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## PURPOSE

This document describes the process of managing a recipient who is on a kidney, thoracic (i.e. heart or lung), abdominal (i.e. liver, pancreas, pancreas islets, intestine, kidney and pancreas) or other combined organs Transplant Waiting List (TWL).

The transplant unit assesses the person’s eligibility for transplant against the TSANZ’s Clinical Guidelines for Organ Transplantation from Deceased Donors. Recipients can only be added to the TWL if the request is from a recognised transplant unit and associated clinical units (see Appendix 1 and 2 for Renal, Heart, Lung, Liver, Intestine, Pancreas and Pancreas Islet transplant units).

## 1. TWL ENROLMENT

A recipient can be enrolled on the Transplant Waiting List via the registration process in the Transplantation Portal. Through this process the Transplant Coordinators create a new record for the recipient or enter clinical information into the recipients existing record.

For further information on this process refer to [Organ Program Registration- Laboratory Portal, OM-040](#).

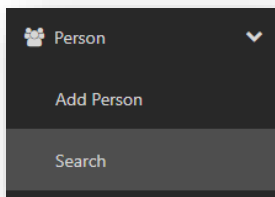
There are specific fields in the TWL enrolment related to each organ.

Refer to [Appendix 3](#) for these fields.

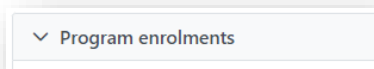
### 1.1 ADDING AN ENROLMENT

If the recipient’s person profile has been created in OM via the LIMS import, then the enrolment for the organ will have been already created but is required to be updated.

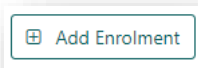
1. Search for the person.



2. Click **Program enrolments**.



3. If there is an existing enrolment but no pathway, go to step 5.  
If there is no enrolment, click **Add Enrolment**, and go to step 4.



- Select the **Transplant Role** as Recipient; **Organ Program** as per required organ and **Pathway** as TWL. Continue to step 6.

**Add Enrolment**

Enrolment information

Transplant Role \* Donor Type \*

Recipient Donor N/A

Organ Program \* Please Select...

Pathway Please Select...

- If there is an existing enrolment with no pathway, click **Edit** and select the **Pathway** TWL from the dropdown menu.

**Update Enrolment** ✕ End enrolment

Enrolment information

Waiting Time Date Enrolled

0 days 11/07/2023

Transplant Role \* Donor Type \*

Recipient N/A

Organ Program \* Status [View history](#) Reason \*

Lung On Hold Enrolment not complete

Pathway Please Select...

Please Select...

TWL

LDD

Cancel Save

- Select the **Providers** from the dropdown. These links are required to be added into the **Providers** section before they can be selected in the enrolment.

Providers			
Transplant Hospital	Hospital Reference	Transplant Provider	Role
Please Select...		Please Select...	
Clinical Hospital	Hospital Reference	Clinical Provider	Role
Please Select...		Please Select...	

**Note:** The **Transplant Hospital** must be populated as part of readiness criteria. Refer to *OM-070 Readiness Criteria- Laboratory Portal* for further information.

- Click **Save**.

Cancel	Save
--------	------

## 1.2 ESTIMATED POST TRANSPLANT SURVIVAL (EPTS)

EPTS score (raw and percentage) is calculated automatically by OrganMatch for Kidney TWL and KPD and Kidney/Pancreas TWL enrolments, using the following information:

- Date of birth
- Number of previous solid organ transplants
- Dialysis for matching start date

Any change in these values will cause OrganMatch to recalculate the EPTS; it is also recalculated overnight.

The value will be calculated, even if the person is on hold or not ready, as long as the values required for the calculation have been entered into OrganMatch.

EPTS	
Raw	Percentile
1.23	20

## 2. PATIENT CATEGORY

### 2.1 URGENT KIDNEY LISTING

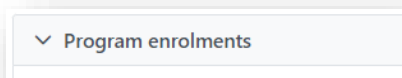
Complete the following subsections upon receiving a completed OrganMatch - Kidney Transplant Waiting List (TWL) Urgent Listing Form (OM-080) or similar documentation from state renal advisory committees.

