkbox"/>
694	Hospital name	2a	Hospital Name	Hospital Code of recipient's coordinator		<input type="checkbox"/>	<input type="checkbox"/>
695	Coordinator name	3	Coordinator name	Transplant Coordinator Name. Transplant Coordinator is defined as:- <input type="checkbox"/> A nurse who helps facilitate transplantation with both donor families and recipients. Engages in donor management with hospital personnel. Coordinates the acquisition and placement of organs and tissues		<input type="checkbox"/>	<input type="checkbox"/>
696	Contact number	4	Contact number	Coordinator contact number		<input type="checkbox"/>	<input type="checkbox"/>
697	Date & time offered	5	Date & time offered	Date & time offered		<input type="checkbox"/>	<input type="checkbox"/>
698	Date & time accepted	6	Date & time accepted	Date & time accepted		<input type="checkbox"/>	<input type="checkbox"/>
699	Date & time rejected	7	Date & time rejected	Date & time rejected		<input type="checkbox"/>	<input type="checkbox"/>
700		1	OT Phone number	OT Phone number		<input type="checkbox"/>	<input type="checkbox"/>
701		2	Contact person in OT	Contact person in OT		<input type="checkbox"/>	<input type="checkbox"/>
702		3	Booked start date and time	Booked start date and time		<input type="checkbox"/>	<input type="checkbox"/>
703		4	Arrival date and time in OT	Arrival date and time in OT		<input type="checkbox"/>	<input type="checkbox"/>
704		5	X-clamp date and time	X-clamp date and time		<input type="checkbox"/>	<input type="checkbox"/>
705		6	Date and time left OT	Date and time left OT		<input type="checkbox"/>	<input type="checkbox"/>
706		7	Viewing	Viewing	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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707	8	Facilitated by	Facilitated by	<input type="checkbox"/>	<input type="checkbox"/>
708	9	Place of viewing	Place of viewing	<input type="checkbox"/>	<input type="checkbox"/>
709	10	Date and time of morgue	Date and time of morgue	<input type="checkbox"/>	<input type="checkbox"/>
710	11	Date and time of body release	Date and time of body release	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 25 : ORGAN PROCUREMENT SURGERY

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
711	Section 25a : ABDOMINAL ORGANS- I. First Flush	1	0.9% NaCl	Volume of 0.9% NaCl at first flush		<input type="checkbox"/>	<input type="checkbox"/>
712	Section 25a : ABDOMINAL ORGANS- I. First Flush	2	HARTMANS	Volume of HARTMANS at first flush		<input type="checkbox"/>	<input type="checkbox"/>
713	Section 25a : ABDOMINAL ORGANS- I. First Flush	3	U.W	Volume of U.W at first flush		<input type="checkbox"/>	<input type="checkbox"/>
714	Section 25a : ABDOMINAL ORGANS- I. First Flush	4	ROSS	Volume of ROSS at first flush		<input type="checkbox"/>	<input type="checkbox"/>
715	Section 25a : ABDOMINAL ORGANS- I. First Flush	5a	Other- specify	Specification of other fluids at first flush		<input type="checkbox"/>	<input type="checkbox"/>
716	Section 25a : ABDOMINAL ORGANS- I. First Flush	5b	Other	Volume of other fluids at first flush		<input type="checkbox"/>	<input type="checkbox"/>
717	Section 25a : ABDOMINAL ORGANS- II. Second Flush	1	0.9% NaCl	Volume of 0.9% NaCl at second flush		<input type="checkbox"/>	<input type="checkbox"/>
718	Section 25a : ABDOMINAL ORGANS- II. Second Flush	2	HARTMANS	Volume of HARTMANS at second flush		<input type="checkbox"/>	<input type="checkbox"/>
719	Section 25a : ABDOMINAL ORGANS- II. Second Flush	3	U.W	Volume of U.W at second flush		<input type="checkbox"/>	<input type="checkbox"/>
720	Section 25a : ABDOMINAL ORGANS- II. Second Flush	4	ROSS	Volume of ROSS at second flush		<input type="checkbox"/>	<input type="checkbox"/>
721	Section 25a : ABDOMINAL ORGANS- II. Second Flush	5a	Other- specify	Specification of other fluids at second flush		<input type="checkbox"/>	<input type="checkbox"/>
722	Section 25a : ABDOMINAL ORGANS- II. Second Flush	5b	Other	Volume of other fluids at second flush		<input type="checkbox"/>	<input type="checkbox"/>

