

**TRR - Kidney - Adult**  
**Fields to be completed by meml**

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	Functional Status
4 - Patient Status	Working for income
4 - Patient Status	Primary Source of Payment
4 - Patient Status	Specify Foreign Government//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
6- PreTransplant	Previous Transplant Organ
6- PreTransplant	Previous Transplant Date
6- PreTransplant	Previous Transplant Graft Fail Date
6- PreTransplant	Pretransplant Dialysis
6- PreTransplant	If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis
6- PreTransplant	Date First Dialyzed//Status
6- PreTransplant	Serum Creatinine at Time of Tx
6- PreTransplant	Serum Creatinine at Time of Tx//Status
6- PreTransplant	HIV Serostatus
5- PreTransplant	NAT HIV
5- PreTransplant	CMV Status
6- PreTransplant	HBV Core Antibody
5- PreTransplant	HBV Surface Antibody Total
6- PreTransplant	HBV Surface Antigen
5- PreTransplant	NAT HBV
6- PreTransplant	HCV Serostatus
5- PreTransplant	NAT HCV
6- PreTransplant	EBV Serostatus
6- PreTransplant	Previous Pregnancies
6- PreTransplant	Malignancies between listing and transplant
6- PreTransplant	If yes, specify type
6- PreTransplant	Malignancies between listing and transplant//Specify
7 - Transplant Procedure	Multiple Organ Recipient
7 - Transplant Procedure	Were extra vessels used in the transplant procedure
7 - Transplant Procedure	Procedure Type
7 - Transplant Procedure	Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time)
7-Transplant Procedure	Total Cold Ischemia Time//Status
7-Transplant Procedure	Total Cold ischemia Time Left KI (if pumped, include pump time)
7-Transplant Procedure	Total Cold Ischemia Time//Status
7-Transplant Procedure	Kidney(s) received on
7-Transplant Procedure	Received on ice
7-Transplant Procedure	Received on pump
7-Transplant Procedure	Left Kidney Final resistance at transplant

7-Transplant Procedure	Left Kidney Final resistance at tx//Status
7-Transplant Procedure	Right Kidney Final resistance at transplant
7-Transplant Procedure	Right Kidney Final resistance at tx//Status
7-Transplant Procedure	Left Kidney Final flow rate at transplant
7-Transplant Procedure	Left Kidney Final flow rate at tx//Status
7-Transplant Procedure	Right Kidney Final flow rate at transplant
7-Transplant Procedure	Right Kidney Final flow rate at tx//Status
8- Post Transplant	Graft Status
8- Post Transplant	Date of Graft Failure:
8- Post Transplant	Primary Cause of Graft Failure:
8- Post Transplant	Primary Cause of Graft Failure//Other, Specify:
8 - PostTransplant	Resumed Maintenance Dialysis
8 - PostTransplant	Date Maintenance Dialysis Resumed
8 -Post Reansplant	Most Recent Serum Creatinine Prior to Discharge
8 -Post Reansplant	Most Recent Serum Creatinine Prior to Disch.//Status
8 - PostTransplant	Patient Need Dialysis within First Week
8 - PostTransplant	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**



Display Only - Cascades from Database  
Calculated for display only  
Display Only - Cascades from Database

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

Value or status is reported, not both

Value or status is reported, not both

Display Only - Cascades from feedback

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

Value or status is reported, not both

Value or status is reported, not both

5- PreTransplant

5- PreTransplant

5- PreTransplant

5- PreTransplant

5- PreTransplant

5- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

5- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

5- PreTransplant

6- PreTransplant

5- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant

6- PreTransplant



8 - PostTransplant
6- PreTransplant
9- Immunosuppression Other
9- Immunosuppression Other
9- Immunosuppression Other
9- Immunosuppression Other

**TRR - Kidney - Pediatric**  
**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	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Specify Foreign Government//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
Pretransplant Dialysis	
If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis	
Date First Dialyzed//Status	Value or status is reported, not both
Serum Creatinine at Time of Tx	
Serum Creatinine at Time of Tx//Status	Value or status is reported, not both
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	
Malignancies between listing and transplant	
If yes, specify type	
Malignancies between listing and transplant//Specify	
Fracture in the past year (or since last follow-up)	
Spine-compression fracture	
Spine-compression fracture//# of fractures	
Extremity	
Extremity//# of fractures	
Other	
Other//# of fractures	

AVN (avascular necrosis)	
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
Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time)	
Total Cold Ischemia Time//Status	Value or status is reported, not both
Total Cold ischemia Time Left KI (if pumped, include pump time)	
Total Cold Ischemia Time//Status	Value or status is reported, not both
Kidney(s) received on	
Received on ice	
Received on pump	
Left Kidney Final resistance at transplant	
Left Kidney Final resistance at tx//Status	Value or status is reported, not both
Right Kidney Final resistance at transplant	
Right Kidney Final resistance at tx//Status	Value or status is reported, not both
Left Kidney Final flow rate at transplant	
Left Kidney Final flow rate at tx//Status	Value or status is reported, not both
Right Kidney Final flow rate at transplant	
Right Kidney Final flow rate at tx//Status	Value or status is reported, not both
Graft Status	
Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
Resumed Maintenance Dialysis	
Date Maintenance Dialysis Resumed	
Most Recent Serum Creatinine Prior to Discharge	
Most Recent Serum Creatinine Prior to Disch.//Status	Value or status is reported, not both
Patient Need Dialysis within First Week	

Did patient have any acute rejection episodes between transplant and discharge	
Is growth hormone therapy used between listing and transplant	
Are any medications given currently for maintenance or anti-rejection	
immunosuppression medication	
immunosuppression medication indication	
days of induction	

**Public Burden Statement**