Kidney Transplant Candidate Registration (TCR) Record Field Descriptions

The Transplant Candidate Registration (TCR) record is generated when a candidate for transplant is added to the OPTN/UNOS waiting list. A TCR will also be generated in the case of a living donor transplant, where the candidate was not added to the Waitlist℠, and was added through the living donor feedback process.

If the candidate is already on the waiting list for a transplant, another TCR record will not be generated unless listed by a different center or for another organ type.

The TCR 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℠ Help Desk at 1-800-978-4334.

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.

Candidate Information

Organ Registered: Verify the organ(s) displayed is/are the organ(s) listed for this candidate. If the candidate is listed for more than one type of transplant, both organs should be displayed. Separate records exist for certain multi-organ transplant candidates (e.g. Heart/Lung and Kidney/Pancreas).

Date of Listing or Add: The date the candidate was listed or added in Waitlist will display.

Name: The waitlisted candidate's last name, first name and middle initial will be displayed. If it is incorrect, corrections must be completed on the active waitlist. For a candidate who has been removed from the waitlist, the **Last Name**, **First Name** and **MI** fields will display. Corrections may be made directly in the record.

Previous Surname: If the candidate had a previous surname that is different from the Name entered, enter the previous surname.

SSN: Verify the candidate's social security number. If the information is incorrect and the candidate is waitlisted, contact the UNOS Organ Center at 1-800-292-9537.

Gender: Verify candidate's gender. If the gender is not displayed or is incorrect and the candidate is on the active waitlist, correction must be completed on the active waitlist record. If the candidate has been removed from the active waitlist, corrections may be made directly in the record.

HIC: Enter the 9 to 11 character Health Insurance Claim number for the candidate. If the candidate does not have a HIC number, you may leave this field blank.

DOB: Verify the displayed date is the candidate's date of birth. If the information is incorrect, correction must be completed on the active waitlist. If the candidate has been removed, reenter the correct date using the 8-digit numeric format of MM/DD/YYYY. Corrections may be made directly in the record.

State of Permanent Residence: Select the name of the state of the candidate's permanent address. (List of State codes)

Permanent Zip Code: Enter the candidate's permanent zip code.

Is Patient waiting in permanent ZIP code: If the candidate is waiting in the permanent zip code, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

Ethnicity/Race: Select all origins that indicate the candidate's ethnicity/race. ([List of Ethnicity/Race Codes](#))

> **American Indian or Alaska Native:** Select for candidates who are of North, South, or Central American descent (e.g. **American Indian**, **Eskimo**, **Aleutian**, **Alaska Indian**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **American Indian or Alaska Native: Other**. If unknown, select **American Indian or Alaska Native: Not Specified/Unknown**.

> **Asian:** Select for candidates who are of Asian descent (e.g. **Asian Indian/Indian Sub-Continent**, **Chinese**, **Filipino**, **Japanese**, **Korean**, **Vietnamese**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Asian: Other**. If unknown, select **Asian: Not Specified/Unknown**.

> **Black or African American:** Select for candidates of African descent (e.g. **African American**, **African (Continental)**, **West Indian**, **Haitian**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Black or African American: Other**. If unknown, select **Black or African American: Not Specified/Unknown**.

> **Hispanic/Latino:** Select for candidates who are of Central or South American descent (e.g. **Mexican, Puerto Rican (Mainland)**, **Puerto Rican (Island)**, **Cuban**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Hispanic/Latino: Other**. If unknown, select **Hispanic/Latino: Not Specified/Unknown**.

> **Native Hawaiian or Other Pacific Islander:** Select for candidates who are descendents of the **Native Hawaiian**, **Guamanian or Chamorro**, or **Samoan** peoples. If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Native Hawaiian or Other Pacific Islander: Other**. If unknown, select **Native Hawaiian or Other Pacific Islander: Not Specified/Unknown**.

> **White:** Select for candidates who are of **European Descent**, **Arab or Middle Eastern** or **North African (non-Black)**. If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **White: Other**. If unknown, select **White: Not Specified/Unknown**.

