O.M.B. NO. 0915-0157 Expiration Date: XXXXX/202X TRF (1-5 Year) - Lung - 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 Recipient First Name	Display Only - Cascades from Database		
1-Recipient Information	1	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 D:-:	Descriptor Faller - Lie	Display Only County from pring TDE		
1-Recipient Information	Previous Follow-Up	Display Only - Cascades from prior TRF		
1-Recipient Information 1-Recipient Information	DOB Gender	Display Only - Cascades from TCR		
	Tx Date	Display Only - Cascades from TCR Display Only - Cascades from Database		
1-Recipient Information	1x Date	Display Only - Cascades from Database		
1 Decipiont Information	Previous Px Stat Date	Display Only - Cascades from prior TRF		
1-Recipient Information 1-Recipient Information	Transplant Discharge Date	Display Only - Cascades from prior TRF		
1-Recipient Information	State of Permanent Residence			
*	Zip Code			
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	Display Only - Gascades Holli Database		
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	Display Only - Cascades from feedback		
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		
4-Patient Status	Contributory Cause of Death//Specify	Not required		
4 Tuttent Status	Has the patient been hospitalized since the	rot required		
4-Patient Status	last patient status date			
4-Patient Status	Hospitalized for Rejection			
	p			
4-Patient Status	Hospitalized for Infection			
4-Patient Status	Functional Status			
4-Patient Status	Working for income			
4-Patient Status	Primary Insurance at Follow-up			
	3			
4-Patient Status	Primary Source of Payment, Specify			
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	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	Date Test Performed	Value or status is reported, not both		
5-Clinical Information	FEV1	Value or status is reported, not both		
5-Clinical Information	FVC	Value or status is reported, not both		
5-Clinical Information	FEF 25-75	Value or status is reported, not both		
5-Clinical Information	Date Test Performed	Value or status is reported, not both		
5-Clinical Information	FEV1	Value or status is reported, not both		
5-Clinical Information	FVC	Value or status is reported, not both		
- Jimea mornation	- · -	or status is reported, not both		

Form Section
1-Recipient Information
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1-Recipient Information
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2-Provider Information 2-Provider Information
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4-Patient Status
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5-Clinical Information
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5-Clinical Information	FEF 25-75	Value or status is reported, not both
5-Clinical Information	Date Test Performed	Value or status is reported, not both
5-Clinical Information	FEV1	Value or status is reported, not both
5-Clinical Information	FVC	Value or status is reported, not both
5-Clinical Information	FEF 25-75	Value or status is reported, not both
5-Clinical Information	Current Supplemental O2 requirements at rest and/or at exercise	
5-Clinical Information	At rest: FiO2 or Flow	Value or status is reported, not both
5-Clinical Information	With excercise: FiO2 or Flow	Value or status is reported, not both
5-Clinical Information	New diabetes onset between last follow-up to the current follow-up	
5-Clinical Information	Diabetes: If Yes, Insulin Dependent	
5-Clinical Information	Most Recent Serum Creatinine	
5-Clinical Information	Most Recent Serum Creatinine//Status	
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	
7-Immunosuppressive Information	Were any medications given during the follow-up period for maintenance	
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 Proc the following OPTN functions: to a monitor compliance of member or not required to respond to, a colle number for this information collect obtain or retain a benefit per 42 Cf System of Records #09-15-0055). I Contractor's security features. The Circular A-130, Appendix III, Securi Systems Security Program Handbo hours per response, including the the collection of information. Send

information, including suggestions 14N136B, Rockville, Maryland, 208

TRF (1-5 Year) - Lung - 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 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
inc	Display Only - Cascades from TCK
Previous Follow-Up	Display Only - Cascades from prior TRF
DOB	Display Only - Cascades from TCR
Gender Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from Database
1x Date	Display Only - Cascades Holli Database
Previous Px Stat Date	Display Only - Cascades from prior TRF
	Display Only - Cascades from prior TRI
Transplant Discharge Date State of Permanent Residence	
Zip Code	
Previous Follow-Up	Display Only - Cascades from prior TRF
Trevious Follow Op	Display Only Cascades from prior Tree
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	- F - J
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 - Cascades from feedback
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/Specify	Not required
Contributory Cause of Death	Not required
Contributory Cause of Death//Specify	Not required
	Not required
Has the patient been hospitalized since the last patient status date	
•	
Hospitalized for Rejection	
Hospitalized for Infection	
Functional Status	
Cognitive Development	
Ŭ I	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Insurance at Follow-up	
Primary Source of Payment, Specify	
Date of Measurement	
Height	
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
HIV Serology	
HIV NAT	
HbsAg	

HBV DNA	
HBV Core Antibody	
HCV Serology	
HCV NAT	
Graft Status	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure// Other	
Specify	
Most Recent Anti-A Titer	
Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer//Sample Date	
Date Test Performed	Value or status is reported, not both
FEV1	Value or status is reported, not both
12,1	value of status is reported, not both
FVC	Value or status is reported, not both
FEF 25-75	Value or status is reported, not both
Date Test Performed	Value or status is reported, not both
FEV1	Value or status is reported, not both
FVC	Value or status is reported, not both
1 10	value of status is reported, not both
FEF 25-75	Value or status is reported, not both
Date Test Performed	Value or status is reported, not both
FEV1	Value or status is reported, not both
FVC	Value or status is reported, not both
FEF 25-75	Value or status is reported, not both
Current Supplemental O2 requirements at rest and/or at exercise	
At rest: FiO2 or Flow	Value or status is reported, not both
With excercise: FiO2 or Flow	Value or status is reported, not both
With effected 1102 of 110W	value of status is reported, not both
Diabetes onset during the follow-up period	
Diabetes: If Yes, Insulin Dependent	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	
Chronic Dialysis	
Renal Tx since Thoracic Tx	
Did patient have any acute rejection episodes during the follow-up period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-Up Medications	Display Only - Cascades from Database
immunosuppression medication	Display Only - Cascades Holli Daddodse
immunosuppression medication indication	

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or reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 7 or paperwork@hrsa.gov.				