#### 2.1.1 NATIONAL URGENT

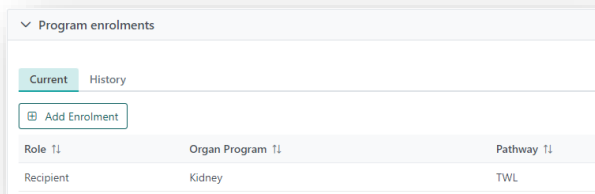
Recipients listed as nationally urgent will be matched on the National Allocation List after level 1 and before level 2. Refer to *OM-012 Principles of the Kidney Matching Algorithms* for more details on the matching process.

To end national urgency status, the enrolment must be ended, and a new TWL enrolment must be created, if still on the TWL program.

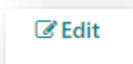
1. Go to the **Person details** and click **Program enrolments**.



2. Click on the Kidney TWL enrolment.



3. Click **Edit**.



4. In the **Patient category**, enter 1 in the **Proposed** field for **National urgent**.

Patient category	
State urgent	Proposed
-	##
National urgent	Proposed
-	##

5. Click **Save**. Attach the approval documentation as a note.

6. A notification is generated to the Laboratory Portal to Authorise State and/or National Urgency.

7. A second user is required to authorise the National Urgency. Click on the enrolment and click **Edit**.

Patient category <span>?</span>	
<input type="button" value="🔍 Authorise"/>	
State urgent	Proposed
-	##
National urgent	Proposed
-	1

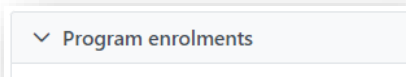
8. Click **Authorise**.

### 2.1.2 STATE URGENT

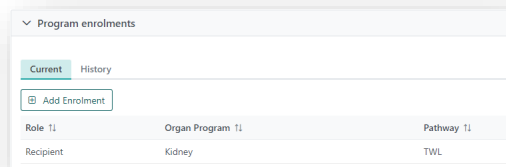
Medically urgent recipients can be listed as 'state urgent' in OrganMatch. This will allow the recipient to be matched with a deceased donor using the state urgent algorithms. Refer to *OM-012 Principles of the Kidney Matching Algorithms* for more details on the matching process.

To end state urgency status, the enrolment must be ended, and a new TWL enrolment must be created, if still on the TWL program.

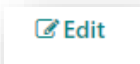
1. Go to the **Person details** and click **Program enrolments**.



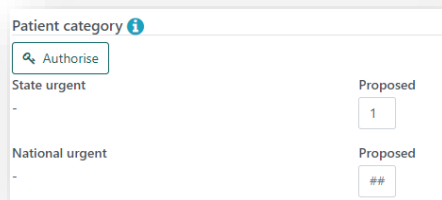
2. Click on the Kidney TWL enrolment.



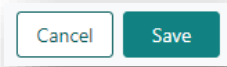
3. Click **Edit**.



4. In the **Patient category**, enter 1 in the **Proposed** field for **State urgent**.

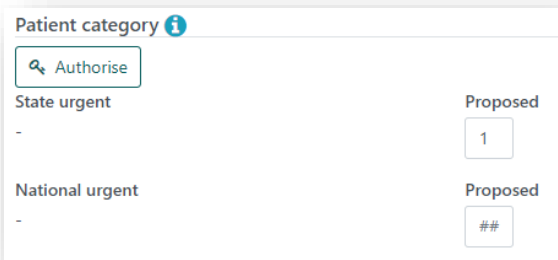


5. Click **Save**. Attach the approval documentation as a note.

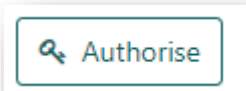


6. A notification is generated to the Laboratory Portal to Authorise State and/or National Urgency.

7. A second user is required to authorise the National Urgency. Click on the enrolment and click **Edit**.



8. Click **Authorise**.



### 2.1.3 MANUALLY UPDATE PAEDIATRIC STATUS

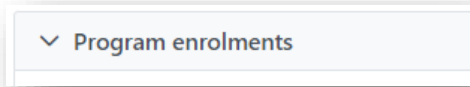
Recipients younger than 18 years old are considered as paediatric by the matching algorithm in OrganMatch. This is an automatic flag in the program enrolment.

A recipient may be granted paediatric status when they do not meet the above criteria (i.e. they are older than 18) by their clinician's decision to extend their time as a paediatric.

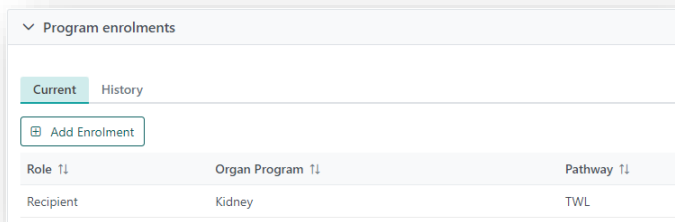
To end the manually added paediatric status, the TWL enrolment must be ended, and a new TWL enrolment must be created.



