Finding Race/Ethnicity in UNOS Database

1. Log into auth.unos.org.

Username		
Enter username		
Password	Sh	ow 🕲
Enter password		

Forgot password?

View system status



NOTICE: This system is the property of the United Network for Organ Sharing. It is for authorized use only. Users of this system have no explicit or implicit expectation of privacy. By using this system, the user acknowledges that all uses of this system will be monitored and necorded, and may be disclosed at the sole discretion of UNCS.

LINOS involves access to LINOS Systems and other software and data to anonyted transplant professionals in order to

2. Click on TIEDI.



## Click here to find guidance on OPTN data submission during the COVID-19 Emergency.

Welcome to the Secure EnterpriseSM, your secure gateway to the UNetSM system and other UNOS-developed transplant applications. View system status





3. Hover over Manage Data in the top left corner, under UNet TIEDI.

Manage Data Living Donors	Extra Vessels+ Reports+ Help+	
Expected Data		PATIENT HISTO SEARCH
Institution: OHCC-	Transplant Hospital	CONFIRMATION R
You have no expected data		Run and edit report da Transplant Data Confirmation > Due: Confirmed
		Living Donor Confirm Due: Confirmed
Initiated and Expected	Recipient Transfers	
	Total: 0	EXPORTS
Initiated Transfers There are no initiated transfers p	ending acceptance at this time. Total: 0	To download a file, right click on the file n select the Save Target option.
Expected Transfers		
There are no pending transfers at	t this time.	
	TRAINING         Access on-line help documentation and visit UNOS Connect to find webinars, modules, videos, and other online training resources. Email education@unos.org for questions about educational or training events.	

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4. Click 'Search'.



5. Change "I want to find": from 'a record' to 'a patient history'. Enter recipient's last name and first name in the appropriate fields. Click 'Search' on the bottom right.

Manage Data Living Donors	Extra Vessels Reports	Help •		
Search ?				
I want to find:	a patient history 🗸			
Institution:	OHCC-	ransplant Hospital		~
PX ID:				
Donor ID:				
Recipient SSN:				
Recipient last name:	PATIENT			
Recipient first name:	NAME			
Transplanted organ:				*
Listing date:	start date		end date	
Transplant date:	start date		end date	
				Sear

6. The subject should appear under Search Results, with their name in bold orange text. Click on the subject's name.

ranage prace.	Living Donam+	Extra Vecuels +	Reports Helps	A GALES GAR			and the second second	Albert Line 25
earch Res	ults ⑦							Related Links
atient Histor	ry					. *		Return to Search +
sarch Criteria: stitution =	Ratipient la	t name (	Recipient first nam	e -				
× 10 -	SSN -	Name +		List Date -	Donor ID -	Tx Organ +	Transplant Date -	WL Organ *
						LU		LU
								Total number of records;

7. The Patient History page should open; race is in the box labeled Patient Information.

Manage Data > Living	Donors» Extra Vossels» Repor	ha Helpt			
Patient History					Related Links Return to Search + Return to Search Results +
PATIENT INFORMATI	ION	Personal Property of the local division of the local division of the local division of the local division of the		the second s	
Patient name: SSN: PXID: Date of birth: Gender: Race: List center: Follow-up center:	White: Not Specified/Unknown				
List date: List organ: Transplant procedure: Transplant date: Donor ID: Removal code: Removal date:	UU BILATERAL SEQUENTIAL LUNG				
PATIENT RECORDS			And the second s	- Anna a la constante da constante	and the second second
Center	History LU-TCR LU-TRR	Record 10	Record Status	Patient Status	

Confidential - OPTN Use Only

8. Additional information can be found by clicking on the subject's LU-TCR record and scrolling to Candidate Information → Ethnicity/Race. There is a long list of different ethnicities and races; descriptors that apply to the subject will have a checked box next to it.

<b>Candidate Information</b>			Sam
Organ Registered: Lung		Date of Listing or Add:	
ET THE REAL PROPERTY.			
Last Name:*	First Name: *	ME	
Previous Sumame:			
Constanting of the local division of the			
SSN:		Gender:*	
HIC:	Real Production and	DOB:*	
State of Permanent Residence: *			
Permanent ZIP Code:*		- INFECTION	
Ethnicity/Race: *			
(select all origins that apply)			
American Indian or Alaska Native		Asian	
American Indian		Asian Indian/Indian Sub-Continent	
Eskimo		Eikning	
Alaska Indian		Japanese	
American Indian or Alaska Native: Other	r	Korean	
American Indian or Alaska Native: Not S	pecified/Unknown	Methamese	
		Asian: Other Asian: Not Specified/Unknown	
Black or African American		Hispanic/Latino	
African American		Mexican	
African (Continental)		Puerto Rican (Mainland)	
		Puerto Rican (Island)	
Black or African American: Other		Hispanic/Latino: Other	
Black or African American: Not Specified	d/Unknown	Hispanic/Latino: Not Specified/Unknown	
Native Hawaiian or Other Pacific Islander		White	
Native Hawaitan		European Descent	
Guamanian or Chamorro		Arab or Middle Eastern	
Samoan	Colors	North African (non-Black)	
Native Hawalian or Other Pacific Island	er: Uter er: Net Snerified/Unknown	White: Not Sperified/Unknown	