Super-urgent/ Urgent Lung Recipient Registration

Directions for completion

- 1 This is a single copy, three-page form.
- 2 Please ensure all sections are completed in full.
- 3 Do not use this form to register non-urgent cases as all patients registered through this form will be registered as super-urgent or urgent. To register non-urgent lung patients use ODT Online or return a completed Heart/Lung Recipient Registration form (FRM4847) to ODT Hub: Information Services, NHS Blood and Transplant.
- 4 If completing by hand, please use BLOCK CAPITALS. When complete, please fax all pages of this form to ODT Hub Operations on 0117 975 7599 and then call 0117 975 7580 to confirm that the information has been sent. The original should be retained for your files.
- 5 If using the electronic version of the form please open a blank form, complete details, then click "Make Read Only" before selecting the "Submit Form" button which will automatically generate an email to odthub.operations@nhsbt.nhs.uk and odthuboperations.shiftmanagers@nhsbt.nhs.uk with the form attached. Send the email, then call 0117 975 7580 to confirm that the information has been sent. Save the original form for your record.
- 6 If the patient remains on the super-urgent or urgent list for more than one month, please complete and return the Super-urgent/Urgent Lung Recipient Monthly Update form (FRM5770) to ODT Hub: Information Services every month while the patient remains on the list.

LUNG DISEASE

20 - Idiopathic Pulmonary Arterial Hypertension

22 - Cystic Fibrosis

23 - Fibrosing Lung Disease

25 - Alpha - 1 - antitrypsin deficiency

26 - Sarcoid

27 - Emphysema

28 - Bronchiectasis

37 - Bronchiolitis Obliterans

61 - Eisenmenger's Syndrome - ASD

62 - Eisenmenger's Syndrome - VSD

63 - Eisenmenger's Syndrome - PDA

64 - Eisenmenger's Syndrome - other, please specify

70 - Other Congenital Heart/Lung Disease

98 - Other, not already listed above, please specify

99 - Unknown

ETHNIC GROUP

Recipient ethnicity

White

10-White - Welsh/English/ Scottish/Northern Irish/British

11-White - Irish

12-White - Gypsy or Irish Traveller

18-White - any other White background

19-White - unknown

Asian/Asian British

20-Asian/Asian British - Indian

21-Asian/Asian British - Pakistani

22-Asian/Asian British - Bangladeshi

23-Asian/Asian British - Chinese

28-Asian/Asian British - any other Asian background

29-Asian/Asian British - Unknown

Mixed/Multiple ethnic groups

60-Mixed/Multiple ethnic groups - White and Black Caribbean

61-Mixed/Multiple ethnic groups - White and Black African

62-Mixed/Multiple ethnic groups - White and Asian 68-Mixed/Multiple ethnic groups - any other Mixed/Multiple ethnic background

Other ethnic groups

70-Other ethnic group - Arab

78-Other ethnic group - any other ethnic group

Effective: 22OCT2025

99-Unknown

Black/African/Caribbean/Black British

30-Black/African/Caribbean/Black British - African

31-Black/African/Caribbean/Black British - Caribbean

38-Black/African/Caribbean/Black British - any other Black/African/Caribbean background

39-Black/African/Caribbean/Black British - Unknown

INDICATION FOR SUPER-URGENT LUNG REGISTRATION

Urgent Lung Allocation Scheme or the Non-urgent Lung Allocation Scheme.

91 - Category 91 - Patient supported with VV-ECMO or iLA as a bridge to transplant and previously registered on the

92 - Category 92 - Patient outside the criteria listed above, but for whom the patient's transplant physicians believe superurgent listing is justified. Agreement given by the CTAG (Lung) Adjudication Panel and evidence of agreement

emailed to NHSBT.

INDICATION FOR URGENT LUNG REGISTRATION

A patient who is suitable for acceptance on the transplant waiting list and displays or develops any one of the following characteristics. Many transplant candidates fulfilling the criteria listed below will likely require ongoing inpatient treatment. In principle, urgent candidates *may remain ambulant* at home but will require close monitoring as deemed necessary by the local transplant team.

1. COPD Patients

- 10 Category 10 Worsening hypoxia (PaO2 < 7.5 kPa) and hypercapnia (PaCO2 > 6.5 kPa) requiring increasing oxygen demand of > 10 L/min despite continuous NIV.
- 11 Category 11 pH persistently < 7.30 despite optimal continuous NIV.

