TRF - Kidney - Adult
Fields to be completed by me

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
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
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	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

Public Burden Statement

mbers

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
	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
Display Only - Cascades from Database	3-Donor Information
Display Only - Cascades from Database	3-Donor Information
Display Only - Cascades from feedback	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
	4-Patient Status at Time of Follow-Up
Value or status is reported, not both	4-Patient Status at Time of Follow-Up
	5-Clinical Information
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	5-Clinical 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
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	
Functional Status	
Cognitive Development	
Motor Development	
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
Kidney Graft Status	
If Functioning, Most Recent Serum Creatinine	
If Functioning, Most Recent Serum Creatinine//Status	Value or status is reported, not both
Kidney Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
New diabetes onset between last follow-up to the current follow-up	
If yes, insulin dependent	
Coronary Artery Disease Since Last Follow Up	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
Post Tx De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	

Public Burden Statement