Citizenship: Select as appropriate to indicate the candidate's citizenship. ([List of Citizenship codes](#))

> **U.S. Citizen:** Select if the candidate is a U.S. Citizen by birth or naturalization.

> **Resident Alien:** Select if the candidate is a non-U.S. citizen currently residing in the United States (e.g., Permanent Resident, Conditional Resident, Returning Resident). A <u>Permanent Resident</u> is an individual residing in the U.S. under legally recognized and lawfully recorded residence as an immigrant. A <u>Conditional Resident</u> is any alien granted permanent resident status on a conditional basis (e.g., a spouse of a U.S. Citizen; an immigrant investor), who is required to petition for the removal of the set conditions before the second anniversary of the approval of the conditional status. A <u>Returning Resident</u> is any lawful permanent resident who has been outside the United States and is returning to the U.S., also defined as a "special immigrant".

> **Non-Resident Alien/Year entered U.S.:** If the candidate is a Non-Resident Alien (Nonimmigrant), enter the year the candidate entered the United States. A Nonimmigrant is an alien who seeks temporary entry to the United States for a specific purpose. The alien must have a permanent residence abroad and qualify for the nonimmigrant classification sought. The nonimmigrant classifications include: foreign government officials, visitors for business and for pleasure, aliens in transit through the U.S., treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiance(e)s of U.S. citizens, intracompany transferees, NATO officials, religious workers, and some others. Most non-immigrants can be accompanied or joined by spouses and unmarried minor (or dependent) children.

>> *Note:* Permanent residence begins on the date the candidate was granted permanent resident status. This date is on the candidate's Permanent Resident Card (formerly known as

Alien Registration Card). To view a sample card, go to http://www.greencard-us.org/images/greencard.gif.

Highest Education Level: Select the choice which best describes the living donor's highest level of education. (List of Education codes)

> **None**
> **Grade School (0-8)**
> **High School (9-12) or GED**
> **Attended College/Technical School**
> **Associate/Bachelor Degree**
> **Post-College Graduate Degree**
> **N/A (< 5 Yrs Old)**
> **Unknown**

Medical Condition at time of listing: Select the choice that best describes the candidate's medical condition at the time of listing. (This field is optional.) (List of Medical Condition codes)

> **In Intensive Care Unit**
> **Hospitalized Not in ICU**
> **Not Hospitalized**

Functional Status: Select the choice that best describes the candidate's functional status. (List of Functional Status codes)

> *Note:* The Karnofsky Index will display for adults aged 18 and older.

>> 10% - Moribund, fatal processes progressing rapidly
>> 20% - Very sick, hospitalization necessary: active treatment necessary
>> 30% - Severely disabled: hospitalization is indicated, death not imminent
>> 40% - Disabled: requires special care and assistance
>> 50% - Requires considerable assistance and frequent medical care
>> 60% - Requires occasional assistance but is able to care for needs
>> 70% - Cares for self: unable to carry on normal activity or active work
>> 80% - Normal activity with effort: some symptoms of disease
>> 90% - Able to carry on normal activity: minor symptoms of disease
>> 100% - Normal, no complaints, no evidence of disease
>> Unknown

> *Note:* The Lansky Scale will display for pediatrics aged 1 to 17.

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

Physical Capacity: (Complete for candidates older than 18 years of age.) Select the choice that best describes the candidate's physical capacity at the time of listing. If the candidate's **Medical Condition**

indicates they are hospitalized, select **Not Applicable (hospitalized)**. (This field is optional for **adult** candidates.) ([List of Physical Capacity codes](#))

> **No Limitations**
> **Limited Mobility**
> **Wheelchair bound or more limited**
> **Not Applicable (<1 year old or hospitalized)**
> **Unknown**

>> **Physical Capacity** is the ability to perform bodily activities such as walking, dressing, bathing, grooming, etc.

Cognitive Development: (Complete for candidates 18 years of age or younger.) Select the choice that best describes the candidate's cognitive development at the time of listing. ([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 candidates 18 years of age or younger.) Select the choice that best describes the candidate's motor development at the time of listing. ([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**

Working for income: (Complete for candidates 19 years of age or older.) If the candidate is working for income, select **Yes**. If not, select **No**. If unknown, select **UNK**.