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723	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	1a	Right	Indicated if side of kidney procurement is Right		<input type="checkbox"/>	<input type="checkbox"/>
724	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	1b	Left	Indicated if side of kidney procurement is Left		<input type="checkbox"/>	<input type="checkbox"/>
725	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	2a	Right - Quality of perfusion	Quality of perfusion for right kidney		<input type="checkbox"/>	<input type="checkbox"/>
726	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	3a	Right - Appearance after perfusion	Appearance after perfusion for right kidney		<input type="checkbox"/>	<input type="checkbox"/>
727	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	4a	Right - Artheroma	Artheroma for right kidney		<input type="checkbox"/>	<input type="checkbox"/>
728	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	5a.i	Right - Artery	Number of vessels at Artery for right kidney		<input type="checkbox"/>	<input type="checkbox"/>
729	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	5a.ii	Right - Vein	Number of vessels at Vein for right kidney		<input type="checkbox"/>	<input type="checkbox"/>
730	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	5a.iii	Right - Ureter	Number of vessels at Ureter for right kidney		<input type="checkbox"/>	<input type="checkbox"/>
731	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	6a	Right – Biopsy	Biopsy for right kidney	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
732	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	7a.i	Right – Recipient Hospital	Name of recipient hospital for right kidney		<input type="checkbox"/>	<input type="checkbox"/>
733	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	7a.ii	Right – Recipient Hospital Code	Code of recipient hospital for right kidney		<input type="checkbox"/>	<input type="checkbox"/>
734	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	8a.i	Right – Any anatomical abnormality or damage	Any anatomical abnormality or damage for right kidney	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
735	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	8a.ii	Right – Any anatomical abnormality or damage, specify	Specification for any anatomical abnormality or damage for right kidney		<input type="checkbox"/>	<input type="checkbox"/>

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736	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	2b	Left - Quality of perfusion	Quality of perfusion for left kidney		<input type="checkbox"/>	<input type="checkbox"/>
737	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	3b	Left - Appearance after perfusion	Appearance after perfusion for left kidney		<input type="checkbox"/>	<input type="checkbox"/>
738	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	4b	Left - Artheroma	Artheroma for left kidney		<input type="checkbox"/>	<input type="checkbox"/>
739	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	5b.i	Left - Artery	Number of vessels at Artery for left kidney		<input type="checkbox"/>	<input type="checkbox"/>
740	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	5b.ii	Left - Vein	Number of vessels at Vein for left kidney		<input type="checkbox"/>	<input type="checkbox"/>
741	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	5b.iii	Left - Ureter	Number of vessels at Ureter for left kidney		<input type="checkbox"/>	<input type="checkbox"/>
742	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	6b	Left – Biopsy	Biopsy for left kidney	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
743	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	7b.i	Left – Recipient Hospital	Name of recipient hospital for left kidney		<input type="checkbox"/>	<input type="checkbox"/>
744	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	7b.ii	Left – Recipient Hospital Code	Code of recipient hospital for left kidney		<input type="checkbox"/>	<input type="checkbox"/>
745	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	8b.i	Left – Any anatomical abnormality or damage	Any anatomical abnormality or damage for left kidney	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
746	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	8b.ii	Left – Any anatomical abnormality or damage, specify	Specification for any anatomical abnormality or damage for left kidney		<input type="checkbox"/>	<input type="checkbox"/>
747	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	9	Spleen taken	Spleen taken	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
748	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	10.i	Abdominal retrieval surgeon's Name	Abdominal retrieval surgeon's Name		<input type="checkbox"/>	<input type="checkbox"/>

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749	Section 25a : ABDOMINAL ORGANS- B. Kidney Procurement	10.ii	Abdominal retrieval surgeon's Code	Abdominal retrieval surgeon's Code		<input type="checkbox"/>	<input type="checkbox"/>
750	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	1	Pancreas separated from liver	Time of Pancreas separated from liver		<input type="checkbox"/>	<input type="checkbox"/>
751	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	2	Time into transport container	Time of into transport container		<input type="checkbox"/>	<input type="checkbox"/>
752	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	3	Warm ischaemic time	Time of Warm ischaemic time		<input type="checkbox"/>	<input type="checkbox"/>
753	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	4	Insitu liver split:	Time of Insitu liver split:		<input type="checkbox"/>	<input type="checkbox"/>
754	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	5	Fatty liver	Fatty liver	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
755	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	6	Aortic arterial disease	Aortic arterial disease	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
756	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	7a	Biopsy	Biopsy	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
757	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	7b	Biopsy - Findings	Finding of biopsy		<input type="checkbox"/>	<input type="checkbox"/>
758	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	8a	Surgeon's assessment of perfusion	Surgeon's assessment of perfusion	1:Rapid; 2:Patch y; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
759	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	8b	Surgeon's assessment of perfusion, other specify	Specification if Surgeon's assessment of perfusion is Others		<input type="checkbox"/>	<input type="checkbox"/>
760	Section 25a : ABDOMINAL ORGANS- C. Liver Procurement	9	Comments	Comments		<input type="checkbox"/>	<input type="checkbox"/>
761	Section 25b : CARDIOTHORASI C ORGAN	1	Heart procured	Heart procured	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
762	Section 25b : CARDIOTHORASI C ORGAN	1a	Perfusion pneumoplegia	Perfusion pneumoplegia for heart		<input type="checkbox"/>	<input type="checkbox"/>
763	Section 25b : CARDIOTHORASI C ORGAN	1b	Technical problem, specify	Specification for technical problem		<input type="checkbox"/>	<input type="checkbox"/>
764	Section 25b : CARDIOTHORASI C ORGAN	1c	Problem with cardioplegia	Specification for problem with cardioplegia		<input type="checkbox"/>	<input type="checkbox"/>