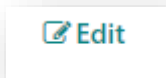
1. Go to the **Person details** and click **Program enrolments**.



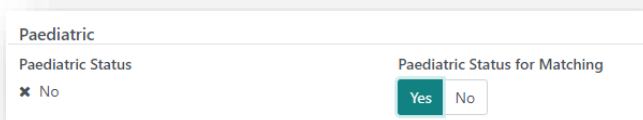
2. Click on the Kidney TWL enrolment.



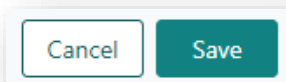
3. Click **Edit**.



4. In the Paediatric section, select **Yes** for **Paediatric Status for Matching**.



5. Click **Save**. Attach the approval documentation as a note.



6. A notification is generated to the Laboratory Portal to Authorise the Paediatric override.

7. A second user is required to authorise the Paediatric Status for Matching. Click on the enrolment and click **Edit**.

8. Click **Authorise**.

## 2.2 NATIONAL PRIORITY LISTING- KIDNEY/PANCREAS

A kidney/pancreas recipient may be listed as National Priority if they meet the criteria of mPRA>75% and be on dialysis. The National Priority field is not editable, and the value will be set by system. The National Priority Override field can be edited to override the value set by the system. This ability to edit the National Priority Override field is only available to the Business Admin user role.

## 2.3 URGENT (NATIONAL NOTIFICATION)- LUNG

A lung recipient maybe listed as Urgent. There are three categories in use:

- High acuity ie: immediate risk of death
- Highly sensitised ie >95% cPRA
- Recipient < 16 years old

This information is managed by the transplant units and can be only updated via the Transplantation portal.

Patient Category	
<b>Urgent (National Notification)</b>	<b>Urgent Category *</b>
✓ Yes	High acuity ie immediate risk of death
	<b>Date listed as Urgent *</b>
	20/07/2023

## 2.4 URGENT- HEART

A heart recipient maybe listed as Urgent. To be included in the Heart National Urgent algorithm, the donor state Heart Transplant unit must have accepted this recipient as urgent. This is then recorded in the recipient’s enrolment.

Refer to [Principles of the Heart Matching Algorithm, OM-049](#) for further information on the Heart Matching Algorithm.

There are two categories in use.

- Unsuitable for Mechanical Support
- Life threatening complications whilst on support

This information is managed by the transplant units and can be only updated via the Transplantation portal.

Patient Category		
Urgent <span>i</span>	Urgent Reason *	Date listed as Urgent *
✓ Yes	Unsuitable for Mechanical Support	08/08/2024
Urgent status Accepted at Transplant Unit		Comment
St Vincent's Hospital - Sydney - Heart Unit Children's Hospital Westmead - Heart Unit	<span>i</span> ✓ Yes	-
Alfred Hospital - Heart Unit Royal Children's Hospital - Melbourne - Heart Unit	<span>i</span> ✓ Yes	-
Prince Charles Hospital - Heart Unit	Unknown	-
Fiona Stanley Hospital - Heart Unit	Unknown	-

## 2.5 URGENT- LIVER

A liver recipient maybe listed as Urgent. There are five categories in use.

- 1
- 2a
- 2b
- 2c
- Share 35

This information is managed by the transplant units and can be only updated via the Transplantation portal.

Patient Category		
Urgent	Urgent Category *	Date listed as Urgent *
✓ Yes	1	19/02/2024
Urgent Listing Physician	Urgent Listing Surgeon	
Dr Simone Strasser	Dr Jerome Laurence	

## 3. KIDNEY ACCEPTANCE CRITERIA

Additional criteria may be added to a recipient’s enrolment to be used for matching or to expand the pool of donors that the recipient can be matched with.

### 3.1 ACCEPT ABO INCOMPATIBLE (ABOI) DONORS

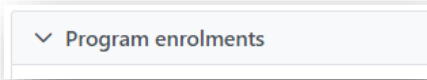
A recipient with blood group A or B may consent to receive an organ from a donor who has an incompatible blood group. It is the clinical/transplant unit’s responsibility to test the recipient’s blood group titre and to obtain the appropriate consent.

