

Fields to be completed by members

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	Secondary Diagnosis
4-Patient Status	Secondary 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	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
4-Patient Status	Primary Source of Payment, Specify

5- Pretransplant	Height
5- Pretransplant	Height in Centimeters//Status
5- Pretransplant	Percentiles//%ile
5- Pretransplant	Weight
5- Pretransplant	Weight in Kilograms//Status
5- Pretransplant	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
5- 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	Total Bilirubin
5-Pretransplant	Total Bilirubin//Status
5-Pretransplant	Serum Albumin
5-Pretransplant	Serum Albumin//Status
5-Pretransplant	Serum Creatinine
5-Pretransplant	Serum Creatinine//Status
6-Transplant Procedure	Multiple Organ Recipient
6-Transplant Procedure	Intestine Venous Drainage
6-Transplant Procedure	Native Viscera Venous Drainage
6-Transplant Procedure	Procedure Type
6-Transplant Procedure	Stomach
6-Transplant Procedure	Small Intestine
6-Transplant Procedure	Duodenum
6-Transplant Procedure	Large Intestine
6-Transplant Procedure	and anastomotic time)
6-Transplant Procedure	warm and anastomotic time)//Status
6-Transplant Procedure	Recent Septicemia
6-Transplant Procedure	Exhausted Vascular Access
6-Transplant Procedure	Previous Abdominal Surgery
6-Transplant Procedure	Dilated/Non-Functional Bowel Segments
6-Transplant Procedure	Other risk factors
7- Post Transplant	Graft Status
7- Post Transplant	TPN Dependent
7- Post Transplant	IV Dependent

7- Post Transplant	Oral Feeding
7- Post Transplant	Tube Feed
7- Post Transplant	Date of Graft Failure
7- Post Transplant	Primary Cause of Graft Failure
7- Post Transplant	Primary Cause of Graft Failure//Specify
7 - PostTransplant	episodes between transplant and discharge
10- Immunosuppression Other	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 - Intestine - 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
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	
Secondary Diagnosis	Not required
Secondary Diagnosis//Specify	Not required
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	Not required
Medical Condition at time of transplant	
Patient on Life Support	
Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, 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
Percentiles//%ile	Calculated for display only
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
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	
Total Bilirubin	
Total Bilirubin//Status	Value or status is reported, not both
Serum Albumin	
Serum Albumin//Status	Value or status is reported, not both
Serum Creatinine	
Serum Creatinine//Status	Value or status is reported, not both
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Intestine Venous Drainage	
Native Viscera Venous Drainage	
Procedure Type	Display Only - Cascades from feedback
Stomach	
Small Intestine	
Duodenum	
Large Intestine	
and anastomotic time)	
warm and anastomotic time)//Status	Value or status is reported, not both
Recent Septicemia	
Exhausted Vascular Access	
Previous Abdominal Surgery	

Dilated/Non-Functional Bowel Segments	
Other risk factors	Not required
Graft Status	
TPN Dependent	
IV Dependent	
Oral Feeding	
Tube Feed	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure//Specify episodes between transplant and discharge	
maintenance or anti-rejection	
immunosuppression medication	
immunosuppression medication indication	
days of induction	

Public Burden Statement

