

TRR - Liver - Adults
Fields to be completed by membe

Form Section	Field Label
1- Recipient Information	Organ
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	DOB
1- Recipient Information	Gender
1- Recipient Information	Tx Date
1- Recipient Information	State of Permanent Residence
1- Recipient Information	Permanent Zip
2 - Provider Information	Recipient Center Code
2 - Provider Information	Recipient Center Type
2 - Provider Information	Surgeon Name
2 - Provider Information	NPI#
3 - Donor Information	UNOS Donor ID #
3 - Donor Information	Donor Type
3 - Donor Information	OPO
4 - Patient Status	Primary Diagnosis
4 - Patient Status	Primary Diagnosis//Specify
4 - Patient Status	Date: Last Seen, Retransplanted or Death
4 - Patient Status	Patient Status
4 - Patient Status	Primary Cause of Death
4 - Patient Status	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	Date of Admission to Tx Center
4-Patient Status	Date of Discharge from Tx Center
4-Patient Status	Patient on Life Support
4-Patient Status	Ventilator
4-Patient Status	Artificial Liver
4-Patient Status	Other Mechanism
4-Patient Status	Other Mechanism, Specify
4-Patient Status	Functional Status
4-Patient Status	Working for income
4-Patient Status	Primary Source of Payment

4-Patient Status	Primary Source of Payment, Specify
5- Pretransplant	Height
5- Pretransplant	Height in Centimeters//Status
5- Pretransplant	Height Percentile//Growth Percentiles//%ile
5- Pretransplant	Weight
5- Pretransplant	Weight in Kilograms//Status
5- Pretransplant	Weight Percentile//Growth Percentiles//%ile
5- Pretransplant	BMI
5- Pretransplant	BMI://%ile
5- Pretransplant	Previous Transplant Organ
5- Pretransplant	Previous Transplant Date
5- Pretransplant	Previous Transplant Graft Fail Date
5- PreTransplant	HIV Serostatus
5- PreTransplant	NAT HIV
5- PreTransplant	CMV Status
6- PreTransplant	HBV Core Antibody
5- PreTransplant	HBV Surface Antibody Total
5- PreTransplant	HBV Core Antibody
5- PreTransplant	HBV Surface Antigen
5- PreTransplant	NAT HBV
5- PreTransplant	HCV Serostatus
5- PreTransplant	NAT HCV
5- PreTransplant	EBV Serostatus
6- PreTransplant	Has the recipient ever had a diagnosis of HCC?
6-Transplant Procedure	Multiple Organ Recipient
6-Transplant Procedure	Were extra vessels used in the transplant procedure
6-Transplant Procedure	Procedure Type
6-Transplant Procedure	Split Type
6-Transplant Procedure	Total Cold Ischemia Time (if pumped, include pump time)
6-Transplant Procedure	Total Cold Ischemia Time (if pumped, include pump time)://Status

6-Transplant Procedure	Previous Abdominal Surgery
6-Transplant Procedure	Portal Vein Thrombosis
6-Transplant Procedure	Transjugular Intrahepatic Portacaval Stint Shunt
7- Post Transplant	Pathology Conf. Liver Diag. of Hospital Discharge
7- Post Transplant	If Other Pathology Conf. Liver Diag. of Hospital Discharge//Specify
7- Post Transplant	Graft Status
7- Post Transplant	Date of Graft Failure
7- Post Transplant	Primary Non-Function
7- Post Transplant	Hepatic Artery Thrombosis
7- Post Transplant	Other Vascular Thrombosis
7- Post Transplant	Hepatic outflow obstruction
7- Post Transplant	Portal vein thrombosis
7- Post Transplant	Diffuse Cholangiopathy
7- Post Transplant	Hepatitis: DeNovo
7- Post Transplant	Hepatitis: Recurrent
7- Post Transplant	Recurrent Disease (non-Hepatitis)
7- Post Transplant	Acute Rejection
7- Post Transplant	Infection
7- Post Transplant	Other, Specify
7- Post Transplant	Did patient have any acute rejection episodes between transplant and discharge
9- Immunosuppression Other	Are any medications given currently for maintenance or anti-rejection
9- Immunosuppression Other	immunosuppression medication
9- Immunosuppression Other	immunosuppression medication indication
9- Immunosuppression Other	days of induction

Public Burden Statement

TRR - Liver - Pediatrics
Fields to be completed by members

Field Label	Notes
Organ	Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Not required
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from feedback
State of Permanent Residence	
Permanent Zip	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Surgeon Name	
NPI#	
UNOS Donor ID #	Display Only - Cascades from feedback
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Primary Diagnosis	
Primary Diagnosis//Specify	
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
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
Date of Admission to Tx Center	
Date of Discharge from Tx Center	
Medical Condition at time of transplant	
Patient on Life Support	
Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, Specify	
Functional Status	
Working for income	

Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
Date of Measurement	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth Percentiles//%ile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
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
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Core Antibody	
HBV Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
Has the recipient ever had a diagnosis of HCC?	

Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Procedure Type	Display Only - Cascades from feedback
Split Type	
Total Cold Ischemia Time (if pumped, include pump time)	
Total Cold Ischemia Time (if pumped, include pump time):://Status	Value or status is reported, not both
Previous Abdominal Surgery	
Portal Vein Thrombosis	
Transjugular Intrahepatic Portacaval Stint Shunt	
Pathology Conf. Liver Diag. of Hospital Discharge	
If Other Pathology Conf. Liver Diag. of Hospital Discharge//Specify	
Graft Status	
Date of Graft 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	
Did patient have any acute rejection episodes between transplant and discharge	
Are any medications given currently for maintenance or anti-rejection	
immunosuppression medication	
immunosuppression medication indication	
days of induction	

Public Burden Statement