When advised by the clinical/transplant unit, complete the following steps to record or to renew the consent that a blood group A or B recipient is willing to accept an ABO incompatible (ABOi) transplant from a blood group AB donor.

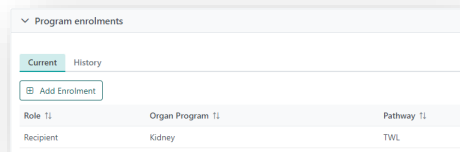
**Note:** ABOi is only relevant to A and B recipients to receive an AB donor. Other options appear in OM but there is no functionality in the matching algorithms.

If changes are made to **Willing to accept** from the Transplantation Portal, the Laboratory Portal user can skip to Step 9 below.

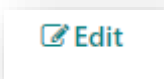
1. Go to the **Person details** and click **Program enrolments**.



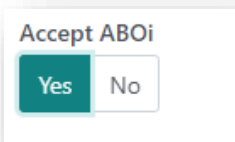
2. Click on the Kidney TWL enrolment.



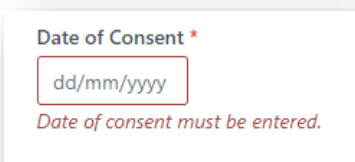
3. Click **Edit**.



4. In the **Willing to accept** section, select **Accept ABOi** as **Yes**.



5. Enter the **Date of Consent**.



- Select the blood group **AB** (to select both A1B and A2B) for the ABO groups that the recipient can receive.

- Click **Save**. Attach the consent documentation as a note.

- A notification is generated to the Laboratory Portal to Verify ABOi for Kidney TWL.

- A second user is required to verify **Accept ABOi**. Click on the enrolment and click **Edit**.

- Click **Verify/unverify**.

11. In the **Verify Willing to Accept** pop up, tick the **Verified** check box and click **Submit**.

12. A notification is generated to the Transplantation Portal that the recipients ABOi has been verified for Kidney TWL.

### 3.2 INCREASED VIRAL RISK (IVR) DONORS

Recipients may be consented to accept a deceased donor with increased viral risk. The consent paperwork may be forwarded to the laboratory or the Willing to accept can be updated from the Transplantation Portal. Proceed to step 8 if this information has been updated through the Transplantation Portal.

1. Go to the **Person details** and click **Program enrolments**.

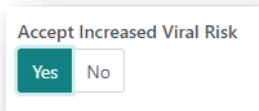
2. Click on the Kidney TWL enrolment.

Role	Organ Program	Pathway
Recipient	Kidney	TWL

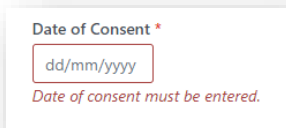
3. Click **Edit**.



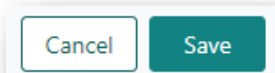
- 
4. In the **Willing to accept** section, select **Accept Increased Viral Risk** as **Yes**.



- 
5. Enter the **Date of Consent**.



- 
6. Click **Save**. Attach the consent documentation as a note.

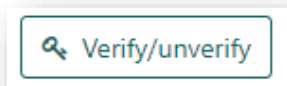


- 
7. A notification is generated to the Laboratory Portal to Verify Increased Viral Risk for Kidney TWL.
-



8. A second user is required to verify **Accept Increased Viral Risk**. Click on the enrolment and click **Edit**.

9. Click **Verify/unverify**.



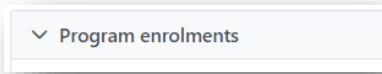
10. In the **Verify Willing to Accept** pop up, tick the **Verified** check box and click **Submit**.

11. A notification is generated to the Transplantation Portal that the recipients Increased Viral Risk has been verified for Kidney TWL.

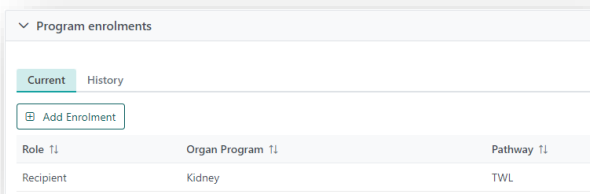
### 3.3 TUMOUR RESECTED KIDNEY DONOR

Recipients may be consented to accept a tumour resected kidney donor. The consent paperwork may be forwarded to the laboratory or the Willing to accept can be updated from the Transplantation Portal. Proceed to step 8 if this information has been updated through the Transplantation Portal.

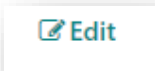
1. Go to the **Person details** and click **Program enrolments**.



