## TRF - Heart - Adult Fields to be completed by members

Form Section	Field label	Notes
1-Recipient Information	Organ Type	Display Only - Cascades from Database
1-Recipient Information	Follow up code	Display Only - Cascades from Database
1-Recipient Information	Recipient First Name	Display Only - Cascades from TCR
1-Recipient Information	Recipient Last Name	Display Only - Cascades from TCR
1-Recipient Information	Recipient Middle Initial	Display Only - Cascades from TCR
1-Recipient Information	SSN	Display Only - Cascades from TCR
1-Recipient Information	HIC	Display Only - Cascades from TCR
1-Recipient Information	Previous Follow-Up	Display Only - Cascades from prior TRF
1-Recipient Information	DOB	Display Only - Cascades from TCR
1-Recipient Information	Gender	Display Only - Cascades from TCR
1-Recipient Information	Tx Date	Display Only - Cascades from Database
1-Recipient information	1x Duit	Display Only - Cascades from Database
1-Recipient Information	Previous Px Stat Date	Display Only - Cascades from prior TRF
1-Recipient Information	Transplant Discharge Date	
1-Recipient Information	Zip Code	
2-Provider Information	Recipient Center Type	Display Only - Cascades from TCR
2-Provider Information	Recipient Center	Display Only - Cascades from TCR
2-Provider Information	Followup Center Code	Display Only - Cascades from Database
2-Provider Information	Followup Center Type	Display Only - Cascades from Database
2-Provider Information	Physician Name	1 3 3
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 #	Display Only - Cascades from Database
3- Donor Information	Donor Type	Display Only - Cascades from Database
3 - Donor Information	OPO	Display Only - Cascades from feedback
4-Patient Status	Date: Last Seen, Retransplanted or Death	
4-Patient Status	Patient Status	
4-Patient Status	Primary Cause of Death	
4-Patient Status	Primary Cause of Death//Specify	
4-Patient Status	Contributory Cause of Death	Not required
4-Patient Status	Contributory Cause of Death//Specify	Not required
4-Patient Status	Contributory Cause of Death	Not required
accom others		
4-Patient Status	Contributory Cause of Death//Specify	Not required
		•
	Contributory Cause of Death//Specify	•
4-Patient Status 4-Patient Status	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date	•
4-Patient Status 4-Patient Status 4-Patient Status	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection	•
4-Patient Status 4-Patient Status 4-Patient Status 4-Patient Status	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection	•
4-Patient Status 4-Patient Status 4-Patient Status 4-Patient Status 4-Patient Status	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status	•
4-Patient Status 4-Patient Status 4-Patient Status 4-Patient Status	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection	•
4-Patient Status 4-Patient Status 4-Patient Status 4-Patient Status 4-Patient Status 4-Patient Status	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income	•
4-Patient Status 4-Patient Status 4-Patient Status 4-Patient Status 4-Patient Status	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status	•
4-Patient Status	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up	•
4-Patient Status	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income Primary Insurance at Follow-up Primary Source of Payment, Specify	•
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status	•
4-Patient Status 5-Clinical Information 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure	•
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure	•
4-Patient Status 5-Clinical Information 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure/Other,	•
4-Patient Status 5-Clinical Information 5-Clinical Information 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure/Other, Specify	•
4-Patient Status 5-Clinical Information 5-Clinical Information 5-Clinical Information 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure	•
4-Patient Status 5-Clinical Information 5-Clinical Information 5-Clinical Information 5-Clinical Information 5-Clinical Information 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Hospitalized Hiv Serology HIV NAT	•
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Hospitaliance Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg	•
4-Patient Status  5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Hospitaliance Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA	•
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Hoart Primary Cause of Graft Fa	•
4-Patient Status  5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Hospitaliance Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA	•
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Hospitalize Hospitalize HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology	•
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT	•
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Ejection Fraction	Not required
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Ejection Fraction Heart: Ejection Fraction//Status	Not required
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Ejection Fraction Heart: Ejection Fraction//Status Pacemaker Coronary Artery Disease	Not required
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Ejection Fraction Heart: Ejection Fraction//Status Pacemaker	Not required
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Ejection Fraction Heart: Ejection Fraction//Status Pacemaker Coronary Artery Disease New diabetes onset between last follow-up	Not required
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Ejection Fraction Heart: Ejection Fraction//Status Pacemaker Coronary Artery Disease New diabetes onset between last follow-up to the current follow-up	Not required
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Graft Failure Heart Primary Cause of Graft Failure/Other, Specify HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Ejection Fraction Heart: Ejection Fraction//Status Pacemaker Coronary Artery Disease New diabetes onset between last follow-up to the current follow-up	Not required  Value or status is reported, not both
4-Patient Status 5-Clinical Information	Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date  Hospitalized for Rejection Hospitalized for Infection Functional Status Working for income  Primary Insurance at Follow-up  Primary Source of Payment, Specify Heart Graft Status Heart Date of Graft Failure Heart Primary Cause of Hospitalian Specify HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Ejection Fraction Heart: Ejection Fraction//Status Pacemaker Coronary Artery Disease New diabetes onset between last follow-up to the current follow-up Diabetes: If Yes, Insulin Dependent	Not required

