

| Form Section |
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| Recipient Information |
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| Recipient Information |
| Recipient Information |
| Provider Information |
| Provider Information |
| Provider Information |
| Provider Information |
| Provider Information |
| Donor Information |
| Donor Information |
| Donor Information |
| Patient Status |
| Patient Status |
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| Patient Status |
| Patient Status |
| Socio-Demographic Information |
| Socio-Demographic Information |
| Socio-Demographic Information |
| Socio-Demographic Information - Source of Payment |
| Socio-Demographic Information - Source of Payment |

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| Clinical Information |
| Clinical Information - Causes of Graft Failure |
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| Clinical Information - Causes of Graft Failure |
| Clinical Information - Most Recent Lab Data |
| Clinical Information - Most Recent Lab Data |
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| Clinical Information |
| Clinical Information |
| Clinical Information |
| Clinical Information |
| Clinical Information |
| Clinical Information |
| Clinical Information - Complications |
| Clinical Information - Complications |
| Clinical Information - Complications |
| Clinical Information - Complications |
| Clinical Information - Complications |
| Clinical Information |
| Clinical Information - Post-transplant Malignancy |
| Clinical Information - Post-transplant Malignancy - Donor Related |
| Clinical Information - Post-transplant Malignancy - Donor Related |
| Clinical Information - Post-transplant Malignancy |
| Clinical Information - Post-transplant Malignancy - Recurrence of Pretransplant Malignancy |
| Clinical Information - Post-transplant Malignancy - Recurrence of Pretransplant Malignancy |

TRF - VCA - Adult/Pediatric
Fields to be completed by members

| Field Label | Notes |
|--|--|
| Recipient First Name | Display Only - Cascades from Removal Worksheet |
| Recipient Last Name | Display Only - Cascades from Removal Worksheet |
| Recipient Middle Initial | Display Only - Cascades from Removal Worksheet |
| DOB | Display Only - Cascades from Removal Worksheet |
| SSN | Display Only - Cascades from Removal Worksheet |
| Gender | Display Only - Cascades from Removal Worksheet |
| HIC | Display Only - Cascades from TRR |
| Transplant Date | Display Only - Cascades from Removal Worksheet |
| State of Permanent Residence | |
| Permanent zip code | |
| Treating Reconstructive Surgeon Name | |
| Treating Reconstructive Surgeon NPI# | |
| Treating Transplant Physician Name | |
| Treating Transplant Physician NPI# | |
| Follow-up Care Provided By: | |
| UNOS Donor ID # | Display Only - Cascades from Removal Worksheet |
| Donor Type | Display Only - Cascades from Removal Worksheet |
| OPO | Display Only - Cascades from Removal Worksheet |
| Date Last Seen, Retransplanted, or Death | |
| Patient Status | |
| Primary Cause of Death | |
| Primary Cause of Death - Other Specify | |
| Has patient been hospitalized since the Last Patient Status Date | |
| Number of Hospitalizations | |
| Working for income | |
| Working for income - If Yes, indicate the recipient's working status | |
| Working for income - If No, Not Working Due To | |
| Grant funding | |
| Institutional funding | |

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| Primary Source of Payment | |
| Primary Source of Payment - Foreign Government, Specify | |
| Secondary Source of Payment | |
| Cognitive Development | |
| Motor Development | |
| Psychosocial consult performed | |
| Physical Functioning (PF) score | |
| Role-Physical (RP) score | |
| Bodily Pain (BP) score | |
| General Health (GH) score | |
| Vitality (VT) score | |
| Social Functioning (SF) score | |
| Role-Emotional (RE) score | |
| Mental Health (MH) score | |
| DASH Score | |
| Carroll Test Score - Left | |
| Carroll Test Score - Right | |
| Sensibility Test - Semmes Weinstein - Left | |
| Sensibility Test - Semmes Weinstein - Right | |
| Olfactory function restored | |
| 2 point discrimination (mm) | |
| Can feel heat | |
| Can feel cold | |
| Oral competence | |
| Corneal protection | |
| Functional occlusion restored | |
| Decannulation (if the patient had a tracheostomy) | |
| Feeding Tube Removed (if the patient had a feeding tube to start with) | |
| Speaking rate | |
| Percent Intelligibility | |
| Height (inches) | |
| Weight (lbs) | |
| BMI (Body Mass Index) | Display Only - Calculated |
| Immunosuppression | |
| Rehabilitation | |
| Level of Activity | |
| Other | |
| Other - Other Specify | |
| Graft Status | |