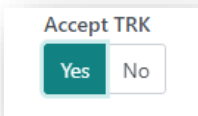
2. Click on the Kidney TWL enrolment.



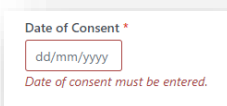
3. Click **Edit**.



4. In the **Willing to accept** section, select **Accept TRK** as **Yes**.



5. Enter the **Date of Consent**.



- Click **Save**. Attach the consent documentation as a note.

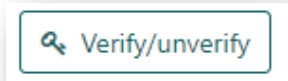


- A notification is generated to the Laboratory Portal to Verify TRK for Kidney TWL.

- A second user is required to verify **Accept TRK**. Click on the enrolment and click **Edit**.

A screenshot of a 'Willing to accept' form. It contains several sections with 'Yes' and 'No' radio buttons and date input fields. The 'Accept TRK' section has a teal 'Yes' button selected. The date field for 'Accept TRK' is populated with '01/01/2023' and has a tooltip that says 'Sunday, January 1, 2023'. There is also a search icon and the text 'Verify/unverify' at the top left of the form.

- Click **Verify/unverify**.



- In the **Verify Willing to Accept** pop up, tick the **Verified** check box and click **Submit**.

A screenshot of a 'Verify Willing to Accept' pop-up window. It has a title bar with a close button (X). The main area has a table with two columns: 'Willing to accept' and 'Verified'. The 'Accept TRK' row has a checked checkbox in the 'Verified' column. At the bottom right, there are 'Cancel' and 'Submit' buttons.

11. A notification is generated to the Transplantation Portal that the recipients TRK has been verified for Kidney TWL.
- 

## 4. KIDNEY WAITING TIME CALCULATIONS

To be eligible for the Kidney TWL, the recipient must be on dialysis. Recipients accrue waiting time for a transplant while on dialysis.

The dialysis start date is used in the calculation of the recipients' waiting time on the TWL, therefore the dialysis start date is required to be eligible for matching on this program. For a second or subsequent transplant, waiting time is calculated from the date that dialysis was recommenced.

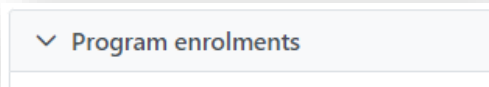
On occasion a kidney transplant will fail very early or does not function at all. When a transplant fails very early, it may be possible for the recipient to retain their original waiting time. Usually this would only apply to graft loss for technical reasons or due to organ quality and would not normally apply in the case of graft loss due to early rejection or disease recurrence.

In Australia, if a kidney transplant fails within the first 12 months the recipient can retain their original accrued waiting time when/if they are relisted for a subsequent transplant. Approval for reinstatement of waiting time needs to be obtained by the relevant state based renal transplant advisory committee (TSANZ Clinical Guidelines for Organ transplantation from Deceased Donors).

### 4.1 ENTER DIALYSIS INFORMATION

The dialysis start date can be entered in the enrolment through the Transplantation Portal. Complete the below steps if this date is entered through the Laboratory Portal.

1. Go to the **Person details** and click **Program enrolments**.



▼ Program enrolments

---

- Click on the Kidney TWL enrolment.

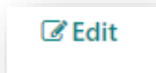
Program enrolments

Current History

Add Enrolment

Role	Organ Program	Pathway
Recipient	Kidney	TWL

- Click **Edit**.



- In the **Dialysis for matching** section, select **Yes** for **Receiving dialysis** and enter the dialysis start date.

Dialysis for matching

Receiving dialysis

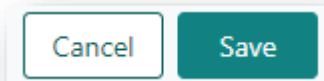
Yes No Unknown

Start date \*

dd/mm/yyyy

*Dialysis Start Date must be entered.*

- Click **Save**.



## 5. CHANGES TO TWL ENROLMENT

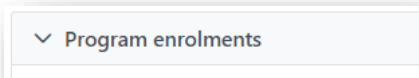
Coordinators in the Transplantation Portal can change the status of the enrolment for their recipients.

If a recipient is temporarily unavailable for transplant, then the recipient’s clinical or transplant unit may classify the recipient as **On Hold** and the recipient will not receive any offers of transplant.

