

# Miracle Life -- Organ Donation Form

Name		Gender		Date for Birth	
Blood				ID Number	
Education				Job	
<p>donated organs   <input type="checkbox"/> Heart   <input type="checkbox"/> Lung   <input type="checkbox"/> liver   <input type="checkbox"/> Kidney   <input type="checkbox"/> Pancreas   <input type="checkbox"/> Small intestine</p> <p>Another        <input type="checkbox"/> Remains   <input type="checkbox"/> Organization   <input type="checkbox"/> Cornea</p>					
Registration location				Is it an alternative?	
Phone number				Immediate family name	
Address				Family number	
Postal Code				Is the immediate family informed?   Yes ( <input type="checkbox"/> )   No ( <input type="checkbox"/> )	
Email					
Another	Is the above information confidential?	Yes ( <input type="checkbox"/> )   Need ( <input type="checkbox"/> )		No ( <input type="checkbox"/> )   Don' t ( <input type="checkbox"/> )	
	Willing to cooperate with publicity?	Yes ( <input type="checkbox"/> )   Need ( <input type="checkbox"/> )		No ( <input type="checkbox"/> )   Don' t ( <input type="checkbox"/> )	
	Do you need promotional materials?	Yes ( <input type="checkbox"/> )   Need ( <input type="checkbox"/> )		No ( <input type="checkbox"/> )   Don' t ( <input type="checkbox"/> )	
<p>I solemnly promise that I will become a volunteer of human organ donation. After my death, I am willing to donate the above organs (tissues) free of charge for patients or medical undertakings who need transplantation. Please respect my decision.</p>					
Donor's signatures:				Date:	

## **Policy 1: Administrative Rules and Definitions**

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### **1.1 Rules of Construction**

The rules and definitions set forth in this Policy apply to all OPTN Policies.

#### **1.1.A Time**

A day ends at midnight Eastern Standard Time (EST).

#### **1.1.B Headings, Notes, and History**

All headings, notes, and history sections of these Policies, are intended only as guidance and to supplement the OPTN Policies and are not part of the Policies. These sections and headings are nonbinding to members and should not be treated as policy or used to infer the intent of the Policies.

#### **1.1.C Reporting of Information to the OPTN Contractor**

Members must report requested information to the OPTN Contractor to fulfill membership requirements and to ensure compliance with OPTN Policies and Bylaws. The OPTN Contractor will determine the required method and format for reporting any information required by OPTN Policies and Bylaws, including the requirement to submit specific forms at defined times.

### **1.2 Definitions**

The definitions that follow are used to define terms specific to the OPTN Policies.

# A

#### **Active candidate**

A candidate on the waiting list who is currently suitable for transplantation and eligible to receive organ offers.

#### **Agent**

A person legally authorized to act on behalf of another person.

**Alternative allocation system**

A type of variance that allows members who are permitted to join the variance to allocate organs differently than the OPTN Policies.

**Alternative local unit (ALU)**

A type of variance that creates a distinct geographic area for organ procurement and distribution.

**Alternative point assignment system**

A type of variance that allows members who are permitted to join the variance to assign points for organ allocation differently than required by the OPTN Policies.

**Antigen mismatch**

An antigen mismatch occurs when an identified deceased or living donor antigen is not recognized as equivalent to the recipient's own antigens. In cases where a donor or candidate only has one antigen identified at a human leukocyte antigen (HLA) locus (A, B, or DR), the antigens are considered to be identical at that locus.

**Authorization**

The act of granting permission for a specific act. This is sometimes called consent, which is not to be confused with informed consent.

# B

**Backup offer**

An organ offer made to a lower ranked candidate on a deceased donor match run after a transplant hospital accepts an organ on behalf of a higher ranked candidate, but before the organ is transplanted.

**Bridge donor**

A Kidney Paired Donation (KPD) donor who does not have a match identified during the same match run as the donor's paired candidate.

**Business days**

Calendar days excluding Saturdays, Sundays, and federal holidays.