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765	Section 25b : CARDIOTHORASIC ORGAN	1d	Myocardial contusion	Myocardial contusion		<input type="checkbox"/>	<input type="checkbox"/>
766	Section 25b : CARDIOTHORASIC ORGAN	1e	Coronary artery disease	Coronary artery disease		<input type="checkbox"/>	<input type="checkbox"/>
767	Section 25b : CARDIOTHORASIC ORGAN	1f	Location	Location		<input type="checkbox"/>	<input type="checkbox"/>
768	Section 25b : CARDIOTHORASIC ORGAN	1g	Ventricular contraction function	Ventricular contraction function		<input type="checkbox"/>	<input type="checkbox"/>
769	Section 25b : CARDIOTHORASIC ORGAN	1h.i	Any anatomical abnormality or damage	Any anatomical abnormality or damage	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
770	Section 25b : CARDIOTHORASIC ORGAN	1h.ii	Any anatomical abnormality or damage - Findings	Finding of any anatomical abnormality or damage		<input type="checkbox"/>	<input type="checkbox"/>
771	Section 25b : CARDIOTHORASIC ORGAN	2	Lung procured	Lung procured	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
772	Section 25b : CARDIOTHORASIC ORGAN	2a	Perfusion pneumoplegia	Perfusion pneumoplegia for lung		<input type="checkbox"/>	<input type="checkbox"/>
773	Section 25b : CARDIOTHORASIC ORGAN	2b	Technical problem, specify	Specification for technical problem		<input type="checkbox"/>	<input type="checkbox"/>
774	Section 25b : CARDIOTHORASIC ORGAN	2c	Collapse	Collapse	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
775	Section 25b : CARDIOTHORASIC ORGAN	2d	Contusion	Contusion	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
776	Section 25b : CARDIOTHORASIC ORGAN	2e	Sputum / secretions	Sputum / secretions	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
777	Section 25b : CARDIOTHORASIC ORGAN	2f	Consolidation	Consolidation	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
778	Section 25b : CARDIOTHORASIC ORGAN	2g	Cysts	Cysts	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
779	Section 25b : CARDIOTHORASIC ORGAN	2h	Easily deflated	Easily deflated	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
780	Section 25b : CARDIOTHORASIC ORGAN	2i	Damage to left bronchi	Damage to left bronchi	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
781	Section 25b : CARDIOTHORASIC ORGAN	2j	Damage to right bronchi	Damage to right bronchi	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
782	Section 25b : CARDIOTHORASIC ORGAN	2k	Chest drains	Chest drains	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
783	Section 25b : CARDIOTHORASIC ORGAN	2l.i	Any anatomical abnormality or damage	Any anatomical abnormality or damage	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
784	Section 25b : CARDIOTHORASIC ORGAN	2l.ii	Any anatomical abnormality or damage - Findings	Finding of any anatomical abnormality or damage		<input type="checkbox"/>	<input type="checkbox"/>

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785	Section 25b : CARDIOTHORASIC ORGAN	3	Comments	Comments	<input type="checkbox"/>	<input type="checkbox"/>
786	Section 25b : CARDIOTHORASIC ORGAN	4a	Thoracic retrieval surgeon's Name	Name of Thoracic retrieval surgeon	<input type="checkbox"/>	<input type="checkbox"/>
787	Section 25b : CARDIOTHORASIC ORGAN	4b	Thoracic retrieval surgeon's Code	ID of Thoracic retrieval surgeon	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 26 : FAMILY SATISFACTION