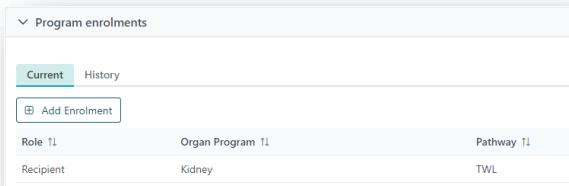
The laboratory may need to update the status on **On Hold** if the recipient has had a sensitising event and further testing is required.

### 5.1 CHANGING A RECIPIENT STATUS

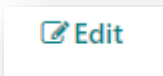
1. Go to the **Person details** and click **Program enrolments**.



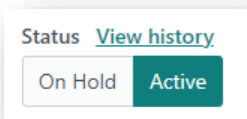
2. Click on the TWL enrolment.



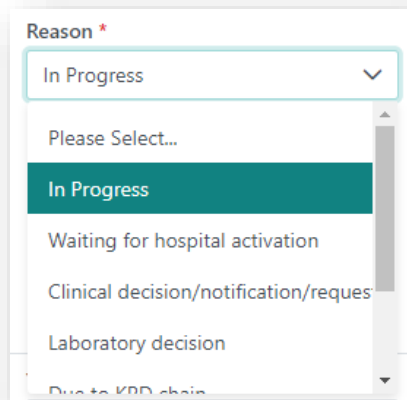
3. Click **Edit**.



4. Select **On Hold** in the **Status**.



- Select the **Reason** from the dropdown menu. Refer to Appendix 4 for the reasons and descriptions.



**Note:** The **On Hold** reason of **Waiting for hospital activation** and **Clinical decision/notification/request** allow access for Transplant Portal users to update the status to **Active**.

- Click **Save**.



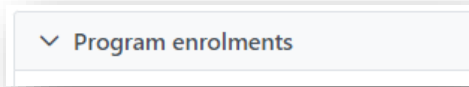
- A notification is generated to the Transplantation Portal that the recipient's enrolment status is now on hold.

## 5.2 ENDING AN ENROLMENT

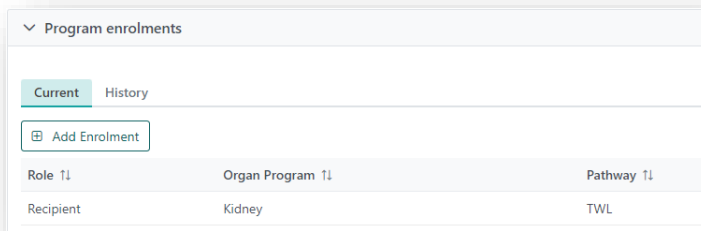
The recipient must be removed from the program if:

- they transfer to interstate OrganMatch Lab. Transferring to an interstate Transplant centre may not require an OrganMatch lab transfer or ending an enrolment.
- they receive a transplant.
- they are deceased.
- they are no longer medically suitable for transplant.
- the recipient becomes a deceased organ donor.

1. Go to the **Person details** and click **Program enrolments**.



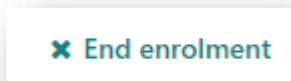
2. Click on the TWL enrolment.



3. Click **Edit**. The **Edit** button changes to the **End enrolment** button.

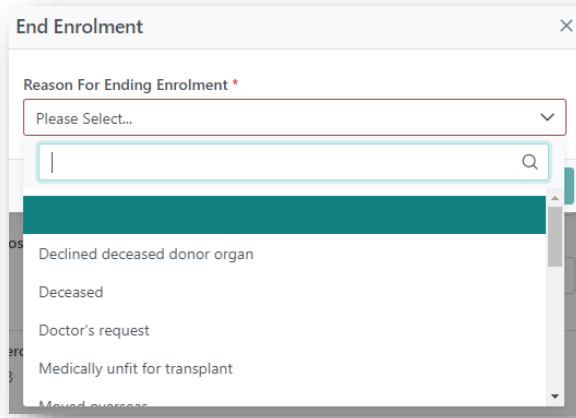


4. Click **End enrolment**.

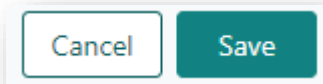


5. Select the **Reason For Ending Enrolment** from the dropdown menu. If **Other** is selected, additional information in the **Reason** free text field should be entered.





6. Click **Save**.

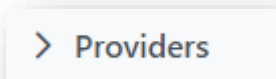


7. A notification is generated to the Transplantation Portal that the recipient's enrolment status has been ended.

### 5.3 REMOVE HOSPITAL OR PROVIDER LINKS

When changing hospitals or clinicians, all requests for a change of unit or change to a recipient's clinician must be given in writing. This is particularly important, as clinicians will be able to access recipient data via OrganMatch once linked to a recipient.