# C

**Calculated Panel Reactive Antibody (CPRA)**

The percentage of deceased donors expected to have one or more of the unacceptable antigens indicated on the waiting list for the candidate. The CPRA is derived from HLA antigen/allele group and haplotype frequencies for the different ethnic groups in proportion to their representation in the national deceased donor population.

**Candidate**

A person registered on the organ transplant waiting list. When a candidate appears on the match run, the candidate is then referred to as a potential transplant recipient (PTR).

**Chain**

A set of KPD matches that begins with a donation from a non-directed living donor to that KPD donor's matched candidate. This candidate's paired living donor then donates to the KPD donor's matched candidate. A chain continues until a living donor donates to a waiting list candidate or is a bridge donor.

**Classification**

A collection of potential transplant recipients grouped by similar characteristics and within a given geographical area. Classifications are used to rank potential recipients of deceased or living donor organs. A collection of ranked classifications of potential transplant recipients is also known as an organ allocation algorithm.

**Closed variance**

A variance that is not open for other members to join it.

# *D*

**Day**

Calendar day.

**Deceased donor**

An individual from whom at least one organ is recovered for the purpose of transplantation after declaration of death.

**Directed donation**

The allocation of a deceased or living donor organ to a specific candidate named by the person who authorized the donation.

**Domino donor**

An individual who has an organ removed as a component of medical treatment and who receives a replacement organ. The organ that was removed is transplanted into another person.

**Donation after Circulatory Death (DCD)**

Donation after Circulatory Death (DCD) describes the organ recovery process that may occur following death by irreversible cessation of circulatory and respiratory functions. A DCD donor may also be called a non-heartbeating, asystolic, or donation after cardiac death donor.

**Donation Service Area (DSA)**

The geographic area designated by the Centers for Medicare and Medicaid Services (CMS) that is served by one organ procurement organization (OPO), one or more transplant hospitals, and one or more donor hospitals.

**Donor hospital**

The hospital where the deceased or living donor is admitted.

**Donor ID**

A unique identification assigned to each deceased and living donor by the OPTN Contractor.

**Donor record**

The record maintained by the OPO regarding an individual deceased donor.

# E

**Eligible death**

For reporting purposes of DSA performance assessments, an eligible death for deceased organ donation is defined as the death of a patient who meets *all* the following characteristics:

- Is 75 years old or less
- Is legally declared dead by neurologic criteria according to state or local law
- Has body weight of 5 kg or greater
- Has a body mass index (BMI) of 50 kg/m<sup>2</sup> or less
- Has at least one kidney, liver, heart or lung that is deemed to meet the eligible data definition as defined below:
  - The kidney would initially meet the eligible data definition unless the donor meets *any* of the following criteria:
    - Greater than 70 years old
    - Age 50-69 years with history of type 1 diabetes for more than 20 years
    - Polycystic kidney disease
    - Glomerulosclerosis greater than or equal to 20% by kidney biopsy
    - Terminal serum creatinine greater than 4.0 mg/dL
    - Chronic renal failure
    - No urine output for 24 hours or longer
  - The liver would initially meet the eligible data definition unless the donor meets *any* of the following criteria:
    - Cirrhosis
    - Terminal total bilirubin greater than or equal to 4 mg/dL
    - Portal hypertension
    - Macrosteatosis greater than or equal to 50% or fibrosis greater than or equal to stage II
    - Fulminant hepatic failure
    - Terminal AST/ALT greater than 700 U/L
  - The heart would initially meet the eligible data definition unless the donor meets *any* of the following criteria:
    - Greater than 60 years old
    - 45 years old or older with a history of 10 or more years of HTN or 10 or more years of type 1 diabetes
    - History of coronary artery bypass graft (CABG)
    - History of coronary stent/intervention
    - Current or past medical history of myocardial infarction (MI)
    - Severe vessel diagnosis as supported by cardiac catheterization (that is more than 50 percent occlusion or 2+ vessel disease)
    - Acute myocarditis or endocarditis, or both
    - Heart failure due to cardiomyopathy

