**TRF - Kidney - Adult**
**Fields to be completed by mem**

| 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 | Follow-up Care Provided By//Specify |
| 3- Donor Information | UNOS Donor ID # |
| 3- Donor Information | Donor Type |
| 3 - Donor Information | OPO |
| 4-Patient Status at Time of Follow-Up | Date: Last Seen, Retransplanted or Death |
| 4-Patient Status at Time of Follow-Up | Patient Status |
| 4-Patient Status at Time of Follow-Up | Primary Cause of Death |
| 4-Patient Status at Time of Follow-Up | Primary Cause of Death//Specify |
| 4-Patient Status at Time of Follow-Up | Contributory Cause of Death |
| 4-Patient Status at Time of Follow-Up | Contributory Cause of Death//Specify |
| 4-Patient Status at Time of Follow-Up | Contributory Cause of Death |
| 4-Patient Status at Time of Follow-Up | Contributory Cause of Death//Specify |

| | |
|---|---|
| 4-Patient Status at Time of Follow-Up | Has the patient been hospitalized since the last patient status date |
| 4-Patient Status at Time of Follow-Up | Disease Recurrence |
| 4-Patient Status at Time of Follow-Up | Disease Recurrence |
| 5-Clinical Information | Confirmed Biopsy from Previous Follow up |
| 4-Patient Status at Time of Follow-Up | Functional Status |
| 4-Patient Status at Time of Follow-Up | Working for income |
| 4-Patient Status at Time of Follow-Up | Primary Insurance at Follow-up |
| 4-Patient Status at Time of Follow-Up | Primary Source of Payment, Specify |
| 5-Clinical Information | HIV Serology |
| 5-Clinical Information | HIV NAT |
| 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 |
| 5-Clinical Information | New diabetes onset between last follow-up to the current follow-up |
| 5-Clinical Information | If yes, insulin dependent |
| 5-Clinical Information | Graft Status |
| 5-Clinical Information | If Functioning, Most Recent Serum 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: |
| 5-Clinical Information | Primary Cause of Graft Failure//Other, Specify: |
| 5-Clinical Information | Dialysis Since Last Follow-Up |
| 5-Clinical Information | Date Maintenance Dialysis Resumed |
| 5-Clinical Information | Did patient have any acute rejection episodes during the follow-up period |
| 5-Clinical Information | CMV IgG |
| 5-Clinical Information | CMV IgM |

| | |
|---|---|
| 5-Clinical Information | Post Transplant Malignancy |
| 5-Clinical Information | Donor Related |
| 5-Clinical Information | Recurrence of Pre-Tx Tumor |
| 5-Clinical Information | Post Tx De Novo Solid Tumor |
| 5-Clinical Information | De Novo Lymphoproliferative disease and Lymphoma |
| 7-Immunosuppressive Information | Were any medications given during 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**

**bers**

| Notes | Form Section |
|---|---|
| Display Only - Cascades from Database | 1-Recipient Information |
| Display Only - Cascades from Database | 1-Recipient Information |
| Display Only - Cascades from TCR | 1-Recipient Information |
| Display Only - Cascades from TCR | 1-Recipient Information |
| Display Only - Cascades from TCR | 1-Recipient Information |
| Display Only - Cascades from TCR | 1-Recipient Information |
| Display Only - Cascades from TCR | 1-Recipient Information |
| Display Only - Cascades from prior TRF | 1-Recipient Information |
| Display Only - Cascades from TCR | 1-Recipient Information |
| Display Only - Cascades from TCR | 1-Recipient Information |
| Display Only - Cascades from Database | 1-Recipient Information |
| Display Only - Cascades from prior TRF | 1-Recipient Information |
|  | 1-Recipient Information |
|  | 1-Recipient Information |
|  | 1-Recipient Information |
| Display Only - Cascades from TCR | 2-Provider Information |
| Display Only - Cascades from TCR | 2-Provider Information |
| Display Only - Cascades from Database | 2-Provider Information |
| Display Only - Cascades from Database | 2-Provider Information |
|  | 2-Provider Information |
|  | 2-Provider Information |
|  | 2-Provider Information |
|  | 2-Provider Information |
| Display Only - Cascades from Database | 3- Donor Information |
| Display Only - Cascades from Database | 3- Donor Information |
| Display Only - Cascades from feedback | 3- Donor Information |
|  | 4-Patient Status at Time of Follow-Up |
|  | 4-Patient Status at Time of Follow-Up |
|  | 4-Patient Status at Time of Follow-Up |
|  | 4-Patient Status at Time of Follow-Up |
| Not required | 4-Patient Status at Time of Follow-Up |
| Not required | 4-Patient Status at Time of Follow-Up |
| Not required | 4-Patient Status at Time of Follow-Up |
| Not required | 4-Patient Status at Time of Follow-Up |