1. Go to the **Person** details and click **Providers**.



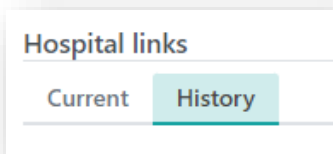
- Click on the link of the hospital or provider.

- Click **Edit**.



- Enter the end date in the **To Date** field and click **Save**.

- The link is moved from the **Current** tab to the **History** tab.



5.4 TRANSFER A RECIPIENT INTERSTATE

A recipient may be transferred to an interstate hospital or transplant unit. If the recipient is currently enrolled on a program, confirm the transfer with the current transplant unit prior to proceeding.

The recipient’s enrolment and hospital and provider links may need to be ended. Refer to [5.2 Ending an Enrolment](#) and [5.3 Remove Hospital or Provider Links](#) to perform these processes.

1. Go to the **Person** details and click **Demographic & contact details**.

> Demographic & contact details

2. Click **Edit**.

 Edit

3. In the **Contact information** section, update the **OM Laboratory** and **Residential State/Territory** fields.

Contact information	
OM Laboratory *	
NSW	
Residential Country	Residential State/Territory
Australia	NSW
Mobile Phone	Home Phone

4. Click **Save**.

Cancel

Save

5. A notification is sent in the Laboratory Portal to the new OM laboratory.
-

## APPENDIX 1: LIST OF RENAL TRANSPLANT UNITS IN AUSTRALIA

State	Renal Transplant Unit(s)
NSW	<ul style="list-style-type: none"> <li>• The Children’s Hospital at Westmead</li> <li>• John Hunter Hospital</li> <li>• Prince of Wales Hospital</li> <li>• Royal North Shore Hospital</li> <li>• St Vincent’s Hospital, Sydney</li> <li>• St Vincent’s Private Hospital, Sydney</li> <li>• Royal Prince Alfred</li> <li>• Sydney Children’s Hospital</li> <li>• Westmead Hospital</li> </ul>
VIC	<ul style="list-style-type: none"> <li>• The Alfred Hospital</li> <li>• Austin Hospital</li> <li>• Monash Medical Centre</li> <li>• Royal Children’s Hospital</li> <li>• The Royal Melbourne Hospital</li> <li>• St Vincent’s Hospital, Melbourne</li> <li>• Monash Children’s Hospital</li> </ul>
SA	<ul style="list-style-type: none"> <li>• Royal Adelaide Hospital</li> <li>• Women’s and Children’s Hospital</li> </ul>
WA	<ul style="list-style-type: none"> <li>• Fiona Stanley Hospital</li> <li>• Sir Charles Gairdner Hospital</li> <li>• Perth Children’s Hospital</li> </ul>
QLD	<ul style="list-style-type: none"> <li>• Princess Alexandra Hospital</li> <li>• Queensland Renal Transplant Service</li> </ul>

## APPENDIX 2: LIST OF HEART, LUNG, LIVER, INTESTINE, PANCREAS AND PANCREAS ISLET TRANSPLANT UNITS IN AUSTRALIA

Organs	Transplant units in each Australian state				
	NSW	Vic	SA	WA	Qld
<b>Heart</b>	St Vincent's Hospital, Sydney  The Children's Hospital Westmead	The Alfred Hospital  Royal Children's Hospital	N/A	Fiona Stanley Hospital	Prince Charles
<b>Lung</b>	St Vincent's Hospital, Sydney	The Alfred Hospital	N/A	Fiona Stanley Hospital	Prince Charles
<b>Liver</b>	Royal Prince Alfred (adult)  Children's Hospital Westmead (paediatric)	The Austin Hospital (adult)  Royal Children's Hospital (paediatric)	Flinders Medical Centre (adult)	Sir Charles Gardiner Hospital (adult)	Princess Alexandra Hospital (adult)  QLD Children's Hospital (paediatric)
<b>Kidney and Pancreas</b>	Westmead	Monash medical Centre	Royal Adelaide	N/A	N/A
<b>Pancreas Islet</b>	Westmead	St Vincent's Melbourne	Royal Adelaide	N/A	N/A
<b>Intestine</b>	N/A	The Austin Hospital	N/A	N/A	N/A