- Internal defibrillator or pacemaker
- Moderate to severe single valve or 2-valve disease documented by echo or cardiac catheterization, or previous valve repair
- Serial echo results showing severe global hypokinesis
- Myxoma
- Congenital defects (surgically corrected or not)
- The lung would initially meet the eligible data definition unless the donor meets *any* of the following criteria:
  - Greater than 65 years old
  - Diagnosed with COPD
  - Terminal PaO<sub>2</sub>/FiO<sub>2</sub> less than 250 mmHg
  - Asthma (with daily prescription)
  - Asthma is the cause of death
  - Pulmonary fibrosis
  - Previous lobectomy
  - Multiple blebs documented on computed axial tomography (CAT) scan
  - Pneumonia as indicated on computed tomography (CT), X-ray, bronchoscopy, or cultures
  - Bilateral severe pulmonary contusions as per CT

If a deceased patient meets the above criteria they would be classified as an eligible death unless the donor meets *any* of the following criteria:

- The donor goes to the operating room with intent to recover organs for transplant and all organs are deemed not medically suitable for transplant
- The donor exhibits *any* of the following active infections (with a specific diagnosis):
  - Bacterial: tuberculosis, gangrenous bowel or perforated bowel or intra-abdominal sepsis
  - Viral: HIV infection by serologic or molecular detection, rabies, reactive hepatitis B surface antigen, retroviral infections including viral encephalitis or meningitis, active herpes simplex, varicella zoster, or cytomegalovirus viremia or pneumonia, acute epstein barr virus (mononucleosis), West Nile virus infection, or SARS. However, an HIV positive organ procured for transplantation into an HIV positive recipient at a transplant hospital that meets the requirements in *Policy 15.7: Open Variance for the Recovery and Transplantation of Organs from HIV Positive Donors* would still meet the requirements of an eligible death, according to the OPTN Final Rule.
  - Fungal: active infection with cryptococcus, aspergillus, histoplasma, coccidioides, active candidemia or invasive yeast infection
  - Parasites: active infection with trypanosoma cruzi (Chagas'), Leishmania, strongyloides, or malaria (*plasmodium sp.*)
  - Prion: Creutzfeldt-Jacob disease

The following are general exclusions:

- Aplastic anemia, agranulocytosis
- Current malignant neoplasms, except non-melanoma skin cancers such as basal cell and squamous cell cancer and primary CNS tumors without evident metastatic disease
- Previous malignant neoplasms with current evident metastatic disease
- A history of melanoma
- Hematologic malignancies: leukemia, Hodgkin's disease, lymphoma, multiple myeloma
- Active fungal, parasitic, viral, or bacterial meningitis or encephalitis
- No discernible cause of death

## Emergency

Any situation that compromises telecommunications, transportation, function of or access to the OPTN computer match system.

**Exchange**

A set of KPD matches that form a chain, a two-way exchange, or a three-way exchange.

**Extra vessels**

Vessels taken during recovery of deceased or living donor organs with the intent to be used in organ transplantation only. Extra vessels are not connected to the organ. Extra vessels are subject to the same member requirements applying to the organ unless otherwise specified.

# F

**Final Rule**

42 CFR 121 *et seq.*

# G

**Geographical Area**

A physical area used to group potential transplant recipients in a classification. OPTN Policy uses the following geographical areas for organ allocation: *DSA, region, nation, and zones*.

