

TCR - Lungs - Adult
Fields to be completed by memb

Form Section	Field Label
1-Provider Information	Transplant Center Code
1-Provider Information	Transplant Center Type://Recipient Center
2-Candidate Information	Organ Registered:
2-Candidate Information	Date of Listing or Add:
2-Candidate Information	Last Name:
2-Candidate Information	First Name:
2-Candidate Information	Middle Initial://MI:
2-Candidate Information	Previous Surname:
2-Candidate Information	SSN:
2-Candidate Information	Gender:
2-Candidate Information	HIC:
2-Candidate Information	Date of Birth://DOB:
2-Candidate Information	State of Permanent Residence:
2-Candidate Information	Permanent ZIP Code:
2-Candidate Information	Ethnicity/Race:
2-Candidate Information	Citizenship:
2-Candidate Information	Year of Entry to the U.S.
2-Candidate Information	Year of Entry to the U.S Status//ST=
2-Candidate Information	Country of Permanent Residence
2-Candidate Information	Highest Education Level:
3-Patient Status	Patient on Life Support:
3-Patient Status	Life Support://Extra Corporeal Membrane Oxygenation
3-Patient Status	Life Support://Intra Aortic Balloon Pump
3-Patient Status	Life Support://Ventilator
3-Patient Status	Life Support://Prostacyclin Infusion
3-Patient Status	Life Support://Prostacyclin Inhalation
3-Patient Status	Life Support://Inhaled NO
3-Patient Status	Life Support://Other Mechanism, Specify
3-Patient Status	Life Support:Other Mechanism//Specify:
3-Patient Status	Functional Status:
3-Patient Status	Working for income:
3-Patient Status	Previous Transplant//Organ

3-Patient Status	Previous Transplant//Date
3-Patient Status	Previous Transplant//Graft Fail Date
4-Source of Payment	Source of Payment//Primary:
4-Source of Payment	Foreign Government//Specify:
5-Clinical Information	Height in cm://Height:
5-Clinical Information	Height Status//ST=
5-Clinical Information	Height Growth percentiles//%ile
5-Clinical Information	Weight in kg://Weight:
5-Clinical Information	Weight Status//ST=
5-Clinical Information	Weight Growth percentiles//%ile
5-Clinical Information	BMI:
5-Clinical Information	BMI://%ile
5-Clinical Information	ABO Blood Group:
5-Clinical Information	Primary Diagnosis:
5-Clinical Information	Primary Diagnosis//Specify:
6-General Medical Factors	Diabetes:
6-General Medical Factors	Any previous Malignancy:
6-General Medical Factors	Any previous Malignancy//Specify Type:
6-General Medical Factors	Any previous Malignancy//Specify:
7 -Lung Medical Factors	Pan-Resistant Bacterial Lung Infection:
8-Heart/Lung Medical Factors	PA (sys) mm/Hg:
8-Heart/Lung Medical Factors	PA (sys) mm/Hg//ST=
8-Heart/Lung Medical Factors	PA (sys) mm/Hg Inotropes/Vasodilators
8 - Heart/Lung Medical Factors	PA (dia) mm/Hg:
8 - Heart/Lung Medical Factors	PA (dia) mm/Hg//ST=
8-Heart/Lung Medical Factors	PA (dia) mm/Hg Inotropes/Vasodilators
8-Heart/Lung Medical Factors	PA (mean) mm/Hg:
8-Heart/Lung Medical Factors	PA (mean) mm/Hg//ST=
8-Heart/Lung Medical Factors	PA (mean) mm/Hg Inotropes/Vasodilators
8 -Heart/Lung Medical Factors	PCW (mean) mm/Hg:
8 - Heart/Lung Medical Factors	PCW (mean) mm/Hg//ST=
8-Heart/Lung Medical Factors	PCW (mean) mm/Hg Inotropes/Vasodilators
8-Heart/Lung Medical Factors	CO L/min:
8-Heart/Lung Medical Factors	CO L/min//ST=

