

# Intestine Post 5 Year 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 at intervals of six months, one year and annually thereafter. The record is to contain only the applicable patient information since the last follow-up period. It is not to contain information pertaining solely to the previous or 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; the 2-year follow-up should contain information from the day after the 1-year transplant anniversary date to the 2-year anniversary date.

If the recipient dies or experiences a graft failure between follow-up intervals, 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 UNet<sup>SM</sup> 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:** The recipient's follow-up status, reported in the previous TRF record, will display. Verify the recipient's previous follow-up status is correct.

**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:** Enter the date the recipient was released to go home, or verify that the discharge date displayed is the date the recipient was released to go home. The patient's hospital stay includes total time spent in different units of the hospital, including medical and rehab. (This is a required field.)

**Note:** The Transplant Discharge Date can only be edited on the patient's TRR, 6-month TRF and 1-year TRF. To correct this information on a follow-up that is after the 1-year TRF, access one of these three records and enter the correct date. The corrected information will automatically update on the other records.

**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

**Recipient Center:** The recipient center will display. Verify that the transplant center name, center code, and the provider number, (6-character Medicare identification number of the hospital where the transplant recipient was transplanted) are correct.

**Followup Center:** The follow-up center, reported in the recipient's previous validated TRF record, will display. Verify the center name, center code and provider number for the center following the patient.

#### Donor Information

**UNOS Donor ID #:** The UNOS Donor ID number, reported in the Recipient Feedback, will display. Each potential donor is assigned an identification number by OPTN/UNOS. This ID number corresponds to the date the donor information was entered into the OPTN/UNOS computer system.

**Donor Type:** The donor type, reported in the Recipient Feedback, will display. Verify the recipient's donor type is correct. If the information is incorrect, contact the Help Desk at 1-800-978-4334.

**Deceased** indicates the donor was not living at the time of donation.

**Living** indicates the donor was living at the time of donation.

#### Patient Status (At Time of Follow-up)

**Date: Last Seen, Retransplanted or Death:** Enter the date the patient was last seen, the date of death, or the date of retransplant for this recipient, using the standard 8-digit numeric format of MM/DD/YYYY. The follow-up records (6-month, 1-year, 2-year, etc.) are to be completed within 30 days of the 6-month and yearly anniversaries of the transplant date. If the recipient died or the graft failed, and you have not completed an interim follow-up indicating these events, the 6-month and annual follow-ups 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](#))

**Functional Status:** (Complete for recipients younger than 18 years of age at follow-up.) Select the choice that best describes the recipient's functional status at the time of follow-up. This is a required field. ([List of Functional Status codes](#))

- 100% - Fully active, normal
- 90% - Minor restrictions in physically strenuous activity
- 80% - Active, but tires more quickly
- 70% - Both greater restriction of and less time spent in play activity
- 60% - Up and around, but minimal active play; keeps busy with quieter activities
- 50% - Can dress but lies around much of day; no active play; can take part in quiet play/activities
- 40% - Mostly in bed; participates in quiet activities
- 30% - In bed; needs assistance even for quiet play
- 20% - Often sleeping; play entirely limited to very passive activities
- 10% - No play; does not get out of bed
- Not Applicable (patient < 1 year old)
- Unknown

**Note:** This evaluation should be in comparison to the person's normal function, indicating how the patient's disease has affected their normal function.

**Cognitive Development:** (Complete for recipients younger than 18 years of age at follow-up.) Select the choice that best describes the recipient's cognitive development at the time of follow-up. This is a required field. ([List of Cognitive Development codes](#))

**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**

**Motor Development:** (Complete for recipients younger than 18 years of age at follow-up.) Select the choice that best describes the recipient's motor development at the time of follow-up. This is a required field. ([List of Motor Development codes](#))

**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 behavioral observation or other evidence)

**Questionable Motor Delay/Impairment** (not judged to be more likely than not, but with some indication of motor delay/impairment)

**No Motor Delay/Impairment** (no obvious indicators of motor delay/impairment)

**Not Assessed**

## Clinical Information

**Date of Measurement:** (Complete for recipients younger than 18 years of age at transplant and younger than 26 years of age at follow-up.) Enter the date, using the 8-digit format of MM/DD/YYYY, the recipient's height and weight were measured. This is a required field.

**Height:** (Complete for recipients younger than 18 years of age at transplant and younger than 26 years of age at follow-up.) Enter the height of the recipient at the time of follow-up in the appropriate space, in feet and inches or centimeters. If the recipient's height is unavailable, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#)) UNet will generate and display calculated percentiles based on the 2000 CDC growth charts. This is a required field.

**Weight:** (Complete for recipients younger than 18 years of age at of age at transplant and younger than 26 years of age at follow-up.) Enter the weight of the recipient at the time of follow-up in the appropriate space, in pounds or kilograms. If the recipient's weight is unavailable, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#)) UNet will generate and display calculated percentiles based on the 2000 CDC growth charts. This is a required field.