**Graft failure**

For all organs except pancreas, graft failure occurs when *any* of the following occurs:

- A recipient's transplanted organ is removed
- A recipient dies
- A recipient is placed on a chronic allograft support system

Pancreas graft failure occurs when *any* of the following occurs:

- A recipient's transplanted pancreas is removed
- A recipient re-registers for a pancreas
- A recipient registers for an islet transplant after receiving a pancreas transplant
- A recipient's total insulin use is greater than or equal to 0.5 units/kg/day for a consecutive 90 days
- A recipient dies

# H

## Histocompatibility Laboratory

A histocompatibility laboratory is a member of the OPTN. A histocompatibility laboratory member is any histocompatibility laboratory that performs histocompatibility testing, including but not limited to, Human Leukocyte Antigen (HLA) typing, antibody screening, compatibility testing, or crossmatching, and serves at least one transplant hospital member or OPO. Histocompatibility laboratory members are either independent or hospital-based. See also Independent Histocompatibility Laboratory and Hospital-based Histocompatibility Laboratory definitions in the *OPTN Bylaws*.

## Host Organ Procurement Organization (Host OPO)

The OPO responding to a deceased organ donor referral from a hospital.

# I

## Imminent neurological death

Imminent Neurological Death is defined as the death of a patient who meets *both* of the following criteria:

- Meets the eligible death definition with the exception that the patient has not been declared legally dead by neurologic criteria according to current standards of accepted medical practice and state or local law.
- Has a severe neurological injury requiring ventilator support who, upon clinical evaluation documented in the OPO record or donor hospital chart, has no observed spontaneous breathing and is lacking at least *two* of the additional brain stem reflexes that follow:
  - Pupillary reaction
  - Response to iced caloric
  - Gag Reflex
  - Cough Reflex
  - Corneal Reflex
  - Doll's eyes reflex
  - Response to painful stimuli

A patient who is unable to be assessed neurologically due to administration of sedation or hypothermia protocol does not meet the definition of an imminent neurological death.

## Inactive candidate

A candidate that is temporarily unavailable or unsuitable for transplantation, and appears as inactive on the waiting list.

## Independent living donor advocate (ILDA)

A person available to assist potential living donors in the living donation process.



**Intended incompatible**

Donor and candidate primary blood types that are biologically incompatible, but transplantation is permissible according to OPTN policy.

**Intestine**

Stomach, small intestine, large intestine, or any portion of the gastro-intestinal tract as determined by the medical needs of individual candidates.

**Islet infusion**

An infusion of islets from a single deceased donor. If a recipient receives islets from multiple donors simultaneously, then each donor's islets must be counted as a separate infusion.

# K

**Kidney Paired Donation (KPD)**

The donation and receipt of human kidneys under the following circumstances:

- An individual (the first living donor) desires to make a living donation of a kidney specifically to a particular patient (the first patient), but the first living donor is biologically incompatible as a donor for the first patient.
- A second individual (the second living donor) desires to make a living donation of a kidney specifically to a second particular patient (the second patient), but the second living donor is biologically incompatible as a donor for the second patient.
- The first living donor is biologically compatible as a donor of a kidney for the second patient, and the second living donor is biologically compatible as a donor of a kidney for the first patient. If there is any additional donor-patient pair as described above, each living donor in the group of donor-patient pairs is biologically compatible as a living donor of a kidney for a patient in the group.
- All donors and patients in the group of donor-patient pairs enter into a single agreement to donate and receive the kidneys, respectively, according to biological compatibility within the group.

Other than described as above, no valuable consideration is knowingly acquired, received, or otherwise transferred for the donation of the kidneys.

# L

**Living donor**

A living individual from whom at least one organ is recovered for transplantation.

**Living donor recipient**

A transplant recipient that receives a living donor organ.

**Living donor organ**

An organ from a living donor.

**Lung allocation score (LAS)**

The scoring system used to measure illness severity in the allocation of lungs to candidates 12 years and older.

# M

**Match**

A donor and the donor's matched candidate. This includes deceased, living, and KPD donors.

**Match run**

A process that filters and ranks waiting list candidates based on deceased or non-directed living donor and candidate medical compatibility and organ-specific allocation criteria. A match run is also used to generate a set of potential exchanges for a KPD donor and candidate.

**Match system**

The computerized algorithm used to prioritize patients waiting for organs.

**Matched candidate**

The candidate that a KPD match run identifies as a potential transplant recipient of a living donor's kidney.

