

TRF - Kidney - Adult
Fields to be completed by mem

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	DOB
1-Recipient Information	Gender
1-Recipient Information	Tx Date
1-Recipient Information	Previous Px Stat Date
1-Recipient Information	Transplant Discharge Date
1-Recipient Information	State of Permanent Residence
1-Recipient Information	Zip Code
2-Provider Information	Recipient Center
2-Provider Information	Recipient Center Type
2-Provider Information	Followup Center Code
2-Provider Information	Followup Center Type
2-Provider Information	Physician Name
2-Provider Information	NPI#
2-Provider Information	Follow-up Care Provided By
2-Provider Information	Follow-up Care Provided By//Specify
3- Donor Information	UNOS Donor ID #
3- Donor Information	Donor Type
3 - Donor Information	OPO
4-Patient Status at Time of Follow-Up	Date: Last Seen, Retransplanted or Death
4-Patient Status at Time of Follow-Up	Patient Status
4-Patient Status at Time of Follow-Up	Primary Cause of Death
4-Patient Status at Time of Follow-Up	Primary Cause of Death//Specify
4-Patient Status at Time of Follow-Up	Contributory Cause of Death
4-Patient Status at Time of Follow-Up	Contributory Cause of Death//Specify
4-Patient Status at Time of Follow-Up	Contributory Cause of Death
4-Patient Status at Time of Follow-Up	Contributory Cause of Death//Specify

4-Patient Status at Time of Follow-Up	Has the patient been hospitalized since the last patient status date
4-Patient Status at Time of Follow-Up	Disease Recurrence
4-Patient Status at Time of Follow-Up	Disease Recurrence
5-Clinical Information	Confirmed Biopsy from Previous Follow up
4-Patient Status at Time of Follow-Up	Functional Status
4-Patient Status at Time of Follow-Up	Working for income
4-Patient Status at Time of Follow-Up	Primary Insurance at Follow-up
4-Patient Status at Time of Follow-Up	Primary Source of Payment, 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	New diabetes onset between last follow-up to the current follow-up
5-Clinical Information	If yes, insulin dependent
5-Clinical Information	Graft Status
5-Clinical Information	If Functioning, Most Recent Serum Creatinine
5-Clinical Information	If Functioning, Most Recent Serum Creatinine//Status
5-Clinical Information	Date of Graft Failure:
5-Clinical Information	Primary Cause of Graft Failure:
5-Clinical Information	Primary Cause of Graft Failure//Other, Specify:
5-Clinical Information	Dialysis Since Last Follow-Up
5-Clinical Information	Date Maintenance Dialysis Resumed
5-Clinical Information	Did patient have any acute rejection episodes during the follow-up period
5-Clinical Information	CMV IgG
5-Clinical Information	CMV IgM

5-Clinical Information	Post Transplant Malignancy
5-Clinical Information	Donor Related
5-Clinical Information	Recurrence of Pre-Tx Tumor
5-Clinical Information	Post Tx De Novo Solid Tumor
5-Clinical Information	De Novo Lymphoproliferative disease and Lymphoma
7-Immunosuppressive Information	Were any medications given during the follow-up period for maintenance
7-Immunosuppressive Information	Previous Validated Maintenance Follow-Up Medications
7-Immunosuppressive Information	Immunosuppression medication
7-Immunosuppressive Information	Immunosuppression medication indication

Public Burden Statement

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Notes	Form Section
Display Only - Cascades from Database	1-Recipient Information
Display Only - Cascades from Database	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from prior TRF	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from Database	1-Recipient Information
Display Only - Cascades from prior TRF	1-Recipient Information
	1-Recipient Information
	1-Recipient Information
Display Only - Cascades from TCR	2-Provider Information
Display Only - Cascades from TCR	2-Provider Information
Display Only - Cascades from Database	2-Provider Information
Display Only - Cascades from Database	2-Provider Information
	2-Provider Information
	2-Provider Information
	2-Provider Information
Display Only - Cascades from Database	2-Provider Information
Display Only - Cascades from Database	3- Donor Information
Display Only - Cascades from feedback	3- Donor Information
	3- Donor Information
	4-Patient Status at Time of Follow-Up
	4-Patient Status at Time of Follow-Up
	4-Patient Status at Time of Follow-Up
	4-Patient Status at Time of Follow-Up
	4-Patient Status at Time of Follow-Up
Not required	4-Patient Status at Time of Follow-Up
Not required	4-Patient Status at Time of Follow-Up
Not required	4-Patient Status at Time of Follow-Up
Not required	4-Patient Status at Time of Follow-Up

Display Only - Cascades from Database

Display Only - Cascades from Database

Value or status is reported, not both

4-Patient Status at Time of Follow-Up

4-Patient Status at Time of Follow-Up

4-Patient Status at Time of Follow-Up

5-Clinical Information

4-Patient Status at Time of Follow-Up

4-Patient Status at Time of Follow-Up

4-Patient Status at Time of Follow-Up

4-Patient Status at Time of Follow-Up

4-Patient Status at Time of Follow-Up

4-Patient Status at Time of Follow-Up

4-Patient Status at Time of Follow-Up

4-Patient Status at Time of Follow-Up

5-Clinical Information

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Display Only - Cascades from Database

5-Clinical Information
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5-Clinical Information
7-Immunosuppressive Information
7-Immunosuppressive Information
7-Immunosuppressive Information
7-Immunosuppressive Information

TRF - Kidney - Pediatric
Fields to be completed by members

Field label	Notes
Organ Type	Display Only - Cascades from Database
Follow up code	Display Only - Cascades from Database
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Display Only - Cascades from TCR
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
Previous Follow-Up	Display Only - Cascades from prior TRF
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from Database
Previous Px Stat Date	Display Only - Cascades from prior TRF
Transplant Discharge Date	
State of Permanent Residence	
Zip Code	
Recipient Center	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Followup Center Code	Display Only - Cascades from Database
Followup Center Type	Display Only - Cascades from Database
Physician Name	
NPI#	
Follow-up Care Provided By	
Follow-up Care Provided By//Specify	
UNOS Donor ID #	Display Only - Cascades from Database
Donor Type	Display Only - Cascades from Database
OPO	Display Only - Cascades from feedback
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
Primary 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

Has the patient been hospitalized since the last patient status date	
Disease Recurrence	
Disease Recurrence	Display Only - Cascades from Database
Confirmed Biopsy from Previous Follow up	Display Only - Cascades from Database
Functional Status	
Cognitive Development	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Insurance at Follow-up	
Primary Source of Payment, Specify	
Date of Measurement	
Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI	Calculated for display only
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	
HCV NAT	

New diabetes onset between last follow-up to the current follow-up	
If yes, insulin dependent	
Graft Status	
Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
Dialysis Since Last Follow-Up	
Date Maintenance Dialysis Resumed	
Did patient have any acute rejection episodes during the follow-up period	
Is growth hormone therapy used during this followup period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
Post Tx De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Fracture in the past year (or since last follow-up)	
Specify Location and number of fractures	
Spine-compression fracture	
Specify Location and number of fractures	
Extremity	
Specify Location and number of fractures	
Other	
AVN (avascular necrosis)	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-Up Medications	Display Only - Cascades from Database
Immunosuppression medication	
Immunosuppression medication indication	

Public Burden Statement