> **If No, Not Working Due To:** If **No** is selected, indicate the reason why the candidate is not working at the time of listing. (This field is optional for **adult** candidates only.) ([List of Not Work Reason codes](#))

>> **Disability** - A physical or mental impairment that interferes with or prevents a candidate from working (e.g. arthritis, mental retardation, cerebral palsy, etc).

>> **Demands of Treatment -** An urgent medical treatment that prevents a candidate from working (e.g. dialysis).

>> **Insurance Conflict -** Any differences between a candidate and insurance company that prevents them from working.

>> **Inability to Find Work -** The lack of one's ability to find work (e.g. lack of transportation, work experience, over qualification, unavailable work, etc.).

Patient Choice - Homemaker - A candidate who chooses to manage their own household, instead of performing work for pay.

Patient Choice - Student Full Time/Part Time - A candidate who is enrolled and/or participating in college.

Patient Choice - Retired - A candidate who no longer has an active working life such as an occupation, business or office job.

Patient Choice - Other - Any reason not listed above that would prevent a candidate from working.

Not Applicable - Hospitalized - Select only if the patient's Medical Condition indicates they are in the hospital.

Unknown

If Yes: If **Yes** is selected, indicate the candidate's working status. (This field is optional for **adult** candidates only.) ([List of Working codes](#))

Working Full Time
Working Part Time due to Demands of Treatment
Working Part Time due to Disability
Working Part Time due to Insurance Conflict
Working Part Time due to Inability to Find Full Time Work
Working Part Time due to Patient Choice
Working Part Time Reason Unknown
Working, Part Time vs. Full Time Unknown

Academic Progress: (Complete for recipients less than 19 years of age.) Select the choice that best describes the candidate's academic progress at the time of listing. If the candidate is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED**. ([List of Academic Progress codes](#))

Within One Grade Level of Peers
Delayed Grade Level
Special Education
Not Applicable <5 years old/High School graduate or GED
Status Unknown

Academic Activity Level: (Complete for recipients less than 19 years of age.) Select the choice that best describes the candidate's academic activity level at the time of listing. If the candidate is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED**. ([List of Academic Activity Level codes](#))

Full academic load
Reduced academic load
Unable to participate in academics due to disease or condition
Unable to participate regularly in academics due to dialysis
Not Applicable <5 years old/High School graduate or GED

Previous Transplants: The three most recent transplant(s), indicated on the candidate's validated Transplant Recipient Registration (TRR) record(s), will display. Verify all previous transplants listed by organ type, transplant date and graft failure date.

Note: The three most recent transplants on record for this candidate will be displayed for verification. If there are any prior transplants that are not listed here, contact the UNet Help Desk at 1-800-978-4334 or unethelpdesk@unos.org to determine if the transplant event is in the database.

Previous Pancreas Islet Infusion: If the candidate received a previous pancreas islet infusion, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional for **pediatric** candidates only.)

Source of Payment:

Primary: Select as appropriate to indicate the candidate's source of primary payment (largest contributor) for the transplant. If the source of payment is not yet determined, select **Pending**. (List of Primary Insurance codes)

Private insurance refers to funds from agencies such as Blue Cross/Blue Shield, etc. It also refers to any worker's compensation that is covered by a private insurer.

Public insurance - Medicaid refers to state Medicaid funds.

Public insurance - Medicare FFS (Fee-for-Service) refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate. For additional information about Medicare, see http://www.medicare.gov/Choices/Overview.asp.

Public insurance - Medicare & Choice (also known as Medicare Managed Care) refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate, along with additional benefits such as coordination of care or reducing-out-of-pocket expenses. Sometimes a candidate may receive additional benefits such as prescription drugs. For additional information about Medicare, see http://www.medicare.gov/Choices/Overview.asp.

Public insurance - CHIP (Children's Health Insurance Program)

Public insurance - Department of VA refers to funds from the Veterans Administration.