**Matched donor**

A living donor identified by a KPD match run as a potential donor for a candidate.

**Matched recipient**

A matched KPD candidate that has received a transplant.

**Medical record**

A chronological account of a patient's examination and treatment that includes the patient's medical history and complaints, the physician's physical findings, the results of diagnostic tests and procedures, and medications and therapeutic procedures.

**Model for End Stage Liver Disease (MELD)**

The scoring system used to measure illness severity in the allocation of livers to adults.

**Member**

The OPTN membership categories are transplant hospital members, OPO members, histocompatibility laboratory members, medical/scientific members, public organization members, business members, and individual members.

**Month**

Calendar month.

**Multi-organ candidate**

A candidate registered on the waiting lists for more than one organ type.

# N

**National Organ Transplantation Act (NOTA)**

42 U.S.C. § 273 *et seq.*

**Native Organ Failure**

For living liver donors, native organ failure is defined as registering on the waiting list for a liver. For living kidney donors, native organ failure is defined as registering on the waiting list for a kidney, or requiring dialysis.

**Non-Directed Donor (NDD)**

A KPD donor that enters KPD without a paired candidate or a living donor who donates an organ and does not specify an intended recipient.

**Non-domino therapeutic donor**

An individual who has an organ removed as a component of medical treatment and whose organ is transplanted into another person. The donor does not receive a replacement organ.

**Non-US citizen/Non-US resident**

A non-citizen of the United States for whom the United States is not the primary place of residence.

**Non-US citizen/US resident**

A non-citizen of the United States for whom the United States is the primary place of residence.

# O

**Open variance**

A variance that allows members other than the members that applied for the variance to join it.

**OPTN computer match program**

A set of computer-based instructions that compares data on a deceased organ donor with data on transplant candidates on the waiting list and ranks the candidates according to OPTN Policies to determine the priority for allocating the deceased donor organs.

**OPTN Contractor**

The corporation currently operating the Organ Procurement and Transplantation Network (OPTN) under contract with HHS. In 1984 NOTA directed the Secretary of HHS to establish by contract the OPTN which

shall be a private, non-profit entity that has an expertise in organ procurement and transplantation. The United Network for Organ Sharing (UNOS) is the current OPTN Contractor.

### **OPTN obligations**

Members agree to comply with all OPTN obligations. OPTN obligations include all the applicable provisions of NOTA, OPTN Final Rule, OPTN Charter, OPTN Bylaws, and OPTN Policies.

### **OPTN organ tracking system**

A software application developed and distributed by the OPTN Contractor that uses barcode technology to generate printed labels for organ packaging and tracking.

### **Organ**

A human kidney, liver, heart, lung, pancreas, intestine (including the esophagus, stomach, small or large intestine, or any portion of the gastrointestinal tract), or vascularized composite allograft. Blood vessels, including extra vessels, recovered from an organ donor during the recovery of such organ(s) are considered part of an organ with which they are procured for purposes of these Policies if the vessels are intended for use in organ transplantation and labeled "For use in organ transplantation only."

### **Organ allocation policies**

OPTN Policies: *Policy 6: Allocation of Hearts and Heart-Lungs, Policy 7: Allocation of Intestines, Policy 8: Allocation of Kidneys, Policy 9: Allocation of Livers and Liver-Intestines, Policy 10: Allocation of Lungs, and Policy 11: Allocation of Pancreas, Kidney-Pancreas, and Islets, and Policy 12: Allocation of Vascularized Composite Allografts.*

### **Organ Center**

The Organ Center is responsible for facilitating organ sharing among transplant centers, organ procurement organizations and histocompatibility laboratories across the U.S. The primary functions of the Organ Center are to: assist in placing donated organs for transplantation, assist organ procurement organizations with running the donor/recipient computer matching process, assist with transportation of organs and associated tissues for the purposes of transplantation, act as a resource to the transplant community regarding organ sharing policies. The Organ Center operates 24 hours a day, 365 days a year.