## APPENDIX 3: ORGAN SPECIFIC DATA FIELDS

Organ	EPTS	Clinical Parameters	Patient Category
Kidney	<ul style="list-style-type: none"> <li>Raw</li> <li>Percentile</li> </ul>	N/A	<ul style="list-style-type: none"> <li>State Urgent</li> <li>National Urgent</li> </ul>
Kidney/Pancreas	<ul style="list-style-type: none"> <li>Raw</li> <li>Percentile</li> </ul>	<ul style="list-style-type: none"> <li>Referral Date</li> <li>eGFR at referral</li> <li>Date eGFR is less than 15ml/min</li> <li>Activation Date</li> </ul>	<ul style="list-style-type: none"> <li>National Priority</li> <li>National Priority Override</li> </ul>
Lung	N/A	Acceptable Height Range	<ul style="list-style-type: none"> <li>Urgent (National Notification)</li> </ul>
Heart	N/A	N/A	<ul style="list-style-type: none"> <li>Urgent</li> <li>Urgent Reason</li> </ul>
Liver	N/A	N/A	<ul style="list-style-type: none"> <li>Urgent</li> <li>Urgent Category</li> <li>Priority for allocation</li> </ul>

## APPENDIX 4: ON HOLD REASONS

Reason	Description
In progress	Testing is underway.
Waiting for hospital activation	Testing is complete but hospital work up not complete.
Clinical decision/ notification/request	Clinical/Transplant unit has changed to status to On Hold so the recipient doesn't receive offers. May be due to the recipient being not well or on holidays).
Lab decision	Further testing is required, e.g. after a blood transfusion.
Change in Sensitisation Category	Recipient requires a review of their Unacceptable Antigen Profile due to changes in their sensitisation.
Due to KPD chain	Placed on hold by the National ANZKX Tissue Typing Coordinator as the patient is on a current chain/combination in a match run.
Awaiting ANZKX activation	Recipient has been registered for KPD but the enrolment hasn't been authorised by the ANZKX team.



## DEFINITIONS

Term/abbreviation	Definition
ABOi	ABO incompatible
ANZKX	Australia and New Zealand Paired Kidney Exchange Program
DSA	Donor-specific antibody
eGFR	Estimated Glomerular Filtration Rate. A key indicator of kidney function.
EPTS	Estimated Post-Transplant Survival. It is a score that combines four clinical parameters (age, time on dialysis, prior solid organ transplant and diabetes) to estimate the post-transplant survival of kidney transplant recipients. A lower score indicates better survival.
IVR	Increased Viral Risk
Match Profile	In OM, the match profile contains all the information that will be used in matching algorithms
OM	OrganMatch
OOL	Organ Offer List
Recipient	A patient who requires an organ transplant
TRK	Tumour-resected kidney
TSANZ	The Transplantation Society of Australia and New Zealand
TWL	Transplant Waiting List
Transplantation Portal	OrganMatch Portal which is accessible by transplant and clinical units
UA	Unacceptable Antigens
VXM	Virtual Crossmatch

## REFERENCED EXTERNAL DOCUMENTS

Document title	Source
Clinical Guidelines for Organ Transplantation from Deceased Donors.	<a href="#">TSANZ Clinical Guidelines - TSANZ</a>

## REFERENCED INTERNAL DOCUMENTS

Document number	Source
OM-008	Patient Antibody Assessment
OM-012	Principles of the Kidney Matching Algorithms
OM-040	Organ Program Registration- Laboratory Portal
OM-049	Principles of the Heart Matching Algorithm
OM-054	Pool Management- Laboratory Portal
OM-070	Readiness Criteria- Laboratory Portal
OM-080	Kidney Transplant Waiting List (TWL) Urgent Listing Form

## CHANGE HISTORY

Version number	Effective date	Summary of change
1	08/08/2023	New document
2	03/04/2024	<p>OrganMatch Sprint 51 updates:</p> <ul style="list-style-type: none"> <li>Urgent liver enrolment updated with new fields.</li> </ul> <p>Other:</p> <ul style="list-style-type: none"> <li>Addition of EPTS in Section 1, Appendix 3 and Definitions.</li> <li>Update reference to clinical guidelines.</li> <li>Correction to the spelling of the document title in the header.</li> </ul>
3	Refer to footer	<p>OrganMatch Sprint 54 updates:</p> <ul style="list-style-type: none"> <li>Section 2.4 urgent heart updated with new comments box and transplant unit.</li> </ul>

## ELECTRONIC SIGNATURE

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