

**TRR - Kidney/Pancreas Adult  
Fields to be completed by member**

| Form Section             | Field Label                              |
|--------------------------|--|
| 1- Recipient Information | Organ                                    |
| 1- Recipient Information | Recipient First Name                     |
| 1- Recipient Information | Recipient Middle Initial                 |
| 1- Recipient Information | Recipient Last Name                      |
| 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         | Kidney Primary Diagnosis                 |
| 4-Patient Status         | Kidney Primary Diagnosis//Specify        |
| 4-Patient Status         | Pancreas Primary Diagnosis               |
| 4-Patient Status         | Pancreas 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         | Retransplanted organ                     |
| 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                                  |
| 4-Patient Status         | Kidney Foreign Government//Specify       |
| 4-Patient Status         | Primary                                  |
| 4-Patient Status         | Pancreas 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       | 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       | Previous Pregnancies  |
| 5- Pretransplant       | Malignancies between listing and transplant//Specify                        |
| 5- Pretransplant       | Malignancies between listing and transplant                                 |
| 5- Pretransplant       | If yes, specify type  |
| 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 |   |
| 6-Transplant Procedure | Operative Technique   |
| 6-Transplant Procedure | Duct Management   |
| 6-Transplant Procedure |   |
| 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 Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time)   |
| 6-Transplant Procedure |   |
| 6-Transplant Procedure | Total Cold Ischemia Time Right KI//Status                                       |
| 6-Transplant Procedure | Total Cold Ischemia Time Left KI (If pumped, include pump time)                 |
| 6-Transplant Procedure | Total Cold Ischemia Time Left KI//Status  |
| 6-Transplant Procedure | Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)         |
| 6-Transplant Procedure |   |
| 6-Transplant Procedure | Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)//Status |
| 6-Transplant Procedure | Kidney(s) received on   |
| 6-Transplant Procedure | Received on ice   |
| 6-Transplant Procedure | Received on pump  |
| 6-Transplant Procedure | Left Kidney Final resistance at transplant                                      |
| 6-Transplant Procedure | Left Kidney Final resistance at tx//Status                                      |
| 6-Transplant Procedure |   |
| 6-Transplant Procedure | Right Kidney Final resistance at transplant                                     |
| 6-Transplant Procedure |   |
| 6-Transplant Procedure | Right Kidney Final resistance at tx//Status                                     |
| 6-Transplant Procedure |   |
| 6-Transplant Procedure | Left Kidney Final flow rate at transplant                                       |
| 6-Transplant Procedure | Left Kidney Final flow rate at tx//Status                                       |
| 6-Transplant Procedure |   |
| 6-Transplant Procedure | Right Kidney Final flow rate at transplant                                      |
| 6-Transplant Procedure |   |
| 6-Transplant Procedure | Right Kidney Final flow rate at tx//Status                                      |
| 7- Post Transplant     | Graft Status  |
| 7- PostTransplant      | Resumed Maintenance Dialysis  |
| 7- PostTransplant      | Date Maintenance Dialysis Resumed   |
| 7- Post Transplant     | Date of Graft Failure:  |
| 7- Post Transplant     | Primary Cause of Graft Failure:   |

|                    |   |
|--------------------|---|
| 7- Post Transplant | Primary Cause of Graft Failure//Other, Specify:                                       |
| 7- PostTransplant  | Did patient have any acute kidney rejection episodes between transplant and discharge |
| 7- PostTransplant  | Most Recent Serum Creatinine Prior to Discharge                                       |
| 7- PostTransplant  | Most Recent Serum Creatinine Prior to Discharge//Status                               |
| 7- PostTransplant  | Patient Need Dialysis within First Week   |
| 7- PostTransplant  | Pancreas Graft Status   |
| 7- Post Transplant | Patient using any method of blood sugar control?                                      |
| 7- Post Transplant | Patient on insulin?   |
| 7- Post Transplant | Date insulin resumed  |
| 7- Post Transplant | Total insulin dosage units  |
| 7- Post Transplant | Total insulin dosage units//ST  |
| 7- Post Transplant | Insulin duration of use   |
| 7- Post Transplant | Insulin duration of use//ST   |
| 7- Post Transplant | Patient on oral medication to control blood sugar                                     |
| 7- Post Transplant | Date oral medications resumed   |
| 7- Post Transplant | Patient using diet to control blood sugar   |
| 7- PostTransplant  | Pancreas Date of Graft Failure  |
| 7- Post Transplant | C-Peptide Value   |
| 7- Post Transplant | C-Peptide Value://ST=   |
| 7- Post Transplant | Hba1c (%)   |
| 7- Post Transplant | 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          | Did patient have any acute pancreas rejection episodes between transplant and discharge |
| 7- PostTransplant          | Pancreatitis  |
| 7- PostTransplant          | Anastomotic Leak  |
| 7- PostTransplant          | Abscess or Local Infection  |
| 7- PostTransplant          | Other   |
| 7- PostTransplant          | Weight Post Transplant  |
| 7- PostTransplant          | Weight in Kilograms//Status   |
| 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**





