

TRR - Lung - Adult**Fields to be completed by members**

Form Section	Field Label	Notes
1-Recipient Information	Organ	Display Only - Cascades from TCR
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	Not required
1- Recipient Information	SSN	Display Only - Cascades from TCR
1- Recipient Information	HIC	Display Only - Cascades from TCR
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 feedback
1- Recipient Information	State of Permanent Residence	
1- Recipient Information	Permanent Zip	
2 - Provider Information	Recipient Center Code	Display Only - Cascades from TCR
2 - Provider Information	Recipient Center Type	Display Only - Cascades from TCR
2-Provider Information	Physician Name	
2-Provider Information	Physician NPI#	
2-Provider Information	Surgeon Name	
2-Provider Information	Surgeon NPI#	
3- Donor Information	UNOS Donor ID #	Display Only - Cascades from TCR
3- Donor Information	Donor Type	Display Only - Cascades from feedback
3 - Donor Information	OPO	Display Only - Cascades from feedback
4-Patient Status	Primary Diagnosis	
4-Patient Status	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	Not required
4-Patient Status	Contributory Cause of Death//Specify	Not required
4-Patient Status	Contributory Cause of Death	Not required
4-Patient Status	Contributory Cause of Death//Specify	Not required
4-Patient Status	Date of Admission to Tx Center	
4-Patient Status	Date of Discharge from Tx Center	
4-Patient Status	Medical Condition at time of transplant	
4-Patient Status	Patient on Life Support	
4-Patient Status	Extra Corporeal Membrane Oxygenation	
4-Patient Status	Intra Aortic Balloon Pump	
4- Patient Statu	Other Mechanism	
4- Patient Statu	Other Mechanism, Specify	
4-Patient Status	Prostacyclin Infusion	
4-Patient Status	Prostacyclin Inhalation	
4 -Patient Status	Functional Status	
4 -Patient Status	Working for income	
4 -Patient Status	Primary Source of Payment	
4 -Patient Status	Primary Source of Payment, Specify	
5- Pretransplant	Height	
5- Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
5- Pretransplant	Height Percentile//Growth Percentiles//%ile	Calculated for display only
5- Pretransplant	Weight	
5- Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both

TRR - Lung**Fields to be comple**

Form Section	Field Label
1-Recipient Information	Organ
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	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	Physician Name
2-Provider Information	Physician NPI#
2-Provider Information	Surgeon Name
2-Provider Information	Surgeon NPI#
3- Donor Information	UNOS Donor ID #
3- Donor Information	Donor Type
3 - Donor Information	OPO
4-Patient Status	Primary Diagnosis
4-Patient Status	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	Date of Admission to Tx Center
4-Patient Status	Date of Discharge from Tx Center
4-Patient Status	Medical Condition at time of transplant
4-Patient Status	Patient on Life Support
4-Patient Status	Extra Corporeal Membrane Oxygenation
4-Patient Status	Prostaglandins
4-Patient Status	Intravenous Inotropes
4-Patient Status	Ventilator
4-Patient Status	Inhaled NO
4-Patient Status	Other Mechanism
4-Patient Status	Other Mechanism, Specify
4-Patient Status	Prostacyclin Infusion
4-Patient Status	Prostacyclin Inhalation
4 -Patient Status	Life Support: VAD Brand1
4 -Patient Status	Life Support: VAD Brand1//Specify
4 -Patient Status	Life Support: VAD Brand2
4 -Patient Status	Life Support: VAD Brand2//Specify
4 -Patient Status	Functional Status
4 -Patient Status	Academic Progress