2. CF Patients

- 21 Category 21 Worsening hypercapnic respiratory failure (e.g PaO₂ < 7.5 kPa and PaCO₂ > 6.5 kPa) despite appropriate oxygen and maximal non-invasive ventilatory support (i.e optimal non-invasive ventilation or Optiflow).
- 22 Category 22 pH persistently < 7.30 despite optimal continuous NIV.
- 23 Category 23 Ongoing episodes of life-threatening haemoptysis despite bronchial artery intervention.

3. IPF Patients

31 - Category 31 - Increasing oxygen requirements at rest with persisting hypoxia (PaO₂ < 8 kPa) despite continuous oxygen > 5 L/min or unable to maintain SpO₂ ≥ 88% on a walk test despite supplemental oxygen of > 8 L/min.

4. PAH patients

- 41 Category 41 Persistence in ERS high risk category status (> 3 relevant high-risk criteria on the ERS PAH risk calculator) despite optimal pulmonary vasodilator therapy.
- 42 Category 42 Current hospitalisation for decompensated heart failure despite maximum tolerated medical therapy including IV prostaglandin therapy, diuretics +/- inotropes.
- 43 Category 43 RHC within 3 months demonstrating a RAP > 20 mmHg and CI < 2.0 L/min/m² despite optimisation of therapy.

5. Other Adult Patients

59 - Category 59 - Adult, Other: Adult patients outside the criteria listed above, but for whom the patient's transplant physicians believe urgent listing is justified using acceptable medical criteria not included above. Documentation of the reasons justifying assigning urgent status should be detailed and agreed by the Cardiothoracic Advisory Group (CTAG) Adjudication Panel.

6. Other Paediatric Patients

69 - Category 69 - Paediatric, Other: Paediatric patients outside the criteria listed above, but for whom the patient's transplant physicians believe urgent listing is justified using acceptable medical criteria not included above. Documentation of the reasons justifying assigning urgent status should be detailed and agreed by the Chair of CTAG and a representative from each of the two paediatric centres.

FRM5769/7.1 Cross-Referenced in Primary Document: POL231 Effective: 22OCT2025



Your centre code should be quoted on all pages

Super-urgent/Urgent Lung Recipient Registration

Section 1
We have a SUPER-URGENT/URGENT Lung Recipient to register with you
Which scheme do you wish to register this recipient on? Urgent = U Super-urgent = S
The following patients require approval from the CTAG Adjudication Panel in order for the registration to be processed: • Super-urgent registrations under category 92 • Urgent adult registrations under category 59 • Urgent paediatric registrations under category 69 Does the patient meet any of these criteria? Yes = 2 Was approval given? (not entered onto NTxD) Not applicable = 1 (not entered onto NTxD) Please ensure approval from CTAG Adjudication Panel is sent with this form to avoid delays in registration
RECIPIENT DETAILS Section 2
Centre code Transplant centre ODT Recipient number (NHSBT to complete)
Date of birth Sex Male = 1 Female = 2 Blood group including, where known, subtypes of A VIROLOGY Negative = 1 Positive = 2 Not tested = 7 Unknown = 9 Other virus status Adult and paediatric patients meeting the following criteria will NOT be eligible: Patients from countries outside Group 1 Patients who received a previous lung transplant Patients with remain unconscious and obtunded with a likely permanent and significant neurological deficit e.g. hemiparesis/plegia Acute uncontrolled sepsis Oliguric acute renal failure requiring dialysis (including filtration) Adult and paediatric patients meeting the following criteria will NOT be eligible: Patients who received a previous lung transplant Patients within 24 hours of ECMO and unstable Patients who received a previous lung transplant Patients whithin 24 hours of ECMO and unstable Patients within 24 hours of ECMO and uns
REGISTRATION DETAILS Section 3
Code the recipient's primary disease (See codes inside cover) If code 64 or 98, please specify
PHYSICAL CHARACTERISTICS
Recipient height cm
Recipient weight kg
Minimum Maximum Acceptable dopor height Male donor Cm Cm Footback donor into
Acceptable donor height Male donor For all patients, acceptable donor height ranges must be specified or registrations will not be accepted.