| | |
|---|---|
| | 4-Patient Status at Time of Follow-Up |
| | 4-Patient Status at Time of Follow-Up |
| Display Only - Cascades from Database | 4-Patient Status at Time of Follow-Up |
| Display Only - Cascades from Database | 5-Clinical Information |
| | 4-Patient Status at Time of Follow-Up |
| | 4-Patient Status at Time of Follow-Up |
| | 4-Patient Status at Time of Follow-Up |
| | 4-Patient Status at Time of Follow-Up |
| | 4-Patient Status at Time of Follow-Up |
| | 4-Patient Status at Time of Follow-Up |
| | 4-Patient Status at Time of Follow-Up |
| | 4-Patient Status at Time of Follow-Up |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| Value or status is reported, not both | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |

Display Only - Cascades from Database

| | |
|---|---|
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 5-Clinical Information |
| | 7-Immunosuppressive Information |
| | 7-Immunosuppressive Information |
| | 7-Immunosuppressive Information |
| | 7-Immunosuppressive Information |

# TRF - Kidney - 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 | Display Only - Cascades from TCR |
| Recipient Center Type | Display Only - Cascades from TCR |
| Followup Center Code | Display Only - Cascades from Database |
| Followup Center Type | Display Only - Cascades from Database |
| Physician Name | |
| NPI# | |
| Follow-up Care Provided By | |
| Follow-up Care Provided By//Specify | |
| 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 | |
| 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 |

| | |
|---|---|
| Has the patient been hospitalized since the last patient status date | |
| Disease Recurrence | |
| Disease Recurrence | Display Only - Cascades from Database |
| Confirmed Biopsy from Previous Follow up | Display Only - Cascades from Database |
| Functional Status | |
| Cognitive Development | |
| Motor Development | |
| Working for income | |
| Academic Progress | |
| Academic Activity Level | |
| Primary Insurance at Follow-up | |
| Primary Source of Payment, Specify | |
| 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 |
| HIV Serology | |
| HIV NAT | |
| HbsAg | |
| HBV DNA | |
| HBV Core Antibody | |
| HCV Serology | |
| HCV NAT | |

| | |
|---|---|
| New diabetes onset between last follow-up to the current follow-up | |
| If yes, insulin dependent | |
| Graft Status | |
| Date of Graft Failure: | |
| Primary Cause of Graft Failure: | |
| Primary Cause of Graft Failure//Other, Specify: | |
| Dialysis Since Last Follow-Up | |
| Date Maintenance Dialysis Resumed | |
| Did patient have any acute rejection episodes during the follow-up period | |
| Is growth hormone therapy used during this followup period | |
| Post Transplant Malignancy | |
| Donor Related | |
| Recurrence of Pre-Tx Tumor | |
| Post Tx De Novo Solid Tumor | |
| De Novo Lymphoproliferative disease and Lymphoma | |
| Fracture in the past year (or since last follow-up) | |
| Specify Location and number of fractures | |
| Spine-compression fracture | |
| Specify Location and number of fractures | |
| Extremity | |
| Specify Location and number of fractures | |
| Other | |
| AVN (avascular necrosis) | |
| Were any medications given during the follow-up period for maintenance | |
| Previous Validated Maintenance Follow-Up Medications | Display Only - Cascades from Database |
| Immunosuppression medication | |
| Immunosuppression medication indication | |

**Public Burden Statement**