

2007 Transplant Recipient Registration Changes for OMB Clearance

| ORGAN | SECTION | FIELD | MODIFICATION/ADDITION | RATIONALE |
|-------|----------------|---|---|---|
| All | Patient Status | Was patient hospitalized during the last 90 days prior to the transplant admission? | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Physical Capacity | For pediatric patients replace with: Cognitive Development with choices: <ul style="list-style-type: none"> • Definite Cognitive delay/impairment (verified by IQ score <70 or unambiguous behavioral observation) • Probable Cognitive delay/impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence) • Questionable Cognitive delay/impairment (not judged to be more likely than not, but with some indication of cognitive delay/impairment such as expressive/receptive language and/or learning difficulties) • No Cognitive delay/impairment (no obvious indicators of cognitive delay/impairment) • Not Assessed | Additional data necessary to develop transplant policies. |

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| | | Physical Capacity | For pediatric patients replace with: Motor Development with choices: <ul style="list-style-type: none"> • Definite Motor delay/impairment (verified by physical exam or unambiguous behavioral observation) • Probable Motor delay/impairment (not verified or unambiguous but more likely than not, based on behaviors observation or other evidence) • Questionable Motor delay/impairment (not judged to be more likely than not, but with some indications of motor delay/impairment) • No Motor delay/impairment (no obvious indicators of motor delay/impairment) • Not Assessed | Additional data necessary to develop transplant policies. |
| | | Physical Capacity | This question will be optional for adult recipients. | No longer necessary. |
| | | Reason not working for income | This question will be optional for adult recipients. | No longer necessary. |
| | | Work status if working for income | This question will be optional for adult recipients. | No longer necessary. |
| | | Secondary source of payment | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | Clinical Information Pretransplant | New | For pediatric recipients add Date of Measurement for Height and Weight. | Additional data necessary to develop transplant policies. |
| | | Viral detection: Have any of the following viruses ever been tested for | This question will be removed. | No longer necessary. |
| | | HIV | Replace with: HIV serostatus with choices Positive, Negative, Not Done, Unk/Cannot Disclose. | Detail no longer necessary. |
| | | HIV – Was there clinical disease (ARC, AIDS), Antibody, RNA | Deleted. | Detail no longer necessary. |
| | | CMV | Deleted. | Detail no longer necessary. |
| | | CMV – Was there clinical disease, Nucleic acid testing, Culture | Deleted. | Detail no longer necessary. |
| | | HBV | Deleted. | Detail no longer necessary. |
| | | HBV – Was there clinical disease, Liver histology, DNA | Deleted. | Detail no longer necessary. |
| | | HCV | Replace with: HCV serostatus with choices Positive, Negative, Not Done, Unk/Cannot Disclose. | Detail no longer necessary. |

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| | | HCV – Was there clinical disease, Liver histology, Antibody, RIBA, RNA | Deleted. | Detail no longer necessary. |
| | | EBV | Replace with: EBV serostatus with choices Positive, Negative, Not Done, Unk/Cannot Disclose. | Detail no longer necessary. |
| | | EBV – Was there clinical disease, IgG, IgM, DNA | Deleted. | Detail no longer necessary. |
| | Clinical Information Post-Transplant | Was biopsy done to confirm acute rejection | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Treatment | Biological or anti-viral therapy | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Other therapies | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Did the patient participate in any clinical research protocol for immunosuppressive medications | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| Kidney | Patient Status | Academic activity level | For pediatric candidates add an option to pick list Unable to participate regularly in academics due to dialysis. | Additional data necessary to develop transplant policies. |

