O.M.B. NO. 0915-0157 Expiration Date: XX/XX/201X 7 (6 Month - 5 Year) - Kidney. Fields to be completed by

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	By//Specify
3-Donor Information	UNOS Donor ID #
3-Donor Information	Donor Type
3-Donor Information	OPO
4-Patient Status	Death
4-Patient Status	Patient Status
4-Patient Status	If Retransplanted, choose organ(s)
4-Patient Status	Primary Cause of Death
4-Patient Status	Primary Cause of Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Death//Specify
- 1 ducin Status	1 0
4-Patient Status	Has the patient been hospitalized since the last patient status date
4-Patient Status	Functional Status
	10.10.2
4-Patient Status	Working for income
4-Patient Status	Primary Insurance at Follow-up

4-Patient Status	Primary Source of Payment, Specify
5-Clinical Information	Weight
5-Clinical Information	Weight//Status
5-Clinical Information	HIV Serology
5-Clinical Information	HIV NAT
5-Clinical Information	
5-Clinical Information	HbsAg HBV DNA
5-Clinical Information	HBV Core Antibody
5-Clinical Information	HCV Serology
5-Clinical Information	HCV NAT
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	Dialyrisa Sinera Less Diallers-Up
5-Clinical Information	Resumed
5-Clinical Information	Pancreas Graft Status
5-Clinical Information	Patient on insulin?
5-Clinical Information	Date insulin resumed
5-Clinical Information	Total insulin dosage units
5-Clinical Information	Total insulin dosage units//ST
5-Clinical Information	Insulin duration of use
5-Clinical Information	Insulin duration of use//ST
5-Clinical Information	Patient on oral medication to control blood sugar
5-Clinical Information	Date oral medications resumed
5-Clinical Information	Patient using diet to control blood sugar

5-Clinical Information	Pancreas Date of Failure
5-Clinical Information	C Dontido Valuo
5-Cillical Illiorniauon	C-Peptide Value
5-Clinical Information	C-Peptide Value://ST=
	1
5-Clinical Information	Hba1c (%)
5-Clinical Information	Plante 68 Diffstaty Causes of Graft
5-Clinical Information	Failure
5-Clinical Information	PRACIENS Graft/Vascular
5-Clinical Information	Thrombosis
5-Clinical Information	Pancreas Infection
5-Clinical Information	Pancreas Bleeding
5-Clinical Information	Anastomotic Leak
5-Clinical Information	Pancreas Rejection: Acute
5-Clinical Information	Pancreas Chronic Rejection
5-Clinical Information	Biopsy Proven Isletitis
5-Clinical Information	Pancreatitis
5-Clinical Information 5-Clinical Information	Patient Noncompliance
5-Cimical information	Other, Specify
5-Clinical Information	Conv. From Bladder to Enteric Drain Performed
5-Clinical Information	Enteric Drain Date
5-Cililical Information	
5-Clinical Information	Pancreas Transplant Complications (Not leading to graft failure)
5-Clinical Information	Pancreatitis
5-Clinical Information	Anastomotic Leak
5-Clinical Information	Abscess or Local Infection
	Did patient have any kidney acute
	rejection episodes during the
5-Clinical Information	follow-up period
	Did patient have any pancreas
	acute rejection episodes during the
5-Clinical Information	follow-up period:
5-Clinical Information	Post Transplant Malignancy
5-Clinical Information	Donor Related
5-Clinical Information	Recurrence of Pre-Tx Tumor
5.00 . 17.0	D. N. 6 21.5
5-Clinical Information	De Novo Solid Tumor
Clinical Inform	De Novo Lymphoproliferative
5-Clinical Information	disease and Lymphoma

5-Clinical 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	* *

Public Burden Statement

/Pancreas - Adult members

NT .
Notes
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from TCR
Display Only - Cascades from prior TRF
Display Only - Cascades from TCR
Display Only - Cascades from TCR
Display Only - Cascades from Database
Display Only - Cascades from prior TRF
Display Only - Cascades from TCR
Display Only - Cascades from TCR
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Display Only - Cascades from feedback
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Not required
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Not required

Value or status is reported, not both
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New field if pancreas graft status is functioning.
Modified label if graft status is failed
New field if pancreas graft status is functioning.
Modified label if graft status is failed
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Modified label if graft status is failed
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New field if pancreas graft status is functioning.
Modified label if graft status is failed
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New field if pancreas graft status is functioning.
Modified label if graft status is failed

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Value or status is reported, not both
Display Only - Cascades from Database
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Display Only - Cascades from Database	

O.M.B. NO. 0915-0157 Expiration Date: XX/XX/201X TRF (6 Month - 5 Year) - K Fields to be comp

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	By//Specify
3-Donor Information	UNOS Donor ID #
3-Donor Information	Donor Type
3-Donor Information	OPO
4-Patient Status	Death
4-Patient Status	Patient Status
4-Patient Status	If Retransplanted, choose organ(s)
4-Patient Status	Primary Cause of Death
4-Patient Status	Primary Cause of Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Death//Specify
4 P. d 0	Has the patient been hospitalized
4-Patient Status	since the last patient status date
4-Patient Status	Functional Status
4-Patient Status at Time of Follow- Up	Cognitive Development
4-Patient Status at Time of Follow- Up	Motor Development