5- Pretransplant	Weight Percentile//Growth Percentiles//%ile	Calculated for display only
5- Pretransplant	BMI	Display Only - Cascades from Database
5- Pretransplant	BMI://%ile	Calculated for display only
5- Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database
5- Pretransplant	Previous Transplant Date	Display Only - Cascades from Database
5- Pretransplant	Previous Transplant Graft Fail Date	Display Only - Cascades from Database
5- PreTransplant	HIV Serostatus	
5- PreTransplant	NAT HIV	
5- PreTransplant	CMV Status	
6- 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	PA (sys)mm/Hg	
5-Pretransplant	PA (sys)mm/Hg//Status	Value or status is reported, not both
5-Pretransplant	PA(sys)mm/Hg Inotropes/VASODilators	
5-Pretransplant	PA(dia) mm/Hg	
5-Pretransplant	PA(dia) mm/HG//Status	Value or status is reported, not both
5-Pretransplant	PA (dia) mm/Hg Inotropes/Vasodilators	
5-Pretransplant	PA(mean) mm/Hg	
5-Pretransplant	PA(mean) mm/Hg//Status	Value or status is reported, not both
5-Pretransplant	PA (mean) mm/Hg Inotropes/Vasodilators	
5-Pretransplant	PCW(mean) mm/Hg	
5-Pretransplant	PCW(mean) mm/Hg//Status	Value or status is reported, not both
5-Pretransplant	PCW (mean) mm/Hg Inotropes/Vasodilators	
5-Pretransplant	CO L/min	
5-Pretransplant	CO L/min//Status	Value or status is reported, not both
5-Pretransplant	CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators	
5-Pretransplant	Most Recent Serum Creatinine	
5-Pretransplant	Most Recent Serum Creatinine//Status	Value or status is reported, not both
5-Pretransplant	Most Recent Total Bilirubin	
5-Pretransplant	Most Recent Total Bilirubin//Status	Value or status is reported, not both
5-Pretransplant	Chronic Steroid Use	
5-Pretransplant	FVC	
5-Pretransplant	FVC % predicted//Status	Value or status is reported, not both
5-Pretransplant	FeV1	
5-Pretransplant	FeV1 % predicted//Status	Value or status is reported, not both
5-Pretransplant	pCO2	
5-Pretransplant	pCO2 mm/Hg//Status	Value or status is reported, not both
5-Pretransplant	Transfusions	
5-Pretransplant	Infection Requiring IV Therapy within 2 wks prior to Tx	
5-Pretransplant	Dialysis	
5-Pretransplant	Prior Cardiac Surgery (non-transplant)	
5-Pretransplant	If yes, check all that apply	

4 -Patient Status	Academic Activity Level
4 -Patient Status	Primary Source of Payment
4 -Patient Status	Primary Source of Payment, Specify
4-Patient Status	Cognitive Development
4-Patient Status	Motor Development
5- Pretransplant	Date of Measurement
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	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	PA (sys)mm/Hg
5-Pretransplant	PA (sys)mm/Hg//Status
5-Pretransplant	PA(sys)mm/Hg Inotropes/VASODilators
5-Pretransplant	PA(dia) mm/Hg
5-Pretransplant	PA(dia) mm/HG//Status
5-Pretransplant	PA (dia) mm/Hg Inotropes/Vasodilators
5-Pretransplant	PA(mean) mm/Hg
5-Pretransplant	PA(mean) mm/Hg//Status
5-Pretransplant	PA (mean) mm/Hg Inotropes/Vasodilators
5-Pretransplant	PCW(mean) mm/Hg
5-Pretransplant	PCW(mean) mm/Hg//Status
5-Pretransplant	PCW (mean) mm/Hg Inotropes/Vasodilators
5-Pretransplant	CO L/min
5-Pretransplant	CO L/min//Status
5-Pretransplant	CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators
5-Pretransplant	Most Recent Serum Creatinine
5-Pretransplant	Most Recent Serum Creatinine//Status
5-Pretransplant	Most Recent Total Bilirubin
5-Pretransplant	Most Recent Total Bilirubin//Status
5-Pretransplant	Chronic Steroid Use

5-Pretransplant	Prior Cardiac Surgery//Specify	
5-Pretransplant	Prior Lung Surgery (non-transplant)	
5-Pretransplant	If yes, check all that apply	
5-Pretransplant	Prior Lung Surgery//Specify	
5-Pretransplant	Episode of Ventilatory Support	
5-Pretransplant	If yes, indicate most recent timeframe	
5-Pretransplant	Tracheostomy	
6-Transplant Procedure	Multiple Organ Recipient	Display Only - Cascades from feedback
6-Transplant Procedure	Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
6-Transplant Procedure	Procedure Type	Display Only - Cascades from feedback
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung	
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung//Status	Value or status is reported, not both
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right lung	
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right Lung//Status	Value or status is reported, not both
6-Transplant Procedure	Lung(s) perfused prior to transplant?	
6-Transplant Procedure	Perfusion occurred at:	
6-Transplant Procedure	Perfusion performed by:	
6-Transplant Procedure	Total time on perfusion	
6-Transplant Procedure	Lung(s) received at transplant center	
6-Transplant Procedure	On ice	
6-Transplant Procedure	On pump	
6-Transplant Procedure	Right Lung/Enbloc: Stayed on pump Put on ice	
6-Transplant Procedure	Left Lung: Stayed on pump Put on ice	
7- Post Transplant	Graft Status	
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	Stroke	
7- PostTransplant	Dialysis	
7- Post Transplant	Ventilator Support	

