

Form Section
Recipient Information
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Provider Information
Provider Information
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Donor Information
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Patient Status
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Patient Status
Socio-Demographic Information
Socio-Demographic Information
Socio-Demographic Information
Socio-Demographic Information - Source of Payment
Socio-Demographic Information - Source of Payment



Clinical Information
Clinical Information - Causes of Graft Failure
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Clinical Information - Causes of Graft Failure
Clinical Information - Most Recent Lab Data
Clinical Information - Most Recent Lab Data
Clinical Information - Most Recent Lab Data
Clinical Information
Clinical Information
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Clinical Information
Clinical Information - Complications
Clinical Information - Complications
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Clinical Information
Clinical Information - Post-transplant Malignancy
Clinical Information - Post-transplant Malignancy - Donor Related
Clinical Information - Post-transplant Malignancy - Donor Related
Clinical Information - Post-transplant Malignancy
Clinical Information - Post-transplant Malignancy - Recurrence of Pretransplant Malignancy
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**TRF - VCA - Adult/Pediatric**  
**Fields to be completed by members**

Field Label	Notes
Recipient First Name	Display Only - Cascades from Removal Worksheet
Recipient Last Name	Display Only - Cascades from Removal Worksheet
Recipient Middle Initial	Display Only - Cascades from Removal Worksheet
DOB	Display Only - Cascades from Removal Worksheet
SSN	Display Only - Cascades from Removal Worksheet
Gender	Display Only - Cascades from Removal Worksheet
HIC	Display Only - Cascades from TRR
Transplant Date	Display Only - Cascades from Removal Worksheet
State of Permanent Residence	
Permanent zip code	
Treating Reconstructive Surgeon Name	
Treating Reconstructive Surgeon NPI#	
Treating Transplant Physician Name	
Treating Transplant Physician NPI#	
Follow-up Care Provided By:	
UNOS Donor ID #	Display Only - Cascades from Removal Worksheet
Donor Type	Display Only - Cascades from Removal Worksheet
OPO	Display Only - Cascades from Removal Worksheet
Date Last Seen, Retransplanted, or Death	
Patient Status	
Primary Cause of Death	
Primary Cause of Death - Other Specify	
Has patient been hospitalized since the Last Patient Status Date	
Number of Hospitalizations	
Working for income	
Working for income - If Yes, indicate the recipient's working status	
Working for income - If No, Not Working Due To	
Grant funding	
Institutional funding	

Primary Source of Payment	
Primary Source of Payment - Foreign Government, Specify	
Secondary Source of Payment	
Cognitive Development	
Motor Development	
Psychosocial consult performed	
Physical Functioning (PF) score	
Role-Physical (RP) score	
Bodily Pain (BP) score	
General Health (GH) score	
Vitality (VT) score	
Social Functioning (SF) score	
Role-Emotional (RE) score	
Mental Health (MH) score	
DASH Score	
Carroll Test Score - Left	
Carroll Test Score - Right	
Sensibility Test - Semmes Weinstein - Left	
Sensibility Test - Semmes Weinstein - Right	
Olfactory function restored	
2 point discrimination (mm)	
Can feel heat	
Can feel cold	
Oral competence	
Corneal protection	
Functional occlusion restored	
Decannulation (if the patient had a tracheostomy)	
Feeding Tube Removed (if the patient had a feeding tube to start with)	
Speaking rate	
Percent Intelligibility	
Height (inches)	
Weight (lbs)	
BMI (Body Mass Index)	Display Only - Calculated
Immunosuppression	
Rehabilitation	
Level of Activity	
Other	
Other - Other Specify	
Graft Status	

Date of Graft Failure	
Acute Rejection	
Acute Rejection - Banff score	
Acute Rejection - Visual skin changes	
Chronic Rejection	
Chronic Rejection - Visual skin changes	
Ischemia	
Sepsis / Infection	
Trauma	
Patient requested removal	
Non-compliance: immunosuppression	
Non-compliance: rehabilitation	
Non-compliance: level of activity	
Other	
Other - Other Specify	
Serum Creatinine (mg/dL)	
Hemoglobin A1c (%)	
Donor Specific Antibodies (DSA)	
Did patient have any acute rejection episodes during the follow-up period	
Did patient have any acute rejection episodes during the follow-up period - Number of episodes	
{For each episode} Date of acute rejection diagnosis	
{For each episode} Acute rejection was treated	
{For each episode} Visual skin changes	
{For each episode} Biopsy was done to confirm acute rejection	
{For each episode} Banff Score	
New onset diabetes	
Metabolic Complications	
Infectious Complications	
Other Complications	
Other Complications - Other Specify	
Post Transplant Malignancy	
Donor Related	
Diagnosis date:	
Tumor type	
Recurrence of Pre-Tx Tumor	
Date of recurrence	
Type of pre-existing tumor	



Type of pre-existing tumor - Other, Specify	
De Novo Solid Tumor	
Diagnosis date	
Tumor Types: Skin: //squamous cell:	
Tumor Types: Skin: //basal cell:	
Tumor Types: Skin: //melanoma:	
Tumor Types: //Kaposi's sarcoma: cutaneous:	
Tumor Types: //Kaposi's sarcoma: visceral:	
Tumor Types: //Brain:	
Tumor Types: Brain: //Other specify:	
Tumor Types: //Renal carcinoma - specify site(s):	
Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum:	
Tumor Types: //Carcinoma of the uterus:	
Tumor Types: //Ovarian:	
Tumor Types: //Testicular:	
Tumor Types: //Esophagus:	
Tumor Types: //Stomach:	
Tumor Types: //Small intestine:	
Tumor Types: //Pancreas:	
Tumor Types: //Larynx:	
Tumor Types: //Tongue, throat:	
Tumor Types: //Thyroid:	
Tumor Types: //Bladder:	

Tumor Types: //Breast:	
Tumor Types: //Prostate:	
Tumor Types: //Colo-rectal:	
Tumor Types: //Primary hepatic tumor:	
Tumor Types: //Metastatic liver tumor:	
Tumor Types: //Lung:	
Tumor Types://Leukemia:	
Tumor Types: //Sarcomas:	
Tumor Types: //Other cancers:	
Other Cancers: //Site(s):	
Tumor Types: //Primary unknown:	
De Novo Lymphoproliferative disease and Lymphoma	
PTLD: //Diagnosis date:	
PTLD: //Pathology:	
PTLD: Pathology: //Other Specify:	
Antiviral	
Antibiotic	
Antifungal	
Immunosuppression medications	
Immunosuppression medications - Other Specify	
Previous maintenance indication	
Current maintenance indication	
Anti-rejection indication	
Immunosuppression medications	
Immunosuppression medications - Other Specify	
Previous maintenance indication	
Current maintenance indication	
Anti-rejection indication	

## Public Burden Statement