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
788		1	Family satisfaction with the process & state of the body	Family satisfaction with the process & state of the body	1: 1 (Not satisfied at all); 2: 2 (Not satisfied); 3: 3 (Partially satisfied); 4: 4 (Satisfied); 5: 5 (Highly satisfied); 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
789	Reason not satisfied	1a	Delay	Indicated if reason not satisfied is delay		<input type="checkbox"/>	<input type="checkbox"/>
790	Reason not satisfied	1b	Communication skill	Indicated if reason not satisfied is Communication skill		<input type="checkbox"/>	<input type="checkbox"/>
791	Reason not satisfied	1c	State of the body	Indicated if reason not satisfied is State of the body		<input type="checkbox"/>	<input type="checkbox"/>
792	Reason not satisfied	1d	Others, Specify	Indicated if reason not satisfied is Others		<input type="checkbox"/>	<input type="checkbox"/>
793	Reason not satisfied	1e	Others, Specify	Specification if reason not satisfied is Others		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 27 : PROBLEMS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
794	Problems faced	1a	None	Indicated if no problems faced		<input type="checkbox"/>	<input type="checkbox"/>
795	Problems faced	1b	Donor maintenance	Indicated if problems faced is Donor maintenance		<input type="checkbox"/>	<input type="checkbox"/>
796	Problems faced	1d	Family related issues	Indicated if problems faced is Family related issues		<input type="checkbox"/>	<input type="checkbox"/>
797	Problems faced	1e	Medical legal issues	Indicated if problems faced is Medical legal issues		<input type="checkbox"/>	<input type="checkbox"/>
798	Problems faced	1c	Communication & interpersonal interaction	Indicated if problems faced is Communication & interpersonal interaction		<input type="checkbox"/>	<input type="checkbox"/>
799	Problems faced	1f	Media related issues	Indicated if problems faced is Media related issues		<input type="checkbox"/>	<input type="checkbox"/>
800	Logistic	1g	Logistic	Indicated if problems faced is Logistic		<input type="checkbox"/>	<input type="checkbox"/>
801	Problems faced	1h.i	Others, specify	Indicated if problems faced is Others		<input type="checkbox"/>	<input type="checkbox"/>
802	Problems faced	1h.ii	Others, specify	Specification if problems faced is Others		<input type="checkbox"/>	<input type="checkbox"/>
803	Logistic	1g.i	Transportation	Indicated if logistic problem is Transportation		<input type="checkbox"/>	<input type="checkbox"/>
804	Logistic	1g.ii	Recipient refused	Indicated if logistic problem is Recipient refused		<input type="checkbox"/>	<input type="checkbox"/>

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805	Logistic	1g.iii	Operating Theater (OT) or the facility or equipment not available	Indicated if logistic problem is Operating Theater (OT) or the facility or equipment not available	<input type="checkbox"/>	<input type="checkbox"/>
806	Logistic	1g.iv	Staff are not available, no cooperation	Indicated if logistic problem is Staff are not available, no cooperation	<input type="checkbox"/>	<input type="checkbox"/>
807	Logistic	1g.v	Others, specify	Indicated if logistic problem is Others	<input type="checkbox"/>	<input type="checkbox"/>
808	Logistic	1g.vi	Others, specify	Specification if logistic problem is Others	<input type="checkbox"/>	<input type="checkbox"/>
809	Details (if any)	2	Details (if any)	Details (if any)	<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 28 : RETRIEVAL TEAM / HOSPITAL STAFF DETAILS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
810	Name	1	Staff Name	Staff name		<input type="checkbox"/>	<input type="checkbox"/>
811	Designation	2a	Designation	Staff designation	1: Surgeon; 2: Matron; 3: Sister; 4: Nurse; 5: Anaesthesia; 6: Paramedic; 99: Others, specify; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
812	Designation	2b	Others, specify	Specification if staff designation is Other		<input type="checkbox"/>	<input type="checkbox"/>
813	Donor Hospital Staff/ Retrieval teams	3a	Donor Hospital Staff	Indicated if staff is Donor Hospital Staff		<input type="checkbox"/>	<input type="checkbox"/>
814	Donor Hospital Staff/ Retrieval teams	3b	Donor Hospital Staff list	Donor Hospital Staff list	1:ICU; <input type="checkbox"/> 2:Operating room; <input type="checkbox"/> 3:Anaesthesia; <input type="checkbox"/> 99:Others, specify; <input type="checkbox"/> 8888:Not available; <input type="checkbox"/> 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
815	Donor Hospital Staff/ Retrieval teams	3c	Donor Hospital Staff, others, specify	Specification if staff list is other		<input type="checkbox"/>	<input type="checkbox"/>
816	Retrieval teams	4a	Retrieval teams	Indicated if staff is Retrieval teams		<input type="checkbox"/>	<input type="checkbox"/>
817	Retrieval teams	4a.i	Abdominal	Indicated if type is Abdominal		<input type="checkbox"/>	<input type="checkbox"/>
818	Retrieval teams	4a.ii	Thoracic	Indicated if type is Thoracic		<input type="checkbox"/>	<input type="checkbox"/>
819	Retrieval teams	4a.iii	Tissue	Indicated if type is Tissue		<input type="checkbox"/>	<input type="checkbox"/>
820	Retrieval teams	4a.iv	Others, specify	Indicated if type is Others		<input type="checkbox"/>	<input type="checkbox"/>
821	Retrieval teams	4a.v	Others, specify	Specification if type is others		<input type="checkbox"/>	<input type="checkbox"/>
822	Thoracic	4a.ii.1	Eye	Indicated if type of thoracic is eye		<input type="checkbox"/>	<input type="checkbox"/>
823	Thoracic	4a.ii.2	Skin	Indicated if type of thoracic is Skin		<input type="checkbox"/>	<input type="checkbox"/>
824	Thoracic	4a.ii.3	Bone	Indicated if type of thoracic is Bone		<input type="checkbox"/>	<input type="checkbox"/>
825	Donor Hospital Staff/ Retrieval teams	5a	Others, specify	Indicated if staff is Others		<input type="checkbox"/>	<input type="checkbox"/>
826	Donor Hospital Staff/ Retrieval teams	5b	Others, specify	Specification if staff is Others		<input type="checkbox"/>	<input type="checkbox"/>
827	Comments	6	Comments	Comments		<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

