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 – Appendix T and Records Generation - Appendix U**).

If the patient is lost to follow-up, follow the steps for **Reporting Lost to Follow-up** – See **Appendix V**

The TRF record must be completed within 30 days from the record generation date. See OPTN Policy 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.

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 (location of full-time residence, not follow-up center location). This field is **required**. (**List of State codes – See Appendix A**)

Permanent Zip Code: Enter the recipient's permanent zip code at the time of follow-up (location of full-time residence, not follow-up center location). This field is **required**.

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 field is **required**.

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 field is **required**.

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 – See Appendix M**)

> **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 – See Appendix M**)

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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 field is **required**.

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.

Graft Status #2: In cases of double lung transplants or heart/lung transplants, please record if the graft of the second organ transplanted is functioning at the time of follow-up, select **Functioning**. If the graft is not functioning, select **Failed**. This field is **required**.

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.

Graft Status #3: In cases of double lung transplants or heart/lung transplants, please record if the graft of the second organ transplanted is functioning at the time of follow-up, select **Functioning**. If the graft is not functioning, select **Failed**. This field is **required**.

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.

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

Primary Cause of Graft Failure: Select the cause of graft failure.

Primary Non-Function
Acute Rejection
Chronic Rejection/Atherosclerosis
Other, Specify

Viral Detection: The following fields will be required on 6-month and 1-year TRFs if the recipient received an organ from a donor that was classified as "CDC High Risk" on the DDR. For each of the tests listed, select the results from the drop-down lists (**Positive, Negative, Not Done, Unknown/Cannot Disclose**).

HIV Serology: Select the results from the drop-down list.

Positive
Negative
UKN/Cannot Disclose
Cannot Disclose
Not Done
Indeterminate
Pending

HIV NAT: Select the results from the drop-down list.

Positive
Negative
UKN/Cannot Disclose
Cannot Disclose
Not Done
Indeterminate
Pending

HbsAg: Select the results from the drop-down list.

Positive
Negative
UKN/Cannot Disclose
Cannot Disclose
Not Done
Indeterminate
Pending

HBV DNA: Select the results from the drop-down list.

Positive
Negative
UKN/Cannot Disclose
Cannot Disclose

Not Done
Indeterminate
Pending

HBV Core Antibody: Select the results from the drop-down list.

Positive
Negative
UKN/Cannot Disclose
Cannot Disclose
Not Done
Indeterminate
Pending

HCV Serology: Select the results from the drop-down list.

Positive
Negative
UKN/Cannot Disclose
Cannot Disclose
Not Done
Indeterminate
Pending

HCV NAT: Select the results from the drop-down list.

Positive
Negative
UKN/Cannot Disclose
Cannot Disclose
Not Done
Indeterminate
Pending

Titer Information: For **heart only recipients**, complete if the recipient received an incompatible blood type donor heart and death or graft failure is reported within 6 months of transplant:

Most Recent Anti-B Titer: Select the **Most Recent Anti-B Titer** value, **Not taken** or **Not available** if applicable. Enter the **Sample Date** in mm/dd/yyyy format. The date to be reported is the date when the candidate's blood was drawn.

Note: The **Sample Date** cannot be prior to the recipient's transplant date, cannot be after the graft failure or the death date and cannot be a future date.

Note: This field will only display if the recipient's ABO blood-type is A or O.

Most Recent Anti-A Titer: Select the **Most Recent Anti-A Titer** value, **Not taken** or **Not available** if applicable. Enter the **Sample Date** in mm/dd/yyyy format. The date to be reported is the date when the candidate's blood was drawn.

Note: The **Sample Date** cannot be prior to the recipient's transplant date, cannot be after the graft failure or the death date and cannot be a future date.

Note: This field will only display if the recipient's ABO blood-type is B or O.