

Thoracic 6 Month Transplant Recipient Follow-up (TRF) Record Field Descriptions

Transplant Recipient Follow-up (TRF) records are generated in Tiedi® at six months, one year and annually thereafter following transplantation, until either graft failure, recipient death or lost to follow-up is reported.

The TRF record is to be completed by the transplant center responsible for follow-up of the recipient 6 months.

Note: The record is to contain only the applicable patient information between the completion of the TRR and the 6 month follow-up. It is not to contain information pertaining solely to the next follow-up period. For example: the 6-month follow-up should contain information from the time after the TRR was completed to the 6-month transplant anniversary date; the 1-year follow-up should contain information from the day after the 6-month transplant anniversary date to the 1-year transplant anniversary date.

If the recipient dies or experiences a graft failure between completion of the TRR and the 6 month follow-up, complete an interim record containing the information pertinent to death or graft failure.

TRF records generated before June 30, 2002 are forgiven except for the one-year, three-year, death/graft failure or most recently expected follow-up record. Amnesty records may be accessed by selecting the **Expected/Amnesty** and/or **Amnesty** option on the Search page. (For additional information, see [Searching for Patient Records](#) and [Records Generation](#).)

If the patient is lost to follow-up, follow the steps for [Reporting Lost to Follow-up](#).

The TRF record must be completed within 30 days from the record generation date. See [OPTN/UNOS Policies](#) for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed on an electronic record, call the UNetSM Help Desk at 1-800-978-4334.

Recipient Information

Name: Verify the last name, first name and middle initial of the transplant recipient is correct. If the information is incorrect, corrections may be made on the recipient's TCR record.

DOB: Verify the displayed date is the recipient's date of birth. If the information is incorrect, corrections may be made on the recipient's TCR record.

SSN: Verify the recipient's social security number is correct. If the information is incorrect, contact the Help Desk at 1-800-978-4334.

Gender: Verify the recipient's gender is correct. If the information is incorrect, corrections may be made on the recipient's TCR record.

HIC: Verify the 9 to 11 character Health Insurance Claim number for the recipient indicated on the recipient's most recently updated TCR record is correct. If the recipient does not have a HIC number, you may leave this field blank.

Tx Date: The recipient's transplant date, reported in the Recipient Feedback, will display. Verify the transplant date is the date of the beginning of the first anastomosis. If the operation started in the evening and the first anastomosis began early the next morning, the transplant date is the date that the first anastomosis began. The transplant is considered complete when the cavity is closed and the final skin stitch/staple is applied.

Previous Follow-up: Transplant Recipient Registration displays.

Previous Px Stat Date: The recipient's patient status date, reported in the previous TRF record, will display. Verify the recipient's previous patient status date is correct.

Transplant Discharge Date: Verify that the discharge date displayed is the date the recipient was released to go home, or enter the date the recipient was released. The patient's hospital stay includes total time spent in different units of the hospital, including medical and rehab.

Note: The **Transplant Discharge Date** can only be edited on the patient's TRR. The corrected information will automatically update on the 6 month TRF record.

State of Permanent Residence: Select the name of the state, of the recipient's permanent address, at the time of follow-up. This is a required field. ([List of State codes](#))

Zip Code: Enter the recipient's zip code, of their permanent address, at the time of follow-up. This is a required field.

Provider Information (At Time of Follow-up)

Date: Last Seen, Retransplanted or Death: Enter the date the patient was last seen, or the date of death, or retransplant for this recipient, using the standard 8-digit numeric format of MM/DD/YYYY. If the recipient died or the graft failed, and you have not completed an interim follow-up indicating these events, the 6-month follow-up should be completed indicating one of those two events. This is a required field.

Patient Status: If the recipient is living at the time of follow-up, select **Living**. If the recipient died during this follow-up period, select **Dead**. If the recipient received another kidney from a different donor during the follow-up period, select **Retransplanted**. If **Dead** is selected, indicate the cause of death. This is a required field. ([List of Patient Status codes](#))

Living
Dead
Retransplanted

Primary Cause of Death: If the Patient Status is **Dead**, select the patient's cause of death. If an **Other** code is selected, enter the other cause of death in the space provided. ([List of Primary Cause of Death codes](#))

Contributory Cause of Death: If the Patient Status is **Dead**, select the patient's contributory cause of death. If an **Other** code is selected, enter the other cause of death in the space provided. ([List of Contributory Cause of Death codes](#))

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Clinical Information

Graft Status: If the graft is functioning at the time of follow-up, select **Functioning**. If the graft is not functioning, select **Failed**. This is a required field.

Note: If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select **Functioning**.

If **Failed** is selected, complete the following fields.

Date of Graft Failure: Enter the date of graft failure using the standard 8-digit numeric format of MM/DD/YYYY.

Primary Cause of Graft Failure: Select the cause of graft failure. ([List of Graft Failure codes](#))

Primary Non-Function
Acute Rejection

**Chronic Rejection/Atherosclerosis
Other, Specify**

Titer Information: For pediatric recipients 2 years old or younger, Status 1 at listing, received a heart with incompatible ABO, and death or graft failure is reported, complete the following:

Current B Titer: If the recipient's ABO blood-type is A or O, enter the current B titer value and **Sample Date**.

Current A Titer: If the recipient's ABO blood-type is B or O, enter the current A titer value and **Sample Date**.