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## Section Name: SECTION 29 : TRANSPORT DETAILS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
828	Organ / Tissue	2a	Heart	Indicated if organ / tissue is Heart		<input type="checkbox"/>	<input type="checkbox"/>
829	Organ / Tissue	2b	Lung	Indicated if organ / tissue is Lungs		<input type="checkbox"/>	<input type="checkbox"/>
830	Organ / Tissue	2c	Liver	Indicated if organ / tissue is Liver		<input type="checkbox"/>	<input type="checkbox"/>
831	Organ / Tissue	2d	Kidney	Indicated if organ / tissue is Kidney		<input type="checkbox"/>	<input type="checkbox"/>
832	Organ / Tissue	2e	Heart valve	Indicated if organ is Heart valve		<input type="checkbox"/>	<input type="checkbox"/>
833	Organ / Tissue	2f	Skin	Indicated if organ / tissue is Skin		<input type="checkbox"/>	<input type="checkbox"/>
834	Organ / Tissue	2g	Cornea	Indicated if organ / tissue is Cornea		<input type="checkbox"/>	<input type="checkbox"/>
835	Organ / Tissue	2h	Bone	Indicated if organ / tissue is Bone		<input type="checkbox"/>	<input type="checkbox"/>
836	Transport	3a	Ambulance	Indicated if transport is Ambulance		<input type="checkbox"/>	<input type="checkbox"/>
837	Hospital name	4b	Hospital Code	Hospital Code for transport details		<input type="checkbox"/>	<input type="checkbox"/>
838	Transport	3b	Police outrider	Indicated if transport is Police outrider		<input type="checkbox"/>	<input type="checkbox"/>
839	Transport	3c	TUDM	Indicated if transport is TUDM		<input type="checkbox"/>	<input type="checkbox"/>
840	Transport	3d	TLDM	Indicated if transport is TLDM		<input type="checkbox"/>	<input type="checkbox"/>
841	Transport	3e	Car	Indicated if transport is Car		<input type="checkbox"/>	<input type="checkbox"/>
842	Transport	3f	Others	Indicated if transport is Others		<input type="checkbox"/>	<input type="checkbox"/>
843	Transport	3g	Others, specify	Specification if transport is Others		<input type="checkbox"/>	<input type="checkbox"/>
844	Comments	5	Comments	Comments		<input type="checkbox"/>	<input type="checkbox"/>
845	Hospital name	4a	Hospital Name	Hospital Name for transport details		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 30 : RECIPIENT PARTICULAR

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
846	Hospital name	1b	Hospital Code	Hospital Code for recipient details		<input type="checkbox"/>	<input type="checkbox"/>
847	Name	2	Name	Name of the Recipient - An individual who receives transplanted organs or tissues.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
848	NRIC	3a	NRIC	Recipient's identity card number. The numbering of the individual MyKad utilizes a 12-digit numbering system (usual format: YYMMDD-BP-###G) known as the Identification Card number (IC) is issued to MyKad holders. - YYMMDD represent the Recipient's birth date -		<input checked="" type="checkbox"/>	<input type="checkbox"/>
849	NRIC	3b	Old IC	Recipient's Old Identity Card Number. Only Applicable if MyKad is not available.		<input type="checkbox"/>	<input type="checkbox"/>
850	NRIC	3b	Other ID document No.	Only Applicable if Recipient's MyKad and Old IC are not available		<input type="checkbox"/>	<input type="checkbox"/>

Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"

# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

851	NRIC	3c	Specify document type (if others)	To record what type of document was used for "Other ID Document No". Categorized as Old IC/New IC/Army/Police/Mother's IC/Father's IC/Work Permit/Passport/Birth Certificate/Pension Card/Others	1: Old IC; 3: Army; 4: Police; 5: Mother's IC; 6: Father's IC; 7: Work Permit; 8:Passport; 9:Birth Certificate; 10: Pension Card; 99: Others; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
852	NRIC	3d	Others	Specification of the document type if Other ID document is coded to "Others" and none of the listed categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
853	Address	4a	Address	The address of the physical location where the Recipient resides / Recipient's Current Address <input type="checkbox"/> SDP / Central registries carry out follow-up by contacting the Recipients by a letter or telephone calls to ascertain their vital status		<input type="checkbox"/>	<input type="checkbox"/>
854	Address	4b	Postcode	Postcode of Recipient's current place of residence. Postcode - 5 number series that denotes the area of residence.		<input type="checkbox"/>	<input type="checkbox"/>
855	Address	4c	Town/ City	The name of the town and or city that the Recipient is currently residing in. It can also be the name of the village.		<input type="checkbox"/>	<input type="checkbox"/>
856	Address	4d	State	The current state of residence. It can be any ONE of the 14 states in Malaysia or other specify if not local.	1:Johor Darul Takzim; 2:Kedah Darul Aman; 3:Kelantan Darul Naim; 4:Melaka; 5:Negeri Sembilan Darul Khusus; 6:Pahang Darul Makmur; 7:Perak Darul Ridzuan; 8:Perlis Indera Kayangan; 9:Pulau Pinang; 10:Sabah; 11:Sarawak; 12:Selangor Darul Ehsan; 13:Terengganu Darul Iman; 14:Wilayah Persekutuan Kuala Lumpur; 15:Wilayah Persekutuan Labuan; 16:Wilayah Persekutuan Putrajaya; 8888: Not applicable - Foreign; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
857	Date of Birth	5a	Date of Birth	The date the Recipient was born and recorded on their birth certificate. If the date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age OR if exact date is not known, please enter 01/07/yyyy		<input checked="" type="checkbox"/>	<input type="checkbox"/>
858	Date of Birth	5b	Estimate / presume Year	If date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age. (if exact date is not known, please enter 01/07/yyyy)		<input type="checkbox"/>	<input type="checkbox"/>
859	Age	7	Age at transplant, year(s)	Age at transplant / notification (auto calculated from Date of transplant - Date of Birth) - year(s)		<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

860	Gender	8	Gender	The Recipient's biological sex refers to the biological differences between males and females (the assemblage of physical properties or qualities by which male is distinguished from female), and not referring to a person's social role (masculine or feminine)	1:Male; 2:Female; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
861	Race	9a	Ethnic Group	Recipient's Ethnic Group-categorized as Malay/Chinese/Indian/Bumiputera Sabah/Bumiputera Sarawak/Orang Asli/Others	100:Malay; 200:Chinese; 300:Indian; 800:Bumiputera Sabah; 1000:Bumiputera Sarawak; 1200:Orang Asli; 1301:Others; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
862	Race	9b	Others	Specification of other Malaysian ethnic group / race if none of the listed categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
863	Race	9c	Bumiputera Sabah, specify	Specification if Recipient's Ethnic group is Bumiputera Sabah		<input type="checkbox"/>	<input type="checkbox"/>
864	Race	9d	Bumiputera Sarawak, specify	Specification if Recipient's Ethnic group is Bumiputera Sarawak		<input type="checkbox"/>	<input type="checkbox"/>
865	Organ / Tissue	10a	Heart	Indicated if organ / tissue is Heart		<input checked="" type="checkbox"/>	<input type="checkbox"/>
866	Organ / Tissue	10b	Lung	Indicated if organ / tissue is Lungs		<input checked="" type="checkbox"/>	<input type="checkbox"/>
867	Organ / Tissue	10b.i	Lung (Single / Double)	Side of lung (Single or Double)	1:Single; 2:Double; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
868	Organ / Tissue	10c	Liver	Indicated if organ / tissue is Liver		<input checked="" type="checkbox"/>	<input type="checkbox"/>
869	Organ / Tissue	10c.i	Liver (Whole / Split)	Side of liver (Whole / Split)	1:Whole; 2:Split; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
870	Organ / Tissue	10d	Kidney	Indicated if organ / tissue is Kidney		<input checked="" type="checkbox"/>	<input type="checkbox"/>
871	Organ / Tissue	10d.i	Kidney (Right / Left / Both)	Side of kidney (Right / Left / Both)	1:Right; 2:Left; 3:Both; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
872	Organ / Tissue	10e	Heart valve	Indicated if organ / tissue is Heart valve		<input checked="" type="checkbox"/>	<input type="checkbox"/>
873	Organ / Tissue	10f	Skin	Indicated if organ / tissue is Skin		<input checked="" type="checkbox"/>	<input type="checkbox"/>
874	Organ / Tissue	10g	Cornea	Indicated if organ / tissue is Cornea		<input checked="" type="checkbox"/>	<input type="checkbox"/>
875	Organ / Tissue	10g.i	Cornea (Right / Left / Both)	Side of cornea (Right / Left / Both)	1:Right; 2:Left; 3:Both; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
876	Organ / Tissue	10h	Bone	Indicated if organ / tissue is Bone		<input checked="" type="checkbox"/>	<input type="checkbox"/>
877	Organ / Tissue	10i	Heart and Lung	Indicated if organ / tissue is Heart and Lung		<input checked="" type="checkbox"/>	<input type="checkbox"/>
878	Diagnosis	11	Diagnosis	Diagnosis of recipient		<input type="checkbox"/>	<input type="checkbox"/>
879	Diagnosis	11a	ICD 10 diagnosis code	(non crf field) ICD 10 diagnosis code for hospital admission		<input type="checkbox"/>	<input type="checkbox"/>
880	Transplant date / time	12	Transplant start date / time	Start date and time of Transplant		<input checked="" type="checkbox"/>	<input type="checkbox"/>
881	Transplant date / time	13	Transplant end date / time	End date and time of Transplant		<input checked="" type="checkbox"/>	<input type="checkbox"/>
882	Transplant date / time	14	Co ischemic duration	Duration of Co ischemic		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

