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	ОРО
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-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 Specify 5-Clinical Information Weight/Status 5-Clinical Information HIV Serology 5-Clinical Information HIV NAT 5-Clinical Information HBV DNA 5-Clinical Information HBV DNA 5-Clinical Information HBV Core Antibody 5-Clinical Information HCV Serology 5-Clinical Information HCV Serology 5-Clinical Information HCV NAT 5-Clinical Information HCV NAT 5-Clinical Information Graft Status 5-Clinical Information Graft Status 5-Clinical Information Date of Graft Failure: 5-Clinical Information Date of Graft Failure: 5-Clinical Information Primary Cause of Graft Failure: 5-Clinical Information Patient on insulin? 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		Primary Source of Payment,
5-Clinical Information Weight//Status 5-Clinical Information HIV Serology 5-Clinical Information HBV DNA 5-Clinical Information HBV DNA 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 1 Functioning, Most Recent Serum 5-Clinical Information Creatinine 5-Clinical Information Date of Graft Failure: 5-Clinical Information Date of Graft Failure: 5-Clinical Information Primary Cause of Graft Failure: 5-Clinical Information Pailure//Other, Specify: 5-Clinical Information Resumed 5-Clinical Information Patient on insulin? 5-Clinical Information Date insulin resumed 5-Clinical Information Date insulin dosage units 5-Clinical Information Insulin duration of use 5-Clinical Information Insulin duration of use 5-Clinical Information Insulin duration of use 5-Clinical Information Insulin duration o		
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5-Clinical Information control blood sugar 5-Clinical Information Date oral medications resumed Patient using diet to control blood	5-Chinical Information	Insulin duration of use//51
5-Clinical Information control blood sugar 5-Clinical Information Date oral medications resumed Patient using diet to control blood		
5-Clinical Information Date oral medications resumed Patient using diet to control blood		
Patient using diet to control blood	5-Clinical Information	control blood sugar
Patient using diet to control blood		
Patient using diet to control blood		
	5-Clinical Information	Date oral medications resumed
5-Clinical Information sugar		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	Parteas MiniatysCauses of Graft
5-Clinical Information	Failure
5-Clinical Information	PRACIÉA's 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	Patient Noncompliance
5-Clinical Information	Other, Specify
5-Clinical Information	Conv. From Bladder to Enteric Drain Performed
5-Clinical Information	Enteric Drain 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
	Did patient have any kidney acute
5-Clinical Information	rejection episodes during the follow-up period
5-Chinear Information	
	Did patient have any pancreas
5-Clinical Information	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
	De Novo Lymphoproliferative
5-Clinical Information	disease and Lymphoma

	Were any medications given during
	the follow-up period for
5-Clinical Information	maintenance
	Previous Validated Maintenance
7-Immunosuppressive Information	Follow-Up Medications
7-Immunosuppressive Information	Immunosuppression medication
7-Immunosuppressive Information	11

Public Burden Statement

/Pancreas - Adult members

NI-t
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 Display Only - Cascades from Database Display Only - Cascades from Database

Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from feedback

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

Value or status is reported, not both

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

Value or status is reported, not both

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Display Only - Cascades from Database

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-Patient Status	Has the patient been hospitalized since the last patient status date
4-Patient Status	Functional Status
4-Patient Status at Time of Follow- Up	
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 bower parallow,-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-Clinical Information	Weight Percentile
5-Clinical Information	BMI
5-Clinical Information	BMI
5-Clinical Information	Graft Status
Clinical Information	If Functioning, Most Recent Serum
5-Clinical Information	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:
	Primary Cause of Graft
5-Clinical Information	Failure//Other, Specify:
5-Clinical Information	Dialynia Sitera Lee Diallors-Up
5-Clinical Information	Resumed
5-Clinical Information	Pancreas Graft Status
5-Clinical Information	Patient on insulin?
5-Clinical Information	Date insulin resumed
	m . 1 . 1
5-Clinical Information	Total insulin dosage units
E Clinical Information	Total ingulin decade write //CT
5-Clinical Information	Total insulin dosage units//ST
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
	Datiant using dist to control blood
5-Clinical Information	Patient using diet to control blood 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	PPREIÉAs 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	Patient Noncompliance
5-Clinical Information	Other, Specify
5-Clinical Information	
5-Clinical Information	HIV Serology HIV NAT
5-Chinical Information	
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
	Conv. From Bladder to Enteric
5-Clinical Information	Drain Performed
5-Clinical Information	Enteric Drain 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-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

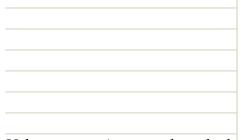
Kidney/Pancreas - Pediatric leted by members

Display Only - Mateades from Database Display Only - Cascades from TCR Display Only = Cascades from Fraf-TRF Display Only - Cascades from TCR Display Only - Cascades from TCR

Display Only - Cascades from TCR Display Only - Cascades from TCR Display Only - Cascades from Database

Display Only - Cascades from Databas Only - Cascades from Databas Only - Cascades from feedback

Not required Not required Not required Not required



Value or status is reported, not both Calculated for display only

Value or status is reported, not both

Calculated for display only

Display Only - Cascades from Database Calculated for display only

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