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| Date of Graft Failure | |
| Acute Rejection | |
| Acute Rejection - Banff score | |
| Acute Rejection - Visual skin changes | |
| Chronic Rejection | |
| Chronic Rejection - Visual skin changes | |
| Ischemia | |
| Sepsis / Infection | |
| Trauma | |
| Patient requested removal | |
| Non-compliance: immunosuppression | |
| Non-compliance: rehabilitation | |
| Non-compliance: level of activity | |
| Other | |
| Other - Other Specify | |
| Serum Creatinine (mg/dL) | |
| Hemoglobin A1c (%) | |
| Donor Specific Antibodies (DSA) | |
| Did patient have any acute rejection episodes during the follow-up period | |
| Did patient have any acute rejection episodes during the follow-up period - Number of episodes | |
| {For each episode} Date of acute rejection diagnosis | |
| {For each episode} Acute rejection was treated | |
| {For each episode} Visual skin changes | |
| {For each episode} Biopsy was done to confirm acute rejection | |
| {For each episode} Banff Score | |
| New onset diabetes | |
| Metabolic Complications | |
| Infectious Complications | |
| Other Complications | |
| Other Complications - Other Specify | |
| Post Transplant Malignancy | |
| Donor Related | |
| Diagnosis date: | |
| Tumor type | |
| Recurrence of Pre-Tx Tumor | |
| Date of recurrence | |
| Type of pre-existing tumor | |

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| Type of pre-existing tumor - Other, Specify | |
| De Novo Solid Tumor | |
| Diagnosis date | |
| Tumor Types: Skin: //squamous cell: | |
| Tumor Types: Skin: //basal cell: | |
| Tumor Types: Skin: //melanoma: | |
| Tumor Types: //Kaposi's sarcoma: cutaneous: | |
| Tumor Types: //Kaposi's sarcoma: visceral: | |
| Tumor Types: //Brain: | |
| Tumor Types: Brain: //Other specify: | |
| Tumor Types: //Renal carcinoma - specify site(s): | |
| Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum: | |
| Tumor Types: //Carcinoma of the uterus: | |
| Tumor Types: //Ovarian: | |
| Tumor Types: //Testicular: | |
| Tumor Types: //Esophagus: | |
| Tumor Types: //Stomach: | |
| Tumor Types: //Small intestine: | |
| Tumor Types: //Pancreas: | |
| Tumor Types: //Larynx: | |
| Tumor Types: //Tongue, throat: | |
| Tumor Types: //Thyroid: | |
| Tumor Types: //Bladder: | |

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| Tumor Types: //Breast: | |
| Tumor Types: //Prostate: | |
| Tumor Types: //Colo-rectal: | |
| Tumor Types: //Primary hepatic tumor: | |
| Tumor Types: //Metastatic liver tumor: | |
| Tumor Types: //Lung: | |
| Tumor Types://Leukemia: | |
| Tumor Types: //Sarcomas: | |
| Tumor Types: //Other cancers: | |
| Other Cancers: //Site(s): | |
| Tumor Types: //Primary unknown: | |
| De Novo Lymphoproliferative disease and Lymphoma | |
| PTLD: //Diagnosis date: | |
| PTLD: //Pathology: | |
| PTLD: Pathology: //Other Specify: | |
| Antiviral | |
| Antibiotic | |
| Antifungal | |
| Immunosuppression medications | |
| Immunosuppression medications - Other Specify | |
| Previous maintenance indication | |
| Current maintenance indication | |
| Anti-rejection indication | |
| Immunosuppression medications | |
| Immunosuppression medications - Other Specify | |
| Previous maintenance indication | |
| Current maintenance indication | |
| Anti-rejection indication | |

Public Burden Statement