5-Pretransplant	FVC
5-Pretransplant	FVC % predicted//Status
5-Pretransplant	FeV1
5-Pretransplant	FeV1 % predicted//Status
5-Pretransplant	pCO2
5-Pretransplant	pCO2 mm/Hg//Status
5-Pretransplant	Transfusions
5-Pretransplant	Infection Requiring IV Therapy within 2 wks prior to Tx
5-Pretransplant	Dialysis
5-Pretransplant	Episode of Ventilatory Support
5-Pretransplant	If yes, indicate most recent timeframe
5-Pretransplant	Tracheostomy
5-Pretransplant	Prior Thoracic Surgery other than prior transplant
5-Pretransplant	If yes, number of prior sternotomies
5-Pretransplant	If yes, number of prior thoracotomies
5-Pretransplant	Prior congenital cardiac surgery
5-Pretransplant	If yes, palliative surgery
5-Pretransplant	If yes, corrective surgery
5-Pretransplant	If yes, single ventricular physiology
5-Pretransplant	Most Recent Anti-A Titer
5-Pretransplant	Sample Date
5-Pretransplant	Most Recent Anti-B Titer
5-Pretransplant	Sample Date
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	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung//Status
6-Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right lung

7- Post Transplant	Reintubated	
7 - PostTransplant	Permanent Pacemaker	
7 - PostTransplant	Airway Dehiscence	
7- Post Transplant	Did patient have any acute rejection episodes between transplant and discharge	
7- Post Transplant	Intubated at 72 hours	
7- Post Transplant	PaO2 at 72 hours	
7- Post Transplant	PaO2 at 72 hours//Status	Value or status is reported, not both
7- Post Transplant	FiO2 at 72 hours	
7- Post Transplant	FiO2 at 72 hours//Status	Value or status is reported, not both
7- Post Transplant	ECMO a 72 hours	
7- Post Transplant	Inhaled NO at 72 hours	
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:

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.

	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right Lung//Status
6-Transplant Procedure	Lung(s) perfused prior to transplant?
6-Transplant Procedure	Perfusion occurred at:
6-Transplant Procedure	Perfusion performed by:
6-Transplant Procedure	Total time on perfusion
6-Transplant Procedure	Lung(s) received at transplant center
6-Transplant Procedure	On ice
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	Right Lung/Enbloc: Stayed on pump Put on ice
	Left Lung: Stayed on pump Put on ice
6-Transplant Procedure	Graft Status
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	Stroke
7 - PostTransplant	Dialysis
7- Post Transplant	Ventilator Support
7- Post Transplant	Reintubated
7 - PostTransplant	Permanent Pacemaker
7 - PostTransplant	Airway Dehiscence
	Did patient have any acute rejection episodes between transplant and discharge
7- Post Transplant	Intubated at 72 hours
7- Post Transplant	PaO2 at 72 hours
7- Post Transplant	PaO2 at 72 hours//Status
7- Post Transplant	FiO2 at 72 hours
7- Post Transplant	FiO2 at 72 hours//Status
7- Post Transplant	ECMO a 72 hours
7- Post Transplant	Inhaled NO at 72 hours
7- Post Transplant	Most Recent Anti-A Titer
7- Post Transplant	Most Recent Anti-A Titer//Sample Date
7- Post Transplant	Most Recent Anti-B Titer
7- Post Transplant	Most Recent Anti-B Titer//Sample Date
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:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements, monitor compliance of member organizations with OPTN Obligations. An agency may be required to respond to, a collection of information unless it displays a currently valid OMB number for this information collection is 0915-0157 and it is valid until xx/xx/20xx. This collection of information may be used to determine whether you are eligible to receive or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act (5625-0055) (Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by security features. The Contractor's security system meets or exceeds the requirements of Appendix III, Security of Federal Automated Information Systems, and the Department of Health and Human Services Program Handbook. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data, reviewing existing 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 1204, Rockville, MD 20857 or paperwork@hrsa.gov.

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Display Only - Cascades from feedback

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Value or status is reported, not both

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Lane, Room 14N136B, Rockville, Maryland,