**BMI (Body Mass Index):** For candidates less than 20 years of age at the time of follow-up, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts. This is a required field.

**Percentiles** are the most commonly used clinical indicator to assess the size and growth patterns of individual children in the United States. Percentiles rank the position of an individual by indicating what percent of the reference population the individual would equal or exceed (i.e. on the weight-for-age growth charts, a 5 year-old girl whose weight is at the 25th percentile, weighs the same or more than 25 percent of the reference population of 5-year-old girls, and weighs less than 75 percent of the 5-year-old girls in the reference population). For additional information about CDC growth charts, see <http://www.cdc.gov/>.

**Note:** Users who check the BMI percentiles against the CDC calculator may notice a discrepancy that is caused by the CDC calculator using 1 decimal place for height and weight and UNet<sup>sm</sup> using 4 decimal places for weight and 2 for height.

**Graft Status:** If the graft is functioning at the time of follow-up, select **Functioning**. If the graft is not functioning at the time of follow-up, 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**, provide the following information:

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

**Primary Cause of Failure:** Select the cause of graft failure. If **Other Specify** is selected, enter the cause of graft failure in the space provided. ([Adult Primary Cause of Failures codes](#)) ([Pediatric Primary Cause of Failure codes](#))

**Recurrent Tumor**

**Acute Rejection**

**Chronic Rejection**

**Technical Problems**

**Infection**

**Lymphoproliferative Disease**

**Patient Noncompliance**

**GVHD** (Graft vs. Host Disease) (Pediatric recipients only)

**Ischemia/NEC** (Necrotizing Enterocolitis Like Syndrome) (Pediatric recipients only)

**Other Specify**

**Most Recent Serum Creatinine:** Enter the most recent lab value for the serum creatinine value in mg/dl taken closest to the time of follow-up. If the value is not available, select the status from the **ST** field (**N/A, Not Done, Missing, Unknown**) ([List of Status codes](#)). This is a required field.

**Diabetes onset during the follow-up period:** (Complete for recipients younger than 18 years of age at follow-up.) If the recipient developed diabetes during the follow-up period, select **Yes**. If not, select **No**. If unknown, select **UNK**. If **Yes** is selected, indicate whether the recipient was dependent on insulin. This is a required field.

**If yes, insulin dependent:** If the recipient is insulin dependent, select **Yes**. If not, select **No**. If unknown, select **UNK**.

**Posttransplant Malignancy:** If the recipient has been diagnosed with any malignant cancer since the last follow-up, select **Yes**. If not, select **No**. If unknown, select **UNK**. If **Yes** is selected, at least one of the fields listed below must be completed. A Post Transplant Malignancy record will generate when one or more of the fields listed below is selected. For additional information, see [Post Transplant Malignancy Record Fields](#). This is a required field.

**Donor Related:** If the malignancy is donor related, select **Yes**. If not, select **No**. If unknown, select **UNK**. If **Yes** is selected, the Donor Related section will be displayed on the Post Transplant Malignancy record. For additional information, see [Post Transplant Malignancy Record Fields - Donor Related](#).

**Recurrence of Pre-Tx tumor:** If a pre-transplant tumor has recurred, select **Yes**. If not, select **No**. If unknown, select **UNK**. If **Yes** is selected, the Recurrence of Pretransplant Malignancy section will be displayed on the Post Transplant Malignancy record. For additional information, see [Post Transplant Malignancy Record Fields - Recurrence of Pretransplant Malignancy](#).

**De Novo Solid Tumor:** If the cancer was a De Novo solid tumor, select **Yes**. If not, select **No**. If unknown, select **UNK**. If **Yes** is selected, the Post Transplant De Novo Solid Tumor section will be displayed on the Post Transplant Malignancy record. For additional information, see [Post Transplant Malignancy Record Fields - Post Transplant De Novo Solid Tumor](#).

**De Novo Lymphoproliferative disease and Lymphoma:** If the cancer was post transplant lymphoproliferative disease or lymphoma, select **Yes**. If not, select **No**. If unknown, select **UNK**. If **Yes** is selected, the Post Tx Lymphoproliferative Disease and Lymphoma section will be displayed on the Post Transplant Malignancy record. For additional information, see [Post Transplant Malignancy Record Fields - Post Tx Lymphoproliferative Disease and Lymphoma](#).

**Note:** Please report each type of malignancy only once in the follow-up process.

**Note:** When a patient has a tumor during one follow-up period and the tumor continues into the next follow-up period without going away, the tumor should only be reported on that first follow-up record and not reported on the next follow-up record. The tumor should be reported on subsequent follow-up records **ONLY** if the tumor goes away and then returns in the next follow-up period.