

**TRF (6-Month) - Hea
Fields to be completed |**

Form Section	Field label
1-Recipient Information	Organ Type
1-Recipient Information	Follow up code
1-Recipient Information	Recipient First Name
1-Recipient Information	Recipient Last Name
1-Recipient Information	Recipient Middle Initial
1-Recipient Information	SSN
1-Recipient Information	HIC
1-Recipient Information	Previous Follow-Up
1-Recipient Information	Previous Px Stat Date
1-Recipient Information	Transplant Discharge Date
1-Recipient Information	DOB
1-Recipient Information	Gender
1-Recipient Information	Tx Date
1-Recipient Information	State of Permanent Residence
1-Recipient Information	Zip Code
2-Provider Information	Recipient Center Type
2-Provider Information	Recipient Center
2-Provider Information	Followup Center Code
2-Provider Information	Followup Center Type
3- Donor Information	UNOS Donor ID #
3- Donor Information	Donor Type
3 - Donor Information	OPO
4-Patient Status	Date: Last Seen, Retransplanted or Death
4-Patient Status	Patient Status
4-Patient Status	Primary Cause of Death
4-Patient Status	Primary Cause of Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Contributory Cause of Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Contributory Cause of Death//Specify
5-Clinical Information	HIV Serology
5-Clinical Information	HIV NAT
5-Clinical Information	HbsAg
5-Clinical Information	HBV DNA

5-Clinical Information	HBV Core Antibody
5-Clinical Information	HCV Serology
5-Clinical Information	HCV NAT
5-Clinical Information	Heart Graft Status
5-Clinical Information	Heart Date of Graft Failure
5-Clinical Information	Heart Primary Cause of Graft Failure
5-Clinical Information	Heart Primary Cause of Graft Failure//Other, Specify

Public Burden Statement

**irt - Adult
by members**

Notes
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only Cascades from TCR
Display Only Cascades from TCR
Display Only Cascades from TCR
Display Only - Cascades from TCR
Display Only - Cascades from TCR
Display Only - Cascades from prior TRF
Display Only - Cascades from prior TRF
Display Only - Cascades from TCR
Display Only - Cascades from TCR
Display Only - Cascades from Database
Display Only - Cascades from TCR
Display Only - Cascades from TCR
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from feedback
Not required
Not required
Not required
Not required

TRF (6-Month) - Heart - Pediatric
Fields to be completed by member

Form Section	Field label
1-Recipient Information	Organ Type
1-Recipient Information	Follow up code
1-Recipient Information	Recipient First Name
1-Recipient Information	Recipient Last Name
1-Recipient Information	Recipient Middle Initial
1-Recipient Information	SSN
1-Recipient Information	HIC
1-Recipient Information	Previous Follow-Up
1-Recipient Information	Previous Px Stat Date
1-Recipient Information	Transplant Discharge Date
1-Recipient Information	DOB
1-Recipient Information	Gender
1-Recipient Information	Tx Date
1-Recipient Information	State of Permanent Residence
1-Recipient Information	Zip Code
2-Provider Information	Recipient Center Type
2-Provider Information	Recipient Center
2-Provider Information	Followup Center Code
2-Provider Information	Followup Center Type
3- Donor Information	UNOS Donor ID #
3- Donor Information	Donor Type
3 - Donor Information	OPO
4-Patient Status	Date: Last Seen, Retransplanted or Death
4-Patient Status	Patient Status
4-Patient Status	Primary Cause of Death
4-Patient Status	Primary Cause of Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Contributory Cause of Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Contributory Cause of Death//Specify
5-Clinical Information	HIV Serology
5-Clinical Information	HIV NAT
5-Clinical Information	HbsAg
5-Clinical Information	HBV DNA

5-Clinical Information	HBV Core Antibody
5-Clinical Information	HCV Serology
5-Clinical Information	HCV NAT
5-Clinical Information	Heart Graft Status
5-Clinical Information	Heart Date of Graft Failure
5-Clinical Information	Heart Primary Cause of Graft Failure
5-Clinical Information	Heart Primary Cause of Graft Failure//Other, Specify
5-Clinical Information	Most Recent Anti-A Titer
5-Clinical Information	Most Recent Anti-A Titer//Sample Date
5-Clinical Information	Most Recent Anti-B Titer
5-Clinical Information	Most Recent Anti-B Titer//Sample Date

Public Burden Statement

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Notes
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only Cascades from TCR
Display Only Cascades from TCR
Display Only Cascades from TCR
Display Only - Cascades from TCR
Display Only - Cascades from TCR
Display Only - Cascades from prior TRF
Display Only - Cascades from prior TRF
Display Only - Cascades from TCR
Display Only - Cascades from TCR
Display Only - Cascades from Database
Display Only - Cascades from TCR
Display Only - Cascades from TCR
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from feedback
Not required
Not required
Not required
Not required

