

TRR - Pancreas - 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
5- Pretransplant	Previous Transplant Organ
5- Pretransplant	Previous Transplant Date
5- Pretransplant	Previous Transplant Graft Fail Date
5- PreTransplant	Pretransplant Dialysis
5- PreTransplant	If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis
5- PreTransplant	If Yes, Date First Dialyzed//Status
5- Pretransplant	Average Daily Insulin Units
5- Pretransplant	Average Daily Insulin Units//Status
5- Pretransplant	Serum Creatinine at Time of Tx
5- Pretransplant	Serum Creatinine at Time of Tx//Status
5- PreTransplant	HIV Serostatus
5- PreTransplant	NAT HIV
5- PreTransplant	CMV Status
5- PreTransplant	HBV Core Antibody
5- PreTransplant	HBV Surface Antibody Total
5- PreTransplant	HBV Surface Antigen
5- PreTransplant	NAT HBV
5- PreTransplant	HCV Serostatus
5- PreTransplant	NAT HCV
5- PreTransplant	EBV Serostatus
5- PreTransplant	Malignancies between listing and transplant
5- PreTransplant	If yes, specify type
5- PreTransplant	Malignancies between listing and transplant//Specify
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	Graft Placement
6-Transplant Procedure	Operative Technique
6-Transplant Procedure	Duct Management
6-Transplant Procedure	Duct Management//Specify
6-Transplant Procedure	Venous Vascular Management
6-Transplant Procedure	Arterial Reconstruction

6-Transplant Procedure	Arterial Reconstruction//Specify
6-Transplant Procedure	Venous Extension Graft
6-Transplant Procedure	Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)
6-Transplant Procedure	Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)//Status
7- PostTransplant	Pancreas Graft Status
7- PostTransplant	Patient using any method of blood sugar control?
7- PostTransplant	Patient on insulin?
7- PostTransplant	Date insulin resumed
7- PostTransplant	Total insulin dosage units
7- PostTransplant	Total insulin dosage units//ST
7- PostTransplant	Insulin duration of use
7- PostTransplant	Insulin duration of use//ST
7- PostTransplant	Patient on oral medication to control blood sugar
7- PostTransplant	Date oral medications resumed
7- PostTransplant	Patient using diet to control blood sugar
7- PostTransplant	Date of Graft Failure
7- PostTransplant	C-Peptide Value
7- PostTransplant	C-Peptide Value://ST=
7- PostTransplant	Hba1c (%)
7- PostTransplant	Hba1c (%)//Status
7- PostTransplant	Pancreas Primary Cause of Graft Failure

7- PostTransplant	Pancreas Primary Cause of Graft Failure//Specify
7- PostTransplant	Pancreas Graft/Vascular Thrombosis
7- PostTransplant	Pancreas Infection
7- PostTransplant	Bleeding
7- PostTransplant	Anastomotic Leak
7- PostTransplant	Hyperacute Rejection
7- PostTransplant	Pancreas Acute Rejection
7- PostTransplant	Biopsy Proven Isletitis
7- PostTransplant	Pancreatitis
7- PostTransplant	Other, Specify
7- PostTransplant	Pancreatitis
7- PostTransplant	Anastomotic Leak
7- PostTransplant	Abscess or Local Infection
7- PostTransplant	Pancreas Transplant Complications: Other
7- 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

Not required

7- PostTransplant
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9- Immunosuppression Other
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9- Immunosuppression Other
9- Immunosuppression Other

TRR - Pancreas - 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	
Cognitive Development	
Motor Development	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Specify Foreign Government//Specify	
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	
If Yes, Date First Dialyzed//Status	Value or status is reported, not both
Average Daily Insulin Units	
Average Daily Insulin Units//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 Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
Malignancies between listing and transplant	
Malignancies between listing and transplant//Specify	
If yes, specify type	
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
Graft Placement	
Operative Technique	

Duct Management	
Duct Management//Specify	
Venous Vascular Management	
Arterial Reconstruction	
Arterial Reconstruction//Specify	
Venous Extension Graft	
Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)	
Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)//Status	Value or status is reported, not both
Pancreas Graft Status	
Patient using any method of blood sugar control?	
Patient on insulin?	New field if pancreas graft status is functioning. Modified label if graft status is failed
Date insulin resumed	New field if pancreas graft status is functioning. Modified label if graft status is failed
Total insulin dosage units	
Total insulin dosage units//ST	Value or status is reported, not both
Insulin duration of use	
Insulin duration of use//ST	Value or status is reported, not both
Patient on oral medication to control blood sugar	New field if pancreas graft status is functioning. Modified label if graft status is failed
Date oral medications resumed	New field if pancreas graft status is functioning. Modified label if graft status is failed
Patient using diet to control blood sugar	New field if pancreas graft status is functioning. Modified label if graft status is failed
Date of Graft Failure	
C-Peptide Value	

C-Peptide Value://ST=	Value or status is reported, not both
Hba1c (%)	
Hba1c (%)//Status	Value or status is reported, not both
Pancreas Primary Cause of Graft Failure	
Pancreas Primary Cause of Graft Failure//Specify	
Pancreas Graft/Vascular Thrombosis	
Pancreas Infection	
Bleeding	
Anastomotic Leak	
Hyperacute Rejection	
Pancreas Acute Rejection	
Biopsy Proven Isletitis	
Pancreatitis	
Other, Specify	
Pancreatitis	
Anastomotic Leak	
Abscess or Local Infection	
Pancreas Transplant Complications: Other	Not required
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