883	Outcome	15a	Outcome	Outcome of the transplant	1:Successful; <input type="checkbox"/> 2:Not successful; <input type="checkbox"/> 99:Others, specify; <input type="checkbox"/> 8888:Not available; <input type="checkbox"/> 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
884	Outcome, specify	15b	Outcome, specify	Specification of transplant outcome		<input type="checkbox"/>	<input type="checkbox"/>
885	Comments	16	Comments	Comments		<input type="checkbox"/>	<input type="checkbox"/>

## Section Name: SECTION 1: CENTRE DETAILS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
886		1a	Centre / Hospital name	Centre / Hospital name		<input type="checkbox"/>	<input type="checkbox"/>
887		1b	Centre / Hospital code	Centre / Hospital code		<input type="checkbox"/>	<input type="checkbox"/>
888		2a	Type of establishment	Type of establishment	1: Government Hospital (State hospital);2: Government Hospital (District hospital); 3: Government Institution; 4: University Hospital; 5: Private Hospital; 6: Medical organization; 7: Clinics; 8:Medical Lab; 99:Others, specify;8888:Not available; <input type="checkbox"/> 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
889		2b	Type of establishment, specify	Specification if type of establishment is Others		<input type="checkbox"/>	<input type="checkbox"/>
890		3a	Address	The address of the physical location of the hospital		<input type="checkbox"/>	<input type="checkbox"/>
891		3b	Postcode	Postcode of current place of Hospital. Postcode - 5 number series that denotes the area of residence.		<input type="checkbox"/>	<input type="checkbox"/>
892		3c	Town/ City	The name of the town and or city of the Hospital. It can also be the name of the village.		<input type="checkbox"/>	<input type="checkbox"/>
893		3d	State	The current state of residence. It can be any ONE of the 14 states in Malaysia or other specify if not local.	1:Johor Darul Takzim; 2:Kedah Darul Aman; 3:Kelantan Darul Naim; 4:Melaka; 5:Negeri Sembilan Darul Khusus; 6:Pahang Darul Makmur; 7:Perak Darul Ridzuan; 8:Perlis Indera Kayangan; 9:Pulau Pinang; 10:Sabah; 11:Sarawak; 12:Selangor Darul Ehsan; 13:Terengganu Darul Iman; 14:Wilayah Persekutuan Kuala Lumpur; 15:Wilayah Persekutuan Labuan; 16:Wilayah Persekutuan Putrajaya; 8888: Not applicable - Foreign; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
894		4a	Contact number (1)	Recipient contact number		<input type="checkbox"/>	<input type="checkbox"/>
895		4b	Contact number (2)	Recipient contact number		<input type="checkbox"/>	<input type="checkbox"/>
896		5	Fax number	Recipient fax number		<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*



# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

897                      6                      Comments                      Comments                                           

