

Fields to be completed by

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	By//Specify
3-Donor Information	UNOS Donor ID #
3-Donor Information	Donor Type
3-Donor Information	OPO
4-Patient Status	Death
4-Patient Status	Patient Status
4-Patient Status	If Retransplanted, choose organ(s)
4-Patient Status	Primary Cause of Death
4-Patient Status	Primary Cause of Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Death//Specify
4-Patient Status	Has the patient been hospitalized since the last patient status date
4-Patient Status	Functional Status
4-Patient Status	Working for income
4-Patient Status	Primary Insurance at Follow-up

4-Patient Status	Primary Source of Payment, Specify
5-Clinical Information	Weight
5-Clinical Information	Weight//Status
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	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	Pancreas Graft Status
5-Clinical Information	Patient on insulin?
5-Clinical Information	Date insulin resumed
5-Clinical Information	Total insulin dosage units
5-Clinical Information	Total insulin dosage units//ST
5-Clinical Information	Insulin duration of use
5-Clinical Information	Insulin duration of use//ST
5-Clinical Information	Patient on oral medication to control blood sugar
5-Clinical Information	Date oral medications resumed
5-Clinical Information	Patient using diet to control blood sugar

5-Clinical Information	Pancreas Date of Failure
5-Clinical Information	C-Peptide Value
5-Clinical Information	C-Peptide Value://ST=
5-Clinical Information	Hba1c (%)
5-Clinical Information	Hba1c (%)//Status
5-Clinical Information	Pancreas Primary Causes of Graft Failure
5-Clinical Information	Specify Graft/Vascular
5-Clinical Information	Thrombosis
5-Clinical Information	Pancreas Infection
5-Clinical Information	Pancreas Bleeding
5-Clinical Information	Anastomotic Leak
5-Clinical Information	Pancreas Rejection: Acute
5-Clinical Information	Pancreas Chronic Rejection
5-Clinical Information	Biopsy Proven Isletitis
5-Clinical Information	Pancreatitis
5-Clinical Information	Patient Noncompliance
5-Clinical Information	Other, Specify
5-Clinical Information	Conv. From Bladder to Enteric Drain Performed
5-Clinical Information	Enteric Drain Date
5-Clinical Information	Pancreas Transplant Complications (Not leading to graft failure)
5-Clinical Information	Pancreatitis
5-Clinical Information	Anastomotic Leak
5-Clinical Information	Abscess or Local Infection
5-Clinical Information	Did patient have any kidney acute rejection episodes during the follow-up period
5-Clinical Information	Did patient have any pancreas acute rejection episodes during the follow-up period:
5-Clinical Information	Post Transplant Malignancy
5-Clinical Information	Donor Related
5-Clinical Information	Recurrence of Pre-Tx Tumor
5-Clinical Information	De Novo Solid Tumor
5-Clinical Information	De Novo Lymphoproliferative disease and Lymphoma

5-Clinical 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	indication

Public Burden Statement

/Pancreas - Adult members

Notes
Display Only - Cascades from Database
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Display Only - Cascades from TCR
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Not required
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Modified label if graft status is failed

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4-Patient Status	Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Death//Specify
4-Patient Status	Has the patient been hospitalized since the last patient status date
4-Patient Status	Functional Status
4-Patient Status at Time of Follow-Up	Cognitive Development
4-Patient Status at Time of Follow-Up	Motor Development

4-Patient Status	Working for income
4-Patient Status	Academic Progress
4-Patient Status	Academic Activity Level
4-Patient Status	Primary Insurance at Follow-up
4-Patient Status	Primary Source of Payment, Specify
5-Clinical Information	Date of Measurement
5-Clinical Information	Height
5-Clinical Information	Height//Status
5-Clinical Information	Height Percentile
5-Clinical Information	Weight
5-Clinical Information	Weight//Status
5-Clinical Information	Weight Percentile
5-Clinical Information	BMI
5-Clinical Information	BMI
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	Diagnosis Since Last Follow-Up
5-Clinical Information	Date Maintenance Dialysis Resumed
5-Clinical Information	Pancreas Graft Status
5-Clinical Information	Patient on insulin?
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5-Clinical Information	Pancreatitis
5-Clinical Information	Anastomotic Leak
5-Clinical Information	Abscess or Local Infection
5-Clinical Information	Did patient have any kidney acute rejection episodes during the follow-up period
5-Clinical Information	Did patient have any pancreas acute rejection episodes during the follow-up period:
5-Clinical Information	Is growth hormone therapy used during this followup period
5-Clinical Information	Post Transplant Malignancy
5-Clinical Information	Donor Related
5-Clinical Information	Recurrence of Pre-Tx Tumor
5-Clinical Information	De Novo Solid Tumor
5-Clinical Information	De Novo Lymphoproliferative disease and Lymphoma
5-Clinical Information	Fracture in the past year (or since last follow-up)
5-Clinical Information	Specify Location and number of fractures
5-Clinical Information	Spine-compression fracture
5-Clinical Information	Specify Location and number of fractures
5-Clinical Information	Extremity
5-Clinical Information	Specify Location and number of fractures
5-Clinical Information	Other
5-Clinical Information	AVN (avascular necrosis)
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

**Kidney/Pancreas - Pediatric
led by members**

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