## TCR - Kidney - 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	Functional Status:
3-Patient Status	
3-Patient Status	Working for income:
3-Patient Status	Previous Transplant//Organ
	Previous Transplant//Date
3-Patient Status	Previous Transplant//Graft Fail Date
3-Patient Status	Previous Pancreas Islet Infusion:
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	Symptomatic Peripheral Vascular Disease:

6-General Medical Factors	Any previous Malignancy:
6-General Medical Factors	Any previous Malignancy//Specify Type:
6-General Medical Factors	Any previous Malignancy//Specify:
6-General Medical Factors	Total Serum Albumin:
6-General Medical Factors	Total Serum Albumin//ST=
11-Kidney Medical Factors	Exhausted Vascular Access:
11-Kidney Medical Factors	Exhausted Peritoneal Access:
11-Kidney Medical Factors	Age of Diabetes Onset:
11-Kidney Medical Factors	Age of Diabetes Onset//ST=

**Public Burden Statement** 

Notes				
Display Only - Cascades from Waitlist				
Display Only - Cascades from Waitlist				
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Form Section
1-Provider Information
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2-Candidate Information
3-Patient Status
4-Source of Payment
4-Source of Payment
5-Clinical Information
5-Clinical Information
5-Clinical Information
5-Clinical Information(6)
5-Clinical Information

Value or status is reported, not	both
Value or status is reported, not	both

5-Clinical Information
5-Clinical Information
6-General Medical Factors
11-Kidney Medical Factors

11-Kidney Medical Factors

## XX/XX/201X

## TCR - Kidney - Pediatric Fields to be completed by members

Field Label	Notes	
Transplant Center Code	Display Only - Cascades from Waitlist	
Transplant Center Type://Recipient Center	1 0 0	
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:		
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	
listing:		
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
Exhausted Vascular Access:	
Exhausted Peritoneal Access:	
Age of Diabetes Onset:	
Age of Diabetes Onset//ST=	Value or status is reported, not both
follow-up):	
Specify Location and number of fractures//Spine-compression fracture:	
Spine-compression fracture//# of fractures:	
fractures//Extremity:	
Extremity//# of fractures:	
fractures//Other:	
Other//# of fractures:	
AVN (avascular necrosis):	

**Public Burden Statement**