## Section Name: SECTION 2: STAFF DETAILS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
898		1	Name	Name of the procurement team member		<input checked="" type="checkbox"/>	<input type="checkbox"/>
899	NRIC	2a	NRIC	Procurement team's identity card number. The numbering of the individual MyKad utilizes a 12-digit numbering system (usual format: YYMMDD-BP-###G) known as the Identification Card number (IC) is issued to MyKad holders. - YYMMDD represent the Recipient's birth date -		<input type="checkbox"/>	<input type="checkbox"/>
900	NRIC	2b	Other ID document No.	Only Applicable if Procurement team's MyKad and Old IC are not available		<input type="checkbox"/>	<input type="checkbox"/>
901	NRIC	2c	Specify document type (if others)	To record what type of document was used for "Other ID Document No". Categorized as Old IC/New IC/Army/Police/Mother's IC/Father's IC/Work Permit/Passport/Birth Certificate/Pension Card/Others	1: Old IC; 3: Army; 4: Police; 5: Mother's IC; 6: Father's IC; 7: Work Permit; 8:Passport; 9:Birth Certificate; 10: Pension Card; 99: Others; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
902	NRIC	2d	Others	Specification of the document type if Other ID document is coded to "Others" and none of the listed categories are applicable		<input type="checkbox"/>	<input type="checkbox"/>
903		3	Designation	Procurement team designation	1:TOP team; 2:Transplant coordinator; 3:Surgeon; 4:Matron; 5:Sister; 6:Nurse; 7:Anaesthetic; 8:Paramedic; 9:Pathologist; 10:Forensic Pathologist; 11:Magistrate; 12:Medical Lab Technician; 13:Army; 14:Police; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
904		4	Designation, Other specify	Specification if designation is Others		<input type="checkbox"/>	<input type="checkbox"/>
905		5	Gender	The person's biological sex refers to the biological differences between males and females (the assemblage of physical properties or qualities by which male is distinguished from female), and not referring to a person's social role (masculine or feminine)	1:Male; 2:Female; 3:Ambiguous; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
906		12	Address	The address of the physical location of the procurement team resides		<input type="checkbox"/>	<input type="checkbox"/>
907		13	Postcode	Postcode of procurement team's current place of residence. Postcode - 5 number series that denotes the area of residence.		<input type="checkbox"/>	<input type="checkbox"/>
908		14	Town/ City	The name of the town and or city. It can also be the name of the village.		<input type="checkbox"/>	<input type="checkbox"/>

*Instruction (Missing or unknown data):- If it is confirmed as missing or unknown, please update it as "not available"*

# National Transplant Procurement Management Unit- Donor Referral Form Data Definition Document

909	15	State	The current state of residence. It can be any ONE of the 14 states in Malaysia or other specify if not local.	1:Johor Darul Takzim; 2:Kedah Darul Aman; 3:Kelantan Darul Naim; 4:Melaka; 5:Negeri Sembilan Darul Khusus; 6:Pahang Darul Makmur; 7:Perak Darul Ridzuan; 8:Perlis Indera Kayangan; 9:Pulau Pinang; 10:Sabah; 11:Sarawak; 12:Selangor Darul Ehsan; 13:Terengganu Darul Iman; 14:Wilayah Persekutuan Kuala Lumpur; 15:Wilayah Persekutuan Labuan; 16:Wilayah Persekutuan Putrajaya; 8888: Not applicable - Foreign; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
910	16	Contact number (office)	Procurement team contact number (office)		<input type="checkbox"/>	<input type="checkbox"/>
911	17	Contact number (office - Ext)	Procurement team contact number (office-ext)		<input type="checkbox"/>	<input type="checkbox"/>
912	18	Handphone no.	Procurement team contact number (handphone)		<input type="checkbox"/>	<input type="checkbox"/>
913	19	Fax number	Procurement team contact number (fax number)		<input type="checkbox"/>	<input type="checkbox"/>
914	20	Email address (1)	Procurement team email address		<input type="checkbox"/>	<input type="checkbox"/>
915	21	Email address (2)	Procurement team email address		<input type="checkbox"/>	<input type="checkbox"/>
916 For web application use	21	Date start	Date start		<input type="checkbox"/>	<input type="checkbox"/>
917 For web application use	21	Date left	Date start		<input type="checkbox"/>	<input type="checkbox"/>
918 For web application use	21	Allow access to web application	Allow access to web application		<input type="checkbox"/>	<input type="checkbox"/>
919 For web application use	22	Comments	Comments		<input type="checkbox"/>	<input type="checkbox"/>
920 For web application use	22	User Group	User group		<input type="checkbox"/>	<input type="checkbox"/>
921 For web application use	22	User name	User group		<input type="checkbox"/>	<input type="checkbox"/>
922 For web application use	22	Password	Password		<input type="checkbox"/>	<input type="checkbox"/>