Form Section			
1-Recipient Information			
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1-Recipient Information			
2-Provider Information			
2-Provider Information			
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3- Donor Information			
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4-Patient Status			
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5-Clinical Information	Chronic Dialysis	
5-Clinical Information	Renal Tx since Thoracic Tx	
5-Clinical Information	Did patient have any 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	Display Only - Cascades from Database
7-Immunosuppressive Information	Were any medications given during the follow-up period for maintenance	Display Only - Cascades from Database
7-Immunosuppressive Information	Previous Validated Maintenance Follow-Up Medications	Display Only - Cascades from Database
7- Immunosupression Other	immunosuppression medication	
7- Immunosupression Other	immunosuppression medication indication	

## PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0157 and it is valid until xx/xx/20xx. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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## PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procuren following OPTN functions: to assess who monitor compliance of member organi required to respond to, a collection of number for this information collection or retain a benefit per 42 CFR §121.11(Records #09-15-0055). Data collected I security features. The Contractor's sec Appendix III, Security of Federal Autom Program Handbook. The public reporti including the time for reviewing instructinformation. Send comments regarding suggestions for reducing this burden, to 20857 or paperwork@hrsa.gov.

## TRF - Heart - 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	
Zip Code	
Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Center Type	Display Only - Cascades from TCR
Recipient Center	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	Display only Guscades from recubaci
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 Guase of Beath	rot required
Contributory Cause of Death//Specify	Not required
Has the patient been hospitalized since the	rtot required
last patient status date	
Hospitalized for Rejection	
Hospitalized for Infection	
Functional Status	
runctional Status	
Cognitive Development	
Cognitive Development	
Motor Development	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Deire La	
Primary Insurance at Follow-up	
Primary Source of Payment, Specify	
Date of Measurement	
Height	77.1
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
Heart Graft Status	
Heart Date of Graft Failure	
Heart Primary Cause of Graft Failure	
Heart Primary Cause of Graft	
Failure//Other, Specify	
andre, outer, openly	

Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer//Sample Date	
HIV Serology	
HIV NAT	
HbsAg HBV DNA	
HBV DIVA	
HBV Core Antibody	
TID V Core i Indoody	
HCV Serology	
HCV NAT	
Ejection Fraction	
H . F F 110	77.1
Heart: Ejection Fraction//Status	Value or status is reported, not both
Shortening Fraction Shortening Fraction://Status	Value or status is reported, not both
Pacemaker	value of status is reported, not both
Coronary Artery Disease Since Last	
Follow Up	
Did patient have any acute rejection	
episodes during the follow-up period	
New diabetes onset between last follow-up	
to the current follow-up	
Diabetes: If Yes, Insulin Dependent	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
Chronic Dialysis	
Renal Tx since Thoracic Tx	
Post Transplant Malignancy Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
<u> 2</u> утриона	
Diabetes onset during the follow-up period	
If yes, insulin dependent	
Were any medications given during the	
follow-up period for maintenance	Display Only - Cascades from Database
Previous Validated Maintenance Follow-	
Up Medications	
immunosuppression medication	
immunosuppression medication indication	

nent and Transplantation Network (OPTN) collects this information in order to perform the nether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to zations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not information unless it displays a currently valid OMB control number. The OMB control is 0915-0157 and it is valid until xx/xx/20xx. This information collection is required to obtain [b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of ythe private non-profit OPTN also are well protected by a number of the Contractor's urity system meets or exceeds the requirements as prescribed by OMB Circular A-130, nated Information Systems, and the Departments Automated Information Systems Security ng burden for this collection of information is estimated to average 3 hours per response, tions, searching existing data sources, and completing and reviewing the collection of \$\frac{1}{2}\$ this burden estimate or any other aspect of this collection of information, including o HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland,