

3.0 ORGAN DISTRIBUTION

The following policies apply to the allocation of organs for transplantation.

3.9 ALLOCATION SYSTEM FOR ORGANS NOT SPECIFICALLY ADDRESSED. The following point system will be used for allocation of organs not specifically addressed elsewhere in UNOS policies.

3.9.1 Medical Urgency. For organs not specifically addressed, points are assigned for medical urgency as follows:

Patient Status Code	Points	Definition
1	4	A patient listed as Status 1 is at home and functioning normally. A patient listed as Status 1 is considered to be a patient for whom the transplant surgery would be an elective procedure.
2	8	A patient listed as Status 2 is home bound, requiring continuous medical care which can be self administered. Short hospitalizations for intercurrent problems are not considered justification for a change in status.
3	12	A patient listed as Status 3 is home bound, requiring continuous medical care with the assistance of an attendant. Short hospitalizations for intercurrent problems are not considered justification for a change in status.
4	16	A patient listed as Status 4 is continuously hospitalized. A Status 4 patient's medical condition necessitates continuous hospitalization.
5	20	A patient listed as Status 5 requires continuous hospitalization as well as intravenous inotropic drug therapy.
6	24	A patient listed as Status 6 requires continuous hospitalization. A Status 6 patient also requires a Mechanical Assist Device(s) (e.g. ventilator, total artificial heart, intra-aortic balloon pump) for survival.

3.9.2 Distance Criteria. The following points are assigned for the distance between transplant center and the donor as well as for the distance between the recipient and the transplant center:

Distance from Center (miles)	Points Donor	Points Recipient
0-50	12	6
50-500	10	5
500-1000	8	4
1000-1500	6	3
1500-2000	4	2
2000-2500	2	1
> 2500	0	0

- 3.9.3 Organ Allocation to Multiple Organ Transplant Candidates.** Candidates for a multiple organ transplant where one of the required organs is a heart, lung or liver shall be registered on the individual UNOS Patient Waiting list for each organ. When the patient is eligible to receive a heart, lung or liver pursuant to UNOS Policies 3.6 (ALLOCATION OF LIVERS) and 3.7 (ALLOCATION OF THORACIC ORGANS) or an approved variance to these policies, the second required organ shall be allocated to the multiple organ candidate from the same donor if the donor is located with the same local organ distribution unit where the multiple organ candidate is registered. If the multiple organ candidate is on a waiting list outside the local organ distribution unit where the donor is located, voluntary sharing of the second organ is recommended. When the second organ is shared, the same organ of an identical blood type shall be paid back to the Host OPO from the next acceptable donor procured by the recipient OPO, unless the second organ is a kidney in which case the organ shall be paid back pursuant to UNOS Policy 3.5.4 (Payback Requirements). This policy shall not apply to the allocation of heart-lung combinations. Heart-lung combinations shall be allocated in accordance with UNOS Policy 3.7.7 (Allocation of Thoracic Organs to Heart-Lung Candidates) and all other applicable provisions of Policy 3.7, or an approved variance to these policies. For patients awaiting a combined liver-intestine transplant, the liver may be allocated using the intestine list unless there is a Status 1 Liver patient in the Region.
- 3.9.4 Local Conflicts.** Regarding allocation of organs not specifically addressed elsewhere in UNOS policies, locally unresolvable inequities or conflicts that arise from prevailing OPO policies may be submitted by any interested local member for review and adjudication to the appropriate organ-specific UNOS committee(s) and Board of Directors.