### **Organ offer acceptance**

When the transplant hospital notifies the host OPO that they accept the organ offer for an intended recipient, pending review of organ anatomy. For kidney, acceptance is also pending final crossmatch.

### **Organ offer refusal**

When the transplant hospital notifies the OPTN Contractor or the host OPO that they are declining the organ offer.

### **Organ procurement organization (OPO)**

An organization authorized by the Centers for Medicare and Medicaid Services, under *Section 1138(b)* of the Social Security Act, to procure organs for transplantation.

### **Organ Procurement and Transplantation Network (OPTN)**

The network established according to *Section 372* of the Social Security Act.

### **Organ transplant**

Organ transplants include solid organ transplants and islet infusions. An organ transplant begins at the start of organ anastomosis or the start of an islet infusion.

An organ transplant procedure is complete when *any* of the following occurs:

- The chest or abdominal cavity is closed and the final skin stitch or staple is applied.
- The transplant recipient leaves the operating room, even if the chest or abdominal cavity cannot be closed.
- The islet infusion is complete.

**Other antibody specificities**

Antigens specified for a KPD candidate that may result in a positive or negative crossmatch. The rate of positive crossmatches would be expected to be higher against KPD donors who express these antigens.

# P

**Pair**

A KPD donor and the KPD donor's paired KPD candidate.

**Paired candidate**

The KPD candidate to whom a KPD donor intended to donate his organ before entering into KPD.

**Paired donor**

A living donor who intended to donate his organ to his paired candidate before entering into KPD.

**Paired donor's transplant hospital**

The transplant hospital that enters the donor in a KPD program.

**Paired recipient**

A paired KPD candidate that has received a transplant.

**Patient**

Includes *all* of the following:

1. Potential deceased donors undergoing an OPO's potential donor evaluation, donor management and procurement processes
2. Potential candidates and potential living donors undergoing a transplant program's evaluation process
3. Candidates
4. Living donors being followed by a transplant program
5. Recipients being followed by a transplant program

**Pediatric End Stage Liver Disease (PELD)**

The scoring system used to measure illness severity in the allocation of livers to pediatric candidates.

**PHS Guideline**, see United States Public Health Service (PHS) Guideline.

**Potential transplant recipient (PTR)**

A candidate who appears on a match run.

**Primary potential transplant recipient**

The first candidate according to match run sequence for whom an organ has been accepted.

**Primary waiting time**

The longest time period a candidate registered on the waiting list has been waiting for a specific organ transplant procedure, after having met qualifying criteria to accrue waiting time for that organ. Primary waiting time is based on the candidate's qualifying date, registration date, and waiting time accrued.

**Provisional yes**

When the transplant hospital notifies the OPTN Contractor or the host OPO that they have evaluated the offer and are interested in accepting the organ or receiving more information about the organ.

# Q

**Qualified health care professional**

A person who is qualified to perform blood type reporting or verification requirements as defined in the OPO, transplant hospital, or recovery hospital written protocol.

**Qualified specimen**

A blood specimen without evidence of hemodilution.

**Qualifying date**

The date that a candidate began accruing waiting time.

# R

**Receiving transplant program**

The transplant program that receives a deceased or living donor organ from an OPO, transplant hospital, or recovery hospital.

**Recipient**

A candidate that has received an organ transplant.

**Recovery hospital**

A healthcare facility that recovers living donor organs.

**Region**

For the administration of organ allocation and appropriate geographic representation within the OPTN policy structure, the membership is divided into 11 geographic regions. Members belong to the Region in which they are located. The Regions are as follows:

- Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Eastern Vermont  
Region 2: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, West Virginia, and the part of Northern Virginia in the Donation Service Area served by the Washington Regional Transplant Community (DCTC) OPO.  
Region 3: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, and Puerto Rico  
Region 4: Oklahoma and Texas  
Region 5: Arizona, California, Nevada, New Mexico, and Utah  
Region 6: Alaska, Hawaii, Idaho, Montana, Oregon, and Washington  
Region 7: Illinois, Minnesota, North Dakota, South Dakota, and Wisconsin  
Region 8: Colorado, Iowa, Kansas, Missouri, Nebraska, and Wyoming  
Region 9: New York and Western Vermont  
Region 10: Indiana, Michigan, and Ohio  
Region 11: Kentucky, North Carolina, South Carolina, Tennessee, and Virginia

**Registration date**

The date that the candidate registers on the waiting list.