Your centre code should be quoted on all pages

Centre code	Transplant centre			ODT Recipient number (NHSBT to complete)				
INDICATION FOR REGISTRATION	ON						Secti	ion 4
CATEGORY (See codes inside cover	-)		Note: categories 92, 59 ar	nd 69 require approval from	the CTAG A	diudicatio	on Panel	
CLINICAL STATUS AND INVEST		s	gg			-,		
Is the patient already on NHSBT		No = 1 Yes = 2	FiO ₂	Not measured = 77			L/min	
Is the patient an inpatient in leve care or higher (CCU, HDU or ITL		No = 1 Yes = 2	PaO ₂	Not measured = 77.7]•[l kPa	
IPPV		No = 1 Yes = 2	PaCO ₂	Not measured = 77.7		•	kPa	
ЕСМО		No = 1 Yes = 2	рН	Not measured = 7.77				
iLA		No = 1 Yes = 2	Serum creatinine	Not measured = 7777			μmol/L	
NIV		No = 1 Yes = 2	White cell count	Not measured = 777.7]•[x10 ⁹ /L	
RAP > 20 mmHg		No = 1 Yes = 2	C-reactive protein	n Not measured = 777			mg/L	
CI < 2 L/min/m ²		No = 1 Yes = 2	Serum bilirubin	Not measured = 777			μmol/L	
DRUG THERAPY								
Dopamine		No = 1 Yes = 2	If YES, give dose	<i>Unknown</i> = 99.9		•	μg/kg/r	min
Dobutamine		No = 1 Yes = 2	If YES, give dose	<i>Unknown</i> = 99.9]•	μg/kg/r	min
Epinephrine		No = 1 Yes = 2	If YES, give dose	<i>Unknown</i> = 9.99			μg/kg/r	min
Milrinone		No = 1 Yes = 2	If YES, give dose	Unknown = 9.9]•	μg/kg/r	min
IV Epoprostenol		No = 1 Yes = 2	If YES, give dose	: Unknown = 99			ng/kg/r	min
IV Treprostinil		No = 1 Yes = 2	If YES, give dose	Unknown = 99			ng/kg/r	nin
Diuretics No = 1 Yes = 2	If YES, Please sp	ecify	Give dose	Unknown = 999			mg/24h	าour
Other drug therapy								
CONFIRMATION OF ELIGIBILIT	Y						Secti	ion
Name of consultant confirming eligibility for the scheme	Full name - please	print						
Form completed by	Full name - please	e print						
Contact telephone number								
	L							

UK TRANSPLANT REGISTRY



Your centre code should be quoted on all pages

Centre code		_						_			 			
		ransplant entre						OE (NH	OT Recipie	nt numbei ^(ete)				
CONFIDENTIAL I	RECIPIENT DETA	AILS											Sec	ction (
Recipient surnam	ie	Please p	rint											
Recipient forenan	ne(s)	Please p	rint											
	116(5)						 	1						
NHS number]]						
Hospital number														
Country of perma	nent residence	Please p	rint											
If UK or Repub (ROI), permane	olic of Ireland ent address													
(· · · · //, - · · · · · · · · · ·														-
														_
														_
		Post												_
		(IR99	OIR for ROI	d or othe		l l] []							
Ethnic origin (Se	ee codes inside cover)		III IIIIXe											
	,		please	specify	, 									
FOR HUB OPER		LY	please	specify									Se	ction
FOR HUB OPERA		LY	please	specify	IALS								Se	ction
ACTION		Г	please	specify									Se	ction
ACTION Call received and	ATIONS USE ONL	irmed:	please	specify									Se	ction
ACTION Call received and Scanned with PIE	ATIONS USE ONL	irmed:	please	specify									Se	ction
ACTION Call received and	ATIONS USE ONL	irmed:	please	specify									Se	ction
Call received and Scanned with PIE	ATIONS USE ONL	irmed:	please	specify									Se	ction
ACTION Call received and Scanned with PID Page one sent:	ATIONS USE ONL If form details confi	irmed:	please	specify									Se	ction
ACTION Call received and Scanned with PIE Page one sent: Fax/Email sent:	ATIONS USE ONL If form details confi D and without PID:	irmed:	please	specify									Se	ction
ACTION Call received and Scanned with PIE Page one sent: Fax/Email sent: Copy saved regis Passed to manage	ATIONS USE ONL If form details confi If and without PID: Itration in F drive:	irmed:	please	specify									Se	ction
ACTION Call received and Scanned with PIE Page one sent: Fax/Email sent: Copy saved regis	ATIONS USE ONL If form details confi D and without PID:	irmed:	please	specify									Se	ction
ACTION Call received and Scanned with PIE Page one sent: Fax/Email sent: Copy saved regis Passed to manage	ATIONS USE ONL If form details confi If and without PID: Itration in F drive:	irmed:	please	specify					Date			2 (ction
ACTION Call received and Scanned with PIE Page one sent: Fax/Email sent: Copy saved regis Passed to manage	ATIONS USE ONL If form details confi D and without PID: tration in F drive:	irmed:	please	specify					Date			2 (ction