Public insurance - Other government refers to funds from another government agency.

Self indicates that the candidate will pay for the cost of transplant.

Donation indicates that a company, institution, or individual(s) donated funds to pay for the transplant and care of the candidate.

Free Care indicates that the transplant hospital will not charge candidate for the costs of the transplant operation.

Pending is used if the source of payment is not yet determined (Primary only).

Foreign Government, Specify refers to funds provided by a foreign government (Primary only) Specify the foreign country in the space provided. (List of Foreign Country codes)

Secondary: Select as appropriate to indicate the candidate's source of secondary payment. (This field is optional.) (List of Secondary Insurance codes)

Private insurance refers to funds from agencies such as Blue Cross/Blue Shield, etc. It also refers to any worker's compensation that is covered by a private insurer.

Public insurance - Medicaid refers to state Medicaid funds.

Public insurance - Medicare FFS (Fee-for-Service) refers to funds from the government in which doctors and other health care providers that are paid for each service provided to a candidate. For additional information about Medicare, see http://www.medicare.gov/Choices/Overview.asp.

Public insurance - Medicare & Choice (also known as Medicare Managed Care) refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate, along with additional benefits such as coordination of care or reducing-out-of-pocket expenses. Sometimes a candidate may receive additional benefits such as prescription drugs. For additional information about Medicare, see http://www.medicare.gov/Choices/Overview.asp.

Public insurance - CHIP (Children's Health Insurance Program)

Public insurance - Other government refers to funds from another government agency.

Self indicates that the candidate will pay for the cost of transplant.

Donation indicates that a company, institution, or individual(s) donated funds to pay for the transplant and care of the candidate.

Free Care indicates that the transplant hospital will not charge candidate for the costs of the transplant operation.

None - Select if the candidate does not have a secondary source of payment.

Clinical Information: At Listing

Date of Measurement: (Complete for candidates 18 years of age or younger.) Enter the date, using the 8-digit format of MM/DD/YYYY, the candidate's height and weight were measured.

Height: Enter the height of the candidate at the time of listing in the appropriate space, in feet and inches or centimeters. If the candidate's height is unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**). (List of Status codes) For candidates 18 years old or younger at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

Weight: Enter the weight of the candidate at the time of listing in the appropriate space, in pounds or kilograms. If the candidate's weight is unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**). (List of Status codes) For candidates 18 years old or younger at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

BMI (Body Mass Index): The candidate's BMI will display. For candidates less than 20 years of age at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

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^{sm} using 4 decimal places for weight and 2 for height.

Is Growth Hormone Therapy Used at the time of listing: (Complete for candidates 18 years of age or younger.) If the candidate is undergoing growth hormone therapy at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**.

ABO Blood Group: The candidate's blood type will be displayed. If the blood type is incorrect, correction must be completed on the active waitlist. If the candidate has been removed from the active waitlist, you may select the candidate's correct blood type directly in the record. (List of ABO Blood Type codes)

A
A1
A1B
A2
A2B
AB
B
O
Z (In Utero Only)

Primary Diagnosis: Select the primary diagnosis **for the disease requiring a transplant** at the time of listing for this candidate. If the candidate has had a previous transplant for the same organ type, use **Retransplant/Graft Failure** as the primary diagnosis for that organ. If an **Other** code is selected, use the blank provided to specify the **Other** diagnosis. (List of Kidney Diagnosis codes)

General Medical Factors: For each of the medical factors listed, select the appropriate responses to indicate if the candidate has a history of the factor prior to listing.