# S

**Sharing arrangements**

A type of variance that permits two or more OPOs to share organs.

**Source document**

An original record of results, or a photocopy or digital copy of the original record.

# T

**Therapeutic donor**

An individual who has an organ removed as a component of medical treatment and who receives a replacement organ. The organ that was removed is transplanted into another person.

**Three-way exchange**

A set of KPD matches that includes three living donor-candidate pairs where each living donor donates a kidney to a candidate in one of the other pairs.

**Time-out**

A period of time when action stops until some information is verified or action is completed.

**Transplant date**

Determined by the start of the organ anastomosis during transplant or the start of the islet infusion.

**Transplant hospital**

A health care facility in which transplants of organs are performed.

**Transplant program**

A component within a transplant hospital that provides transplantation of a particular type of organ.

**Two-way exchange**

A set of matches that includes two living donor-candidate pairs where each living donor donates a kidney to the candidate in the other pair.

# U

**Unacceptable antigens**

Antigens to which the patient is sensitized and would preclude transplantation with a deceased or living donor having any one of those antigens.

**United States Public Health Service (PHS) Guideline**

The *PHS Guideline for Reducing Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) through Organ Transplantation* (2013).

# V

**Variance**

An experimental policy that tests methods of improving allocation.

**Vascularized Composite Allograft (VCA)**

A transplant involving any body parts that meets *all* nine of the following criteria:

1. That is vascularized and requires blood flow by surgical connection of blood vessels to function after transplantation.
2. Containing multiple tissue types.
3. Recovered from a human donor as an anatomical/structural unit.
4. Transplanted into a human recipient as an anatomical/structural unit.
5. Minimally manipulated (i.e., processing that does not alter the original relevant characteristics of the organ relating to the organ's utility for reconstruction, repair, or replacement).
6. For homologous use (the replacement or supplementation of a recipient's organ with an organ that performs the same basic function or functions in the recipient as in the donor).
7. Not combined with another article such as a device.
8. Susceptible to ischemia and, therefore, only stored temporarily and not cryopreserved.
9. Susceptible to allograft rejection, generally requiring immunosuppression that may increase infectious disease risk to the recipient.



# W

**Waiting list**

A computerized list of candidates who are waiting to be matched with specific deceased donor organs for transplant.

# Y

**Year**

Calendar year.

# Z

**Zero antigen mismatch**

A candidate is considered a zero antigen mismatch with a deceased or living donor if *all* of the following conditions are met:

1. At least one donor antigen is identified for each of the A, B, and DR loci
2. At least one candidate antigen is identified for each of the A, B, and DR loci
3. The donor has zero non-equivalent A, B, or DR antigens with the candidate's antigens
4. The donor and the candidate have compatible or permissible blood types

In cases where a candidate or donor has only one antigen identified at an HLA locus (A, B, or DR), the antigens are considered to be identical at that locus. A zero-antigen mismatch may also be referred to as a zero mismatch or 0-ABDR mismatch.

**Zone**

A geographical area used in the allocation of certain organs.

The allocation of hearts uses the following five concentric bands:

- Zone A Includes all transplant hospitals within 500 nautical miles of the donor hospital but outside of the donor hospital's DSA.
- Zone B All transplant hospitals within 1,000 nautical miles of the donor hospital but outside of Zone A and the donor hospital's DSA.
- Zone C All transplant hospitals within 1,500 nautical miles of the donor hospital but outside of Zone B and the donor hospital's DSA.