4-Patient Status	Working for income
4-Patient Status	Academic Progress
4-Patient Status	Academic Activity Level
4-Patient Status	Primary Surrence Payallany-up
4-Patient Status	Specify
5-Clinical Information	Date of Measurement
5-Clinical Information	Height
5-Clinical Information	Height//Status
5-Clinical Information	Height Percentile
5-Clinical Information	Weight
5-Clinical Information	Weight//Status
5 Gillicai Illioilliation	Weight/Status
5-Clinical Information	Weight Percentile
Clinical Informati	DMI
5-Clinical Information	BMI
5-Clinical Information	BMI
5-Clinical Information	Graft Status
	If Functioning, Most Recent Serum
5-Clinical Information	Creatinine
	If Functioning, Most Recent Serum
5-Clinical Information	Creatinine://Status
5-Clinical Information	Date of Graft Failure:
5-Clinical Information	Primary Cause of Graft Failure:
	Primary Cause of Graft
5-Clinical Information	Failure//Other, Specify:
5-Clinical Information	Dialynia Sinera Les Diallers-Up
5-Clinical Information	Resumed
5-Clinical Information	Pancreas Graft Status
o dimicui imormutori	r unereus Grutt Status
5-Clinical Information	Patient on insulin?
5 Gillicai Illiolillation	ration on mount.
5-Clinical Information	Date insulin resumed
5 Similar miorination	Dute mount resumed
5-Clinical Information	Total insulin dosage units
5-Cillical Illioilliduoli	Total insulin dosage units
5-Clinical Information	Total inculin decage units//CT
J-CIIIICai IIIIOIIIIatiOii	Total insulin dosage units//ST
E Clinical Information	Inculin duration of use
5-Clinical Information	Insulin duration of use

5-Clinical Information	Insulin duration of use//ST
	Patient on oral medication to
5-Clinical Information	control blood sugar
5-Clinical Information	Date oral medications resumed
	Patient using diet to control blood
5-Clinical Information	sugar
5-Clinical Information	Pancreas Date of Failure
5-Clinical Information	C-Peptide Value
5-Clinical Information	C-Peptide Value://ST=
5-Clinical Information	Hba1c (%)
5-Clinical Information	Hba1c (%)//Status
	Pancreas Primary Causes of Graft
5-Clinical Information	Failure
5-Clinical Information	PRACIES Graft/Vascular
5-Clinical Information	Thrombosis
5-Clinical Information	Pancreas Infection
5-Clinical Information	Pancreas Bleeding
5-Clinical Information	Anastomotic Leak
5-Clinical Information	Pancreas Rejection: Acute
5-Clinical Information	Pancreas Chronic Rejection
5-Clinical Information	Biopsy Proven Isletitis
5-Clinical Information	Pancreatitis
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5-Clinical Information	Patient Noncompliance
5-Clinical Information	Other, Specify
5-Clinical Information	HIV Serology
5-Clinical Information	HIV NAT
5-Clinical Information	Hbs A g
5-Cillical illiolillation	HbsAg
5-Clinical Information	HBV DNA
5-Clinical Information	HBV Core Antibody
5-Clinical Information	HCV Serology
5-Clinical Information	HCV NAT
Simear morniation	Conv. From Bladder to Enteric
5-Clinical Information	Drain Performed
o omicar miorination	Diam I CHOIIICU
5-Clinical Information	Enteric Drain Date
5 Chineur miorinution	Literic Diam Date

5-Clinical Information	Pancreas Transplant Complications (Not leading to graft failure)
5-Clinical Information	Pancreatitis
5-Clinical Information	Anastomotic Leak
5-Clinical Information	Abscess or Local Infection
5-Chilleat information	
5-Clinical Information	Did patient have any kidney acute rejection episodes during the follow-up period
5-Clinical Information	Did patient have any pancreas acute rejection episodes during the follow-up period:
5-Clinical Information	Is growth hormone therapy used during this followup period
5-Clinical Information	Post Transplant Malignancy
5-Clinical Information	Donor Related
5-Clinical Information	Recurrence of Pre-Tx Tumor
5-Clinical Information	De Novo Solid Tumor
5-Clinical Information	De Novo Lymphoproliferative disease and Lymphoma
5-Clinical Information	Fracture in the past year (or since last follow-up)
5-Clinical Information	Specify Location and number of fractures
5-Clinical Information	Spine-compression fracture
5-Clinical Information	Specify Location and number of fractures
5-Clinical Information	Extremity
5-Clinical Information	Specify Location and number of fractures
5-Clinical Information	Other
5-Clinical Information	AVN (avascular necrosis) Were any medications given during
7-Immunosuppressive Information	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

Cidney/Pancreas - Pediatric leted by members

Display Only - Wassades from
DisplayOnly - Cascades from
Database
Display Only - Cascades from TCR
Display Only = Cascades from Trick
TRF
Display Only - Cascades from TCR
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Dस्मिक्ष्णि - Cascades from prior TRF
Display Only - Cascades from TCR
Display Only = Cascades from TCR
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Dasphas Only - Cascades from feedback
reedback
Not required
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Value or status is reported, not both
Calculated for display only
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Display Only - Cascades from
Database Calculated for display only
Calculated for display only
Value or status is reported, not both
New field if pancreas graft status is functioning. Modified label if graft status is failed
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Value or status is reported, not both
Display Only - Cascades from Database
Display Only - Cascades from Database