

**TRF (6 Month - 5 Year) - Liver - Adult
Fields to be completed by members**

| 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 | Date: Last Seen, Retransplanted or Death |
| 4-Patient Status | Patient Status |
| 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 | Contributory Cause of Death//Specify |
| 4-Patient Status | Contributory Cause of Death |
| 4-Patient Status | Contributory Cause of Death//Specify |
| 4-Patient Status | Has the patient been hospitalized since the last patient status date |
| 4-Patient Status | Functional Status |
| 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 | Pathology confirmed liver diagnosis at hospital discharge |
| 5-Clinical Information | Pathology confirmed liver diagnosis at hospital discharge |

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| 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 | Graft Status |
| 5-Clinical Information | Date of Failure |
| 5-Clinical Information | Primary Non-Function |
| 5-Clinical Information | Hepatic Artery Thrombosis |
| 5-Clinical Information | Other Vascular Thrombosis |
| 5-Clinical Information | Hepatic outflow obstruction |
| 5-Clinical Information | Portal vein thrombosis |
| 5-Clinical Information | Diffuse Cholangiopathy |
| 5-Clinical Information | Hepatitis: DeNovo |
| 5-Clinical Information | Hepatitis: Recurrent |
| 5-Clinical Information | Recurrent Disease (non-Hepatitis) |
| 5-Clinical Information | Acute Rejection |
| 5-Clinical Information | Infection |
| 5-Clinical Information | Other, Specify |
| 5-Clinical Information | Lab Date |
| 5-Clinical Information | Total Bilirubin |
| 5-Clinical Information | Total Bilirubin://Status |
| 5-Clinical Information | Most Recent Serum Creatinine |
| 5-Clinical Information | Most Recent Serum Creatinine://Status |
| 5-Clinical Information | New diabetes onset between last follow-up to the current follow-up |
| 5-Clinical Information | Insulin dependent |
| 5-Clinical Information | Did patient have any acute rejection episodes during the follow-up 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 |
| Information | for maintenance |
| Information | Previous Validated Maintenance Follow-Up Medications |
| Information | immunosuppression medication |
| Information | immunosuppression medication indication |

Public Burden Statement

| Notes |
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| Display Only - Cascades from Database |
| Display Only - Cascades from Database |
| Display Only - Cascades from TCR |
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| Display Only - Cascades from TCR |
| Display Only - Cascades from TCR |
| 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 |
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| Display Only - Cascades from Database |
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| Display Only - Cascades from Database |
| Display Only - Cascades from Database |
| Display Only - Cascades from feedback |
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| Form Section |
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| 3 - Donor Information |
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| 4-Patient Status |
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| 5-Clinical Information |
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| 5-Clinical Information |
| Information |
| 7-Immunosuppressive Information |
| 7-Immunosuppressive Information |
| 7-Immunosuppressive Information |

TRF (6 Month - 5 Year) - Liver - 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 | |
| Functional Status | |
| Cognitive Development | |
| Motor Development | |
| Working for income | |
| Academic Progress | |
| Academic Activity Level | |

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| 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://%ile | Calculated for display only |
| Pathology confirmed liver diagnosis at hospital discharge | |
| Pathology confirmed liver diagnosis at hospital discharge | |
| HIV Serology | |
| HIV NAT | |
| HbsAg | |
| HBV DNA | |
| HBV Core Antibody | |
| HCV Serology | |
| HCV NAT | |
| Graft Status | |
| Date of Failure | |
| Primary Non-Function | |
| Hepatic Artery Thrombosis | |
| Other Vascular Thrombosis | |
| Hepatic Outflow Obstruction | |
| Portal Vein Thrombosis | |
| Diffuse Cholangiopathy | |
| Hepatitis: DeNovo | |
| Hepatitis: Recurrent | |
| Recurrent Disease (non-Hepatitis) | |
| Acute Rejection | |
| Infection | |
| Other, Specify | |
| Lab Date | |
| Total Bilirubin | |
| Total Bilirubin://Status | |
| Most Recent Serum Creatinine | Value or status is reported, not both |
| Most Recent Serum Creatinine://Status | |
| to the current follow-up | Value or status is reported, not both |
| Insulin dependent | |
| episodes during the follow-up period | |

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| Post Transplant Malignancy | |
| Donor Related | |
| Recurrence of Pre-Tx Tumor | |
| De Novo Solid Tumor | |
| Lymphoma | |
| follow-up period for maintenance | |
| Previous Validated Maintenance Follow-Up Medications | |
| immunosuppression medication | Display Only - Cascades from Database |
| immunosuppression medication indication | |
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Public Burden Statement