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| | Clinical Information Pretransplant | Was preimplantation kidney biopsy performed at the transplant center | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Any tolerance induction technique used | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Previous pregnancies | This question will be optional for pediatric recipients. | No longer necessary. |
| | | New | For pediatric recipients add Is growth hormone therapy used between listing and transplant: Yes/No/Unknown | Additional data necessary to develop transplant policies. |
| | | New | For pediatric recipients add Bone Disease (check all that apply) <ul style="list-style-type: none"> • Fracture in the past year: Yes/No/Unknown • Specify location and number of fractures: <ul style="list-style-type: none"> ○ Spine-compression, # ○ Extremity, # ○ Other, # • AVN (avascular necrosis): Yes/No/Unknown | Additional data necessary to develop transplant policies. |
| | Clinical Information Transplant Procedure | Total warm ischemia time right or en-bloc kidney (include anastomotic time) | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | | Total warm ischemia time left kidney (include anastomotic time) | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Final flow rate at transplant | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Incidental tumor found at time of transplant and tumor type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Dialysis provider number | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Dialysis provider name | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Clinical Information Post Transplant | Contributory causes of graft failure: <ul style="list-style-type: none"> • Acute rejection • Graft thrombosis • Infection • Surgical complications • Urological complications • Recurrent disease • Other, specify | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Kidney produced > 40ml of urine in first 24 hours | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | | Creatinine decline by 25% or more in first 24 hours on 2 separate samples | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| Pancreas | Clinical Information Transplant Procedure | If simultaneous transplant with another organ, was the pancreas revascularized before or after other organs | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Surgical incision | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Clinical Information Post Transplant | Pancreas graft removed | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Date pancreas graft removed | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| Kidney/Pancreas | Patient Status | Academic activity level | For pediatric candidates add an option to pick list Unable to participate regularly in academics due to dialysis. | Additional data necessary to develop transplant policies. |
| | | Pancreas secondary source of payment | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Clinical Information Pretransplant | Was preimplantation kidney biopsy performed at the transplant center | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | | Any tolerance induction technique used | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Previous pregnancies | This question will be optional for pediatric recipients. | No longer necessary. |
| | | New | For pediatric recipients add Is growth hormone therapy used between listing and transplant: Yes/No/Unknown | Additional data necessary to develop transplant policies. |
| | | New | For pediatric recipients add Bone Disease (check all that apply) <ul style="list-style-type: none"> • Fracture in the past year: Yes/No/Unknown <ul style="list-style-type: none"> ○ Specify location and number of fractures: ○ Spine-compression, # ○ Extremity, # ○ Other, # • AVN (avascular necrosis): Yes/No/Unknown | Additional data necessary to develop transplant policies. |
| | Clinical Information Transplant Procedure | Was the pancreas revascularized before or after other organs | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Surgical incision | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | | Total warm ischemia time right or en-bloc kidney (include anastomotic time) | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Total warm ischemia time left kidney (include anastomotic time) | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Final flow rate at transplant | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Incidental tumor found at time of transplant and tumor type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Dialysis provider number | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Dialysis provider name | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | Clinical Information Post Transplant | Kidney contributory causes of graft failure: <ul style="list-style-type: none"> • Acute rejection • Graft thrombosis • Kidney Infection • Surgical complications • Urological complications • Recurrent disease • Other, specify | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Kidney produced > 40ml of urine in first 24 hours | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Creatinine decline by 25% or more in first 24 hours on 2 separate samples | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Pancreas graft removed | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Date pancreas graft removed | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Was biopsy done to confirm pancreas rejection | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| Liver | Clinical Information Pretransplant | Any tolerance induction technique used | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Pretransplant lab date | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | SGPT/ALT | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Any previous malignancy type | For pediatric recipients add options to the pick list for Hepatoblastoma and Hepatocellular Carcinoma. | Additional data necessary to develop transplant policies. |
| | Clinical Information Transplant Procedure | Surgical procedure | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | | Split type Current choices: Split Types <ul style="list-style-type: none"> • Left in situ • Left on the bench • Lateral segment in situ • Lateral segment on the bench • Right in situ • Right on the bench • Right triseg in situ • Right triseg on the bench | Modify to <ul style="list-style-type: none"> • Left lobe in situ (segments 2,3,4) • Left lobe on the bench (segments 2,3,4) • Left lobe with caudate in situ (segments 1,2,3,4) • Left lobe with caudate on the bench (segments 1,2,3,4) • Left lateral segment in situ (segments 2,3) • Left lateral segment on the bench (segments 2,3) • Right lobe without middle hepatic vein in situ (segments 5,6,7,8) • Right lobe without middle hepatic vein on the bench (segments 5,6,7,8) • Right lobe with middle hepatic vein in situ (segments 4,5,6,7,8) • Right lobe with middle hepatic vein on the bench (segments 4,5,6,7,8) | Clarify information already presented. |
| | | Partial Types <ul style="list-style-type: none"> • Right • Right triseg • Left • Lateral segment | Modify to Partial Types <ul style="list-style-type: none"> • Right lobe without middle hepatic vein (segments 5,6,7,8) • Right lobe with middle hepatic vein (segments 4,5,6,7,8) • Left lobe (segments 2,3,4) • Left lateral (segments 2,3) | Clarify information already presented. |