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| New field if pancreas graft status is functioning. Modified label if graft status is failed |
| New field if pancreas graft status is functioning. Modified label if graft status is failed |
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| Value or status is reported, not both   |
| New field if pancreas graft status is functioning. Modified label if graft status is failed |
| New field if pancreas graft status is functioning. Modified label if graft status is failed |
| New field if pancreas graft status is functioning. Modified label if graft status is failed |
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| 6-Transplant Procedure |
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**TRR - Kidney/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 Middle Initial                 | Not required                          |
| Recipient Last Name                      | Display Only - Cascades from TCR      |
| 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 |
| Kidney Primary Diagnosis                 |                                       |
| Kidney Primary Diagnosis//Specify        |                                       |
| Pancreas Primary Diagnosis               |                                       |
| Pancreas 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                          |
| Retransplanted organ                     |                                       |
| Date of Admission to Tx Center           |                                       |
| Date of Discharge from Tx Center         |                                       |
| Functional Status                        |                                       |
| Cognitive Development                    |                                       |
| Motor Development                        |                                       |
| Academic Progress                        |                                       |
| Academic Activity Level                  |                                       |
| Primary                                  |                                       |
| Kidney Foreign Government//Specify       |                                       |
| Primary                                  |                                       |

|   |                                       |
|---|---------------------------------------|
| Pancreas 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 |                                       |
| 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 Core Antibody   |                                       |
| HBV Surface Antigen   |                                       |
| NAT HBV   |                                       |
| HCV Serostatus  |                                       |
| NAT HCV   |                                       |
| EBV Serostatus  |                                       |
| Malignancies between listing and transplant//Specify                        |                                       |
| Malignancies between listing and transplant                                 |                                       |

|   |                                       |
|---|---------------------------------------|
| If yes, specify type  |                                       |
| 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 |
| Operative Technique   |                                       |
| Duct Management   |                                       |
| Duct Management//Specify  |                                       |
| Venous Vascular Management  |                                       |
| Arterial Reconstruction   |                                       |
| Arterial Reconstruction//Specify  |                                       |
| Venous Extension Graft  |                                       |
| Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time)   |                                       |
| Total Cold Ischemia Time Right KI//Status                                       | Value or status is reported, not both |
| Total Cold Ischemia Time Left KI (If pumped, include pump time)                 |                                       |
| Total Cold Ischemia Time Left KI//Status  | Value or status is reported, not both |
| 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 |
| 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  |   |
| Resumed Maintenance Dialysis  |   |
| Date Maintenance Dialysis Resumed   |   |
| Date of Graft Failure:  |   |
| Primary Cause of Graft Failure:   |   |
| Primary Cause of Graft Failure//Other, Specify:                                       |   |
| Did patient have any acute kidney rejection episodes between transplant and discharge |   |
| Is growth hormone therapy used between listing and transplant                         |   |
| Most Recent Serum Creatinine Prior to Discharge                                       |   |
| Most Recent Serum Creatinine Prior to Discharge//Status                               | Value or status is reported, not both   |
| Patient Need Dialysis within First Week   |   |
| 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 |
| Pancreas 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  |   |
| Did patient have any acute pancreas rejection episodes between transplant and discharge |   |
| Pancreatitis  |   |
| Anastomotic Leak  |   |
| Abscess or Local Infection  |   |
| Other   | Not required  |
| Weight Post Transplant  |   |
| Weight in Kilograms//Status   | Value or status is reported, not both   |
| Are any medications given currently for maintenance or anti-rejection                   |   |
| immunosuppression medication  |   |
| immunosuppression medication indication   |   |



|                   |  |
|-------------------|--|
| days of induction |  |
|-------------------|--|

**Public Burden Statement**