Diabetes: If the candidate does not have a history of diabetes, select **No**. If the candidate has diabetes, select **Type I** or **Type II**. If the candidate has any type of induced diabetes, select **Type Other**. If the candidate has a history of diabetes but the type is unknown, select **Type Unknown**. If this information is unknown, select **Diabetes Status Unknown**. (List of Diabetes codes)

No
Type I is defined as a disease in which the body does not produce any insulin, most often occurring in children and young adults. People with Type 1 diabetes must take daily insulin injections to stay alive. Type 1 diabetes accounts for 5 to 10 percent of diabetes.
Type II is defined as a metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. It is the most common form of the disease. Type 2 Diabetes accounts for 90 to 95 percent of diabetes.
Type Other
Type Unknown
Diabetes Status Unknown

Dialysis: If the candidate does not have a history of dialysis, select **No**. If the candidate has a history of dialysis, select the type of dialysis. If the candidate has a history of dialysis, but the type is not known, select **Dialysis - Unknown Type was performed**. If this information is not known, select **Dialysis Status Unknown**. (This field is optional for **adult** candidates.) (List of Dialysis codes)

No Dialysis
Hemodialysis
Peritoneal Dialysis
Dialysis - Unknown Type was performed
Dialysis Status Unknown

Peptic Ulcer: If the candidate does not have a history of peptic ulcer, select **No**. If the candidate has a history, select **Yes**. If this information is not known, select **Unknown**. (This field is optional.) (List of Peptic Ulcer codes)

No
Yes, active within the last year
Yes, not active within the last year
Unknown

Angina: If the candidate does not have a history of angina, select **No angina**. If the candidate has a history of angina at the time of listing, select the appropriate **Stable** or **Unstable** choice. If this information is not known, select **Unknown if angina present**. (This field is optional.) (List of Angina codes)

No
Yes, and documented Coronary Artery Disease
Yes, with no documented Coronary Artery Disease
Yes, but Coronary Artery Disease unknown
Status Unknown

Drug Treated Systemic Hypertension: If the candidate is being treated or has a history of being treated with any medication for the purpose of lowering blood pressure at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

Symptomatic Cerebrovascular Disease: If the candidate is experiencing or has a history of signs and symptoms of transient ischemic attacks or stroke at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

Symptomatic Peripheral Vascular Disease: If the candidate is experiencing or has a history of intermittent claudication, diminished peripheral pulses or other signs and symptoms of peripheral vascular disease at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional for **pediatric** candidates only.)

Drug Treated COPD: If the candidate is currently or has a history of taking any medication to control signs and symptoms of COPD (Chronic Obstructive Pulmonary Disease) at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional for **pediatric** candidates only.)

Any previous malignancy: If the candidate has history of any previous malignant cancer prior to the time of listing, select **Yes**. If the candidate has not had a history of any previous malignant cancer prior to the time of listing, select **No**. If unknown, select **UNK**. If **Yes** is selected, select the type(s) of malignancy. If **Other, specify** is selected, indicate the type of tumor in the space provided. (List of Malignancy codes)

> **Skin Melanoma**
> **Skin Non-Melanoma**
> **CNS Tumor**
> **Genitourinary**
> **Breast**
> **Thyroid**
> **Tongue/Throat/Larynx**
> **Lung**
> **Leukemia/Lymphoma**
> **Liver**
> **Other, specify**

Most Recent Serum Creatinine: Enter the most recent serum creatinine value in mg/dl. If the value is unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**). (List of Status codes)

Total Serum Albumin: Enter the total serum albumin value in g/dl. If the value is unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**). (List of Status codes)

Kidney Medical Factors

Exhausted Vascular Access: If there are no remaining sites to obtain vascular access for hemodialysis at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**.

Exhausted Peritoneal Access: If the candidate has exhausted all peritoneal access sites at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**.

> *Note:* Causes of exhausted peritoneal access include membrane failure from infection or other causes, large number of peritoneal adhesions that a catheter can't be placed, dialysis fluid that doesn't have access to enough peritoneal surface area for effective dialysis, quality of the membrane/large size of the patient.

Age of Diabetes Onset: If diabetes is indicated in the *General Medical Factors* section, enter the age of diabetes onset in years in the space provided. If the value is unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

Bone Disease (check all that apply): (Complete for candidates 18 years of age or younger.)

> **Fracture in the past year:** If the candidate had any fractures in the past year, select **Yes**. If not, select **No**. If unknown, select **UNK**.

If **Yes** is selected, specify the location and number of fractures

> **Spine-compression, #**
> **Extremity, #**
> **Other, #**

AVN (avascular necrosis): If the candidate has AVN at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**.