

TRR - Lung - Adult
Fields to be completed by memb

Form Section	Field Label
1-Recipient Information	Organ
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	DOB
1- Recipient Information	Gender
1- Recipient Information	Tx Date
1- Recipient Information	State of Permanent Residence
1- Recipient Information	Permanent Zip
2 - Provider Information	Recipient Center Code
2 - Provider Information	Recipient Center Type
2-Provider Information	Physician Name
2-Provider Information	Physician NPI#
2-Provider Information	Surgeon Name
2-Provider Information	Surgeon NPI#
3- Donor Information	UNOS Donor ID #
3- Donor Information	Donor Type
3 - Donor Information	OPO
4-Patient Status	Primary Diagnosis
4-Patient Status	Primary Diagnosis//Specify
4-Patient Status	Date: Last Seen, Retransplanted or Death
4-Patient Status	Patient Status
4-Patient Status	Primary Cause of Death
4-Patient Status	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
4-Patient Status	Date of Admission to Tx Center
4-Patient Status	Date of Discharge from Tx Center
4-Patient Status	Medical Condition at time of transplant
4-Patient Status	Patient on Life Support
4-Patient Status	Extra Corporeal Membrane Oxygenation
4-Patient Status	Intra Aortic Balloon Pump
4- Patient Statu	Other Mechanism
4- Patient Statu	Other Mechanism, Specify
4-Patient Status	Prostacyclin Infusion
4-Patient Status	Prostacyclin Inhalation
4 -Patient Status	Functional Status
4 -Patient Status	Working for income

4 -Patient Status	Primary Source of Payment
4 -Patient Status	Primary Source of Payment, Specify
5- Pretransplant	Height
5- Pretransplant	Height in Centimeters//Status
5- Pretransplant	Height Percentile//Growth Percentiles//%ile
5- Pretransplant	Weight
5- Pretransplant	Weight in Kilograms//Status
5- Pretransplant	Weight Percentile//Growth Percentiles//%ile
5- Pretransplant	BMI
5- Pretransplant	BMI://%ile
5- Pretransplant	Previous Transplant Organ
5- Pretransplant	Previous Transplant Date
5- Pretransplant	Previous Transplant Graft Fail Date
5- PreTransplant	HIV Serostatus
5- PreTransplant	NAT HIV
5- PreTransplant	CMV Status
6- PreTransplant	HBV Core Antibody
5- PreTransplant	HBV Surface Antibody Total
5- PreTransplant	HBV Surface Antigen
5- PreTransplant	NAT HBV
5- PreTransplant	HCV Serostatus
5- PreTransplant	NAT HCV
5- PreTransplant	EBV Serostatus
5-Pretransplant	PA (sys)mm/Hg
5-Pretransplant	PA (sys)mm/Hg//Status
5-Pretransplant	PA(sys)mm/Hg Inotropes/VASODilators
5-Pretransplant	PA(dia) mm/Hg
5-Pretransplant	PA(dia) mm/HG//Status
5-Pretransplant	PA (dia) mm/Hg Inotropes/Vasodilators
5-Pretransplant	PA(mean) mm/Hg
5-Pretransplant	PA(mean) mm/Hg//Status
5-Pretransplant	PA (mean) mm/Hg Inotropes/Vasodilators
5-Pretransplant	PCW(mean) mm/Hg
5-Pretransplant	PCW(mean) mm/Hg//Status
5-Pretransplant	PCW (mean) mm/Hg Inotropes/Vasodilators
5-Pretransplant	CO L/min
5-Pretransplant	CO L/min//Status
5-Pretransplant	CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators
5-Pretransplant	Most Recent Serum Creatinine
5-Pretransplant	Most Recent Serum Creatinine//Status
5-Pretransplant	Most Recent Total Bilirubin
5-Pretransplant	Most Recent Total Bilirubin//Status
5-Pretransplant	Chronic Steroid Use

5-Pretransplant	FVC
5-Pretransplant	FVC % predicted//Status
5-Pretransplant	FeV1
5-Pretransplant	FeV1 % predicted//Status
5-Pretransplant	pCO2
5-Pretransplant	pCO2 mm/Hg//Status
5-Pretransplant	Transfusions
5-Pretransplant	Infection Requiring IV Therapy within 2 wks prior to Tx
5-Pretransplant	Dialysis
5-Pretransplant	Prior Cardiac Surgery (non-transplant)
5-Pretransplant	If yes, check all that apply
5-Pretransplant	Prior Cardiac Surgery//Specify
5-Pretransplant	Prior Lung Surgery (non-transplant)
5-Pretransplant	If yes, check all that apply
5-Pretransplant	Prior Lung Surgery//Specify
5-Pretransplant	Episode of Ventilatory Support
5-Pretransplant	If yes, indicate most recent timeframe
5-Pretransplant	Tracheostomy
6-Transplant Procedure	Multiple Organ Recipient
6-Transplant Procedure	Were extra vessels used in the transplant procedure
6-Transplant Procedure	Procedure Type
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung//Status
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right lung
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right Lung//Status
6-Transplant Procedure	Lung(s) perfused prior to transplant?
6-Transplant Procedure	Perfusion occurred at:
6-Transplant Procedure	Perfusion performed by:
6-Transplant Procedure	Total time on perfusion
6-Transplant Procedure	Lung(s) received at transplant center
6-Transplant Procedure	On ice
6-Transplant Procedure	On pump

6-Transplant Procedure	Right Lung/Enbloc: Stayed on pump Put on ice Left Lung: Stayed on pump Put on ice
7- Post Transplant	Graft Status
7- Post Transplant	Date of Graft Failure
7- Post Transplant	Primary Cause of Graft Failure
7- Post Transplant	Primary Cause of Graft Failure// Other Specify
7 - PostTransplant	Stroke
7 - PostTransplant	Dialysis
7- Post Transplant	Ventilator Support
7- Post Transplant	Reintubated
7 - PostTransplant	Permanent Pacemaker
7 - PostTransplant	Airway Dehiscence
7- Post Transplant	Did patient have any acute rejection episodes between transplant and discharge
7- Post Transplant	Intubated at 72 hours
7- Post Transplant	PaO2 at 72 hours
7- Post Transplant	PaO2 at 72 hours//Status
7- Post Transplant	FiO2 at 72 hours
7- Post Transplant	FiO2 at 72 hours//Status
7- Post Transplant	ECMO a 72 hours
7- Post Transplant	Inhaled NO at 72 hours
9- Immunosuppression Other	Are any medications given currently for maintenance or anti-rejection
9- Immunosuppression Other	immunosuppression medication

9- Immunosuppression Other	immunosuppression medication indication
9- Immunosuppression Other	days of induction

Public Burden Statement

TRR - Lung - Pediatric
Fields to be completed by members

Field Label	Notes
Organ	Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Not required
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from feedback
State of Permanent Residence	
Permanent Zip	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Physician Name	
Physician NPI#	
Surgeon Name	
Surgeon NPI#	
UNOS Donor ID #	Display Only - Cascades from TCR
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Primary Diagnosis	
Primary Diagnosis//Specify	
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
Cause of Death//Specify	
Contributory Cause of Death	Not required
Contributory Cause of Death//Specify	Not required
Contributory Cause of Death	Not required
Contributory Cause of Death//Specify	Not required
Date of Admission to Tx Center	
Date of Discharge from Tx Center	
Medical Condition at time of transplant	
Patient on Life Support	
Extra Corporeal Membrane Oxygenation	
Prostaglandins	
Intravenous Inotropes	
Ventilator	
Inhaled NO	
Other Mechanism	
Other Mechanism, Specify	
Prostacyclin Infusion	

Prostacyclin Inhalation	
Life Support: VAD Brand1	
Life Support: VAD Brand1//Specify	
Life Support: VAD Brand2	
Life Support: VAD Brand2//Specify	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
Date of Measurement	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth Percentiles//%ile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
Previous Transplant Organ	Display Only - Cascades from Database
Previous Transplant Date	Display Only - Cascades from Database
Previous Transplant Graft Fail Date	Display Only - Cascades from Database
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
PA (sys)mm/Hg	
PA (sys)mm/Hg//Status	Value or status is reported, not both
PA(sys)mm/Hg Inotropes/VASODilators	
PA(dia) mm/Hg	
PA(dia) mm/HG//Status	Value or status is reported, not both
PA (dia) mm/Hg Inotropes/Vasodilators	
PA(mean) mm/Hg	
PA(mean) mm/Hg//Status	Value or status is reported, not both
PA (mean) mm/Hg Inotropes/Vasodilators	

PCW(mean) mm/Hg	
PCW(mean) mm/Hg//Status	Value or status is reported, not both
PCW (mean) mm/Hg Inotropes/Vasodilators	
CO L/min	
CO L/min//Status	Value or status is reported, not both
CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
Most Recent Total Bilirubin	
Most Recent Total Bilirubin//Status	Value or status is reported, not both
Chronic Steroid Use	
FVC	
FVC % predicted//Status	Value or status is reported, not both
FeV1	
FeV1 % predicted//Status	Value or status is reported, not both
pCO2	
pCO2 mm/Hg//Status	Value or status is reported, not both
Transfusions	
Infection Requiring IV Therapy within 2 wks prior to Tx	
Dialysis	
Episode of Ventilatory Support	
If yes, indicate most recent timeframe	
Tracheostomy	
Prior Thoracic Surgery other than prior transplant	
If yes, number of prior sternotomies	
If yes, number of prior thoracotomies	
Prior congenital cardiac surgery	
If yes, palliative surgery	
If yes, corrective surgery	
If yes, single ventricular physiology	
Most Recent Anti-A Titer	
Sample Date	

Most Recent Anti-B Titer	
Sample Date	
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Procedure Type	Display Only - Cascades from feedback
Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung	
Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung//Status	Value or status is reported, not both
Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right lung	
Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right Lung//Status	Value or status is reported, not both
Lung(s) perfused prior to transplant?	
Perfusion occurred at:	
Perfusion performed by:	
Total time on perfusion	
Lung(s) received at transplant center	
On ice	
On pump	
Right Lung/Enbloc: Stayed on pump Put on ice	
Left Lung: Stayed on pump Put on ice	
Graft Status	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure//Other Specify	

Stroke	
Dialysis	
Ventilator Support	
Reintubated	
Permanent Pacemaker	
Airway Dehiscence	
Did patient have any acute rejection episodes between transplant and discharge	
Intubated at 72 hours	
PaO2 at 72 hours	
PaO2 at 72 hours//Status	Value or status is reported, not both
FiO2 at 72 hours	
FiO2 at 72 hours//Status	Value or status is reported, not both
ECMO a 72 hours	
Inhaled NO at 72 hours	
Most Recent Anti-A Titer	
Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer//Sample Date	
Are any medications given currently for maintenance or anti-rejection	
immunosuppression medication	
immunosuppression medication indication	
days of induction	

Public Burden Statement