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| | | Warm ischemia time (include anastomotic time) | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Did patient received 5 or more units of packed red blood cells within 48 hours prior to transplantation due to spontaneous portal hypertensive bleed | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Spontaneous bacterial peritonitis | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Incidental tumor found at time of transplant and tumor type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Clinical Information Post Transplant | Cause of graft failure: Vascular thrombosis | For pediatric recipients when vascular thrombosis is Yes add: <ul style="list-style-type: none"> • Hepatic arterial thrombosis: Yes/No/Unknown • Hepatic outflow obstruction: Yes/No/Unknown • Portal vein thrombosis: Yes/No/Unknown | Additional data necessary to develop transplant policies. |
| | | Discharge lab date | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Total bilirubin | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | | SGPT/ALT | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Serum albumin | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Serum creatinine | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | INR | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| Intestine | Clinical Information Pretransplant | Any previous malignancy type | For pediatric recipients add options to the pick list for Hepatoblastoma and Hepatocellular Carcinoma. | Additional data necessary to develop transplant policies. |
| | Clinical Information Transplant Procedure | Liver dysfunction | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Number previous abdominal surgeries | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Clinical Information Post Transplant | Primary Cause of Graft Failure | For pediatric recipients add options to the pick list for GVHD (Graft Versus Host Disease) and Ischemia/NEC (Necrotizing Enterocolitis) Like Syndrome. | Additional data necessary to develop transplant policies. |
| Thoracic | Patient Status | Life Support | For pediatric recipients add an option to the pick list for IV Inotropes when organ type is heart/lung or lung. | Additional data necessary to develop transplant policies. |
| | Clinical Information Pretransplant | New | For pediatric recipients calculate and display cardiac index. | Additional data necessary to develop transplant policies. |

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| | | Oxygen requirement at rest | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Pulmonary embolism | This question will be optional for adult and pediatric heart and heart/lung recipients. | No longer necessary. |
| | | Cerebrovascular event | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Implantable defibrillator | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | | Prior cardiac surgery (nontransplant) check all that apply Prior lung surgery (nontransplant) check all that apply | For pediatric recipient replace <ul style="list-style-type: none"> • CABG • Valve Replacement/Repair • Congenital • Left Ventricular Remodeling • Other, specify • Pneumoreduction • Pneumothorax Surgery-Nodule • Pneumothorax Decortication • Lobectomy • Pneumonectomy • Left Thoracotomy • Right Thoracotomy • Other, specify With Prior thoracic surgery other than previous transplant: <ul style="list-style-type: none"> • If yes, number of prior sternotomies • If yes, number of prior thoracotomies AND Add Prior congenital cardiac surgery: Yes/No/Unknown <ul style="list-style-type: none"> • If yes, palliative surgery: Yes/No/Unknown If yes, corrective surgery: Yes/No/Unknown | Additional data necessary to develop transplant policies and to determine member specific performance. |
| | | Previous pregnancies | This question will be optional for adult and pediatric recipients. | No longer necessary. |

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| | Titer Information | New | For pediatric recipients 2 years old or younger and status 1 at listing and received a heart with incompatible ABO add: Current B titer and sample date when ABO is A, Current A titer and sample date when ABO is B and Current titer A, sample date, Current titer B and sample date when ABO is O. | Additional data necessary to develop transplant policies. |
| | Clinical Information Transplant Procedure | Was this a retransplant due to failure of a previous thoracic graft | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Incidental tumor found at time of transplant and tumor type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Clinical Information Post Transplant | Primary cause of graft failure | Add an option to the pick list for Other, specify | Allow for collection of reasons not listed. |
| | | New | For pediatric recipients 2 years old or younger and status 1 at listing and received a heart with incompatible ABO and death or graft failure is reported add: Current B titer and sample date when ABO is A, Current A titer and sample date when ABO is B and Current titer A, sample date, Current titer B and sample date when ABO is O. | Additional data necessary to develop transplant policies. |

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| | | Any drug treated infection | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Cardiac re-operation | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Other surgical procedures | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Time on inotropes other than Isoproterenol (Isuprel) | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | | Chest drain >2 weeks | This question will be optional for adult and pediatric recipients. | No longer necessary. |