8-Heart/Lung Medical Factors	CO L/min Inotropes/Vasodilators
8-Heart/Lung Medical Factors	History of Cigarette Use:
8-Heart/Lung Medical Condition	Duration of Abstinence:
8-Heart/Lung Medical Condition	Prior Cardiac Surgery (non-transplant):
8-Heart/Lung Medical Condition	If yes, check all that apply:
8-Heart/Lung Medical Condition	Prior Cardiac Surgery type//Specify:

Public Burden Statement

TCR - Lung - Pediatric**Fields to be completed by members**

Field Label	Notes
Transplant Center Code	Display Only - Cascades from Waitlist
Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist
Organ Registered:	Display Only - Cascades from Waitlist
Date of Listing or Add:	Display Only - Cascades from Waitlist
Last Name:	Cascades from Waitlist
First Name:	Cascades from Waitlist
Middle Initial://MI:	Not required
Previous Surname:	Not required
SSN:	Display Only - Cascades from Waitlist
Gender:	Cascades from Waitlist
HIC:	Not required
Date of Birth://DOB:	Cascades from Waitlist
State of Permanent Residence:	Cascades from Waitlist
Permanent ZIP Code:	Cascades from Waitlist
Ethnicity/Race:	Cascades from Waitlist
Citizenship:	
Year of Entry to the U.S.	
Year of Entry to the U.S Status//ST=	
Country of Permanent Residence	
Highest Education Level:	
Patient on Life Support:	
Life Support://Extra Corporeal Membrane Oxygenation	
Life Support://Intra Aortic Balloon Pump	
Life Support://Ventilator	
Life Support://Prostacyclin Infusion	
Life Support://Prostacyclin Inhalation	
Life Support://Intravenous Inotropes	
Life Support://Inhaled NO	
Life Support://Other Mechanism, Specify	
Life Support:Other Mechanism//Specify:	
Functional Status:	
Cognitive Development:	

Motor Development:	
Academic Progress:	
Academic Activity Level:	
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
Source of Payment//Primary:	
Foreign Government//Specify:	
Date of Measurement:	
Height in cm://Height:	
Height Status//ST=	Value or status is reported, not both
Height Growth percentiles//%ile	Calculated for display only
Weight in kg://Weight:	
Weight Status//ST=	Value or status is reported, not both
Weight Growth percentiles//%ile	Calculated for display only
BMI:	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
ABO Blood Group:	Display Only - Cascades from Waitlist
Primary Diagnosis:	
Primary Diagnosis//Specify:	
Diabetes:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify:	
Total Serum Albumin:	
Total Serum Albumin//ST=	Value or status is reported, not both
Pan-Resistant Bacterial Lung Infection:	
PA (sys) mm/Hg:	
PA (sys) mm/Hg//ST=	Value or status is reported, not both
PA (sys) mm/Hg Inotropes/Vasodilators	
PA (dia) mm/Hg:	
PA (dia) mm/Hg//ST=	Value or status is reported, not both
PA (dia) mm/Hg Inotropes/Vasodilators	
PA (mean) mm/Hg:	

PA (mean) mm/Hg//ST=	Value or status is reported, not both
PA (mean) mm/Hg Inotropes/Vasodilators	
PCW (mean) mm/Hg:	
PCW (mean) mm/Hg//ST=	Value or status is reported, not both
PCW (mean) mm/Hg Inotropes/Vasodilators	
CO L/min:	
CO L/min//ST=	Value or status is reported, not both
CO L/min Inotropes/Vasodilators	
History of Cigarette Use:	
Duration of Abstinence:	
Prior Thoracic Surgery other than prior transplant:	
Prior Thoracic Surgery//If yes, number of prior sternotomies:	
Prior Thoracic Surgery//If yes, number of prior thoracotomies:	
Prior Thoracic Surgery//Prior congenital cardiac surgery:	
Prior congenital cardiac surgery//If yes, palliative surgery:	
Prior congenital cardiac surgery//If yes, corrective surgery:	
Prior congenital cardiac surgery//If yes, single ventricular physiology:	

Public Burden Statement