

response, including the time for
the collection of information. See
information, including suggestio
Room 14N136B, Rockville, Mary

Fields to be completed by members

| Field Label | Notes |
|---|---------------------------------------|
| Transplant Center Code | Display Only - Cascades from Waitlist |
| Transplant Center Type://Recipient Center | Display Only - Cascades from Waitlist |
| Organ Registered: | Display Only - Cascades from Waitlist |
| Date of Listing or Add: | Display Only - Cascades from Waitlist |
| Last Name: | Cascades from Waitlist |
| First Name: | Cascades from Waitlist |
| Middle Initial://MI: | Not required |
| Previous Surname: | Not required |
| SSN: | Display Only - Cascades from Waitlist |
| Gender: | Cascades from Waitlist |
| HIC: | Not required |
| Date of Birth://DOB: | Cascades from Waitlist |
| State of Permanent Residence: | Cascades from Waitlist |
| Permanent ZIP Code: | Cascades from Waitlist |
| Ethnicity/Race: | Cascades from Waitlist |
| Citizenship: | |
| Year of Entry to the U.S. | |
| Year of Entry to the U.S Status//ST= | |
| Country of Permanent Residence | |
| Highest Education Level: | |
| Patient on Life Support: | |
| Life Support://Extra Corporeal Membrane Oxygenation | |
| Life Support://Intra Aortic Balloon Pump | |
| Life Support://Ventilator | |
| Life Support://Prostacyclin Infusion | |
| Life Support://Prostacyclin Inhalation | |
| Life Support://Intravenous Inotropes | |
| Life Support://Inhaled NO | |
| Life Support://Other Mechanism, Specify | |
| Life Support:Other Mechanism//Specify: | |
| Functional Status: | |
| Cognitive Development: | |
| Motor Development: | |
| Academic Progress: | |
| Academic Activity Level: | |
| 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 |
| Source of Payment//Primary: | |
| Foreign Government//Specify: | |
| Date of Measurement: | |
| Height in cm://Height: | |
| Height Status//ST= | Value or status is reported, not both |
| Height Growth percentiles//%ile | Calculated for display only |
| Weight in kg://Weight: | |
| Weight Status//ST= | Value or status is reported, not both |
| Weight Growth percentiles//%ile | Calculated for display only |
| BMI: | Display Only - Cascades from Database |
| BMI://%ile | Calculated for display only |
| ABO Blood Group: | Display Only - Cascades from Waitlist |
| Primary Diagnosis: | |
| Primary Diagnosis//Specify: | |
| Diabetes: | |
| Any previous Malignancy: | |
| Any previous Malignancy//Specify Type: | |

reviewing instructions, searching existing data sources, and completing and reviewing
and comments regarding this burden estimate or any other aspect of this collection of
ns for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane,
land, 20857 or paperwork@hrsa.gov.
