

TRR - Liver - Adults
Fields to be completed by membe

| 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 | Surgeon Name |
| 2 - Provider Information | 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 | Patient on Life Support |
| 4-Patient Status | Ventilator |
| 4-Patient Status | Artificial Liver |
| 4-Patient Status | Other Mechanism |
| 4-Patient Status | Other Mechanism, Specify |
| 4-Patient Status | Functional Status |
| 4-Patient Status | Working for income |
| 4-Patient Status | Primary Source of Payment |

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|------------------------|--|
| 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 Core Antibody |
| 5- PreTransplant | HBV Surface Antigen |
| 5- PreTransplant | NAT HBV |
| 5- PreTransplant | HCV Serostatus |
| 5- PreTransplant | NAT HCV |
| 5- PreTransplant | EBV Serostatus |
| 6- PreTransplant | Has the recipient ever had a diagnosis of HCC? |
| 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 | Split Type |
| 6-Transplant Procedure | Total Cold Ischemia Time (if pumped, include pump time) |
| 6-Transplant Procedure | Total Cold Ischemia Time (if pumped, include pump time)://Status |

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|----------------------------|--|
| 6-Transplant Procedure | Previous Abdominal Surgery |
| 6-Transplant Procedure | Portal Vein Thrombosis |
| 6-Transplant Procedure | Transjugular Intrahepatic Portacaval Stint Shunt |
| 7- Post Transplant | Pathology Conf. Liver Diag. of Hospital Discharge |
| 7- Post Transplant | If Other Pathology Conf. Liver Diag. of Hospital Discharge//Specify |
| 7- Post Transplant | Graft Status |
| 7- Post Transplant | Date of Graft Failure |
| 7- Post Transplant | Primary Non-Function |
| 7- Post Transplant | Hepatic Artery Thrombosis |
| 7- Post Transplant | Other Vascular Thrombosis |
| 7- Post Transplant | Hepatic outflow obstruction |
| 7- Post Transplant | Portal vein thrombosis |
| 7- Post Transplant | Diffuse Cholangiopathy |
| 7- Post Transplant | Hepatitis: DeNovo |
| 7- Post Transplant | Hepatitis: Recurrent |
| 7- Post Transplant | Recurrent Disease (non-Hepatitis) |
| 7- Post Transplant | Acute Rejection |
| 7- Post Transplant | Infection |
| 7- Post Transplant | Other, Specify |
| 7- Post Transplant | Did patient have any acute rejection episodes between transplant and discharge |
| 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 - Liver - Pediatrics
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 |
| Surgeon Name | |
| NPI# | |
| UNOS Donor ID # | Display Only - Cascades from feedback |
| 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 | |
| Ventilator | |
| Artificial Liver | |
| Other Mechanism | |
| Other Mechanism, Specify | |
| Functional Status | |
| Working for income | |

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|--|---------------------------------------|
| 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 Core Antibody | |
| HBV Surface Antigen | |
| NAT HBV | |
| HCV Serostatus | |
| NAT HCV | |
| EBV Serostatus | |
| Has the recipient ever had a diagnosis of HCC? | |

| | |
|--|---------------------------------------|
| 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 |
| Split Type | |
| Total Cold Ischemia Time (if pumped, include pump time) | |
| Total Cold Ischemia Time (if pumped, include pump time)::/Status | Value or status is reported, not both |
| Previous Abdominal Surgery | |
| Portal Vein Thrombosis | |
| Transjugular Intrahepatic Portacaval Stint Shunt | |
| Pathology Conf. Liver Diag. of Hospital Discharge | |
| If Other Pathology Conf. Liver Diag. of Hospital Discharge//Specify | |
| Graft Status | |
| Date of Graft Failure | |
| Primary Non-Function | |
| Hepatic Artery Thrombosis | |
| Other Vascular Thrombosis | |
| Hepatic outflow obstruction | |
| Portal vein thrombosis | |
| Diffuse Cholangiopathy | |
| Hepatitis: DeNovo | |
| Hepatitis: Recurrent | |
| Recurrent Disease (non-Hepatitis) | |
| Acute Rejection | |
| Infection | |
| Other, Specify | |
| Did patient have any acute rejection episodes between transplant and discharge | |
| Are any medications given currently for maintenance or anti-rejection | |
| immunosuppression medication | |
| immunosuppression medication indication | |
| days of induction | |

Public Burden Statement