

**TRF (Post 5-Year) - Lung- Adult  
Fields to be completed by membe**

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 Type
2-Provider Information	Recipient Center
2-Provider Information	Followup Center Code
2-Provider Information	Followup Center Type
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
5-Clinical Information	Graft Status
5-Clinical Information	Date of Graft Failure
5-Clinical Information	Primary Cause of Graft Failure
5-Clinical Information	Primary Cause of Graft Failure// Other Specify
5-Clinical Information	Bronchiolitis Obliterans Syndrome
5-Clinical Information	Chronic Dialysis
5-Clinical Information	Renal Tx since Thoracic Tx
5-Clinical Information	Most Recent Serum Creatinine
5-Clinical Information	Most Recent Serum Creatinine//Status
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

**Public Burden Statement**




5-Clinical Information
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**TRF (Post 5-Year) - Lung - 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 Type	Display Only - Cascades from TCR
Recipient Center	Display Only - Cascades from TCR
Followup Center Code	Display Only - Cascades from Database
Followup Center Type	Display Only - Cascades from Database
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	
Functional Status	
Cognitive Development	
Motor Development	
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	Calculated for display only

Graft Status	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure// Other Specify	
Coronary Artery Disease Since Last Follow Up	
Bronchiolitis Obliterans Syndrome	
Chronic Dialysis	
Renal Tx since Thoracic Tx	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
New diabetes onset between last follow-up to the current follow-up	
Diabetes: If Yes, Insulin Dependent	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	

**Public Burden Statement**