O.M.B. NO. 0915-0157 Expiration Date: XXX/XXX/202X TCR - Heart/Lung - Adult Fields to be completed by members

F 6	Tiald Label	N-4
Form Section	Field Label	Notes
Provider Information	Transplant Center Code	Display Only - Cascades from Waitlist
Provider Information	Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist
2-Candidate Information	Organ Registered:	Display Only - Cascades from Waitlist
2-Candidate Information	Date of Listing or Add:	Display Only - Cascades from Waitlist
2-Candidate Information	Last Name:	Cascades from Waitlist
2-Candidate Information	First Name:	Cascades from Waitlist
2-Candidate Information	Middle Initial://MI:	Not required
		•
2-Candidate Information	Previous Surname:	Not required
2-Candidate Information	SSN:	Display Only - Cascades from Waitlist
2-Candidate Information	Gender:	Cascades from Waitlist
2-Candidate Information	HIC:	Not required
2-Candidate Information	Date of Birth://DOB:	Cascades from Waitlist
2-Candidate Information	State of Permanent Residence:	Cascades from Waitlist
2-Candidate Information	Permanent ZIP Code:	Cascades from Waitlist
2-Candidate Information	Ethnicity/Race:	Cascades from Waitlist
2-Candidate Information		Cascades Ironi Waithst
	Citizenship:	
2-Candidate Information	Year of Entry to the U.S.	
2-Candidate Information	Year of Entry to the U.S Status//ST=	Value or status is reported, not both
2-Candidate Information	Country of Permanent Residence	
2-Candidate Information	Highest Education Level:	
3-Patient Status	Patient on Life Support:	
	Life Support://Extra Corporeal Membrane	
3-Patient Status	Oxygenation	
3-Patient Status	2.0	
	Life Support://Intra Aortic Balloon Pump	
3-Patient Status	Life Support://Ventilator	
3-Patient Status	Life Support://Prostacyclin Infusion	
3-Patient Status	Life Support://Prostacyclin Inhalation	
3-Patient Status	Life Support://Inhaled NO	
3-Patient Status	Life Support://Other Mechanism, Specify	
3-Patient Status	Life Support:Other Mechanism//Specify:	
	1.	
3-Patient Status	Life Support://Patient on Ventricular Assist Device:	
5-Patient Status	Device:	
3-Patient Status	Life Support://VAD Brand1:	
3-Patient Status	Life Support://VAD Brand2:	
3-Patient Status	Life Support:VAD Brand1//Specify:	
3-Patient Status	Life Support:VAD Brand2//Specify:	
3-Patient Status	Functional Status:	
3-Patient Status	Working for income:	
3-Patient Status	Previous Transplant//Organ	Display Only - Cascades from Database
	1 0	1 0 0
3-Patient Status	Previous Transplant//Date	Display Only - Cascades from Database
3-Patient Status	Previous Transplant//Graft Fail Date	Display Only - Cascades from Database
4-Source of Payment	Source of Payment//Primary:	
4-Source of Payment	Foreign Government//Specify:	
5-Clinical Information	Height in cm://Height:	
5-Clinical Information	Height Status//ST=	Value or status is reported, not both
5-Clinical Information	Height Growth percentiles//%ile	Calculated for display only
5-Clinical Information	Weight in kg://Weight:	
5-Clinical Information	Weight Status//ST=	Value or status is reported, not both
	0	* '
5-Clinical Information	Weight Growth percentiles//%ile	Calculated for display only
5-Clinical Information	BMI:	Display Only - Cascades from Database
5-Clinical Information	BMI://%ile	Calculated for display only
5-Clinical Information	ABO Blood Group:	Display Only - Cascades from Waitlist
5-Clinical Information	Primary Diagnosis:	
5-Clinical Information	Primary Diagnosis//Specify:	
6-General Medical Factors	Diabetes:	
6-General Medical Factors	Any previous Malignancy:	
6-General Medical Factors	3.1	
	Any previous Malignancy//Specify Type:	
6-General Medical Factors	Any previous Malignancy//Specify:	
7-Heart Medical Factors	Implantable Defibrillator:	
7-Heart Medical Factors	Exercise Oxygen Consumption:	
7-Heart Medical Factors	Exercise Oxygen Consumption//ST=	Value or status is reported, not both
9-Lung Medical Factors	Pan-Resistant Bacterial Lung Infection:	
8-Heart/Lung Medical Factors	PA (sys) mm/Hg:	
8-Heart/Lung Medical Factors	PA (sys) mm/Hg//ST=	Value or status is reported, not both
		varae or status is reported, flot botti
8-Heart/Lung Medical Factors	PA (sys) mm/Hg Inotropes/Vasodilators	
8-Heart/Lung Medical Factors	PA (dia) mm/Hg:	
8-Heart/Lung Medical Factors	PA (dia) mm/Hg//ST=	Value or status is reported, not both

Form Section
1-Provider Information
1-Provider Information
2-Candidate Information
2-Candidate Information
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3-Patient Status
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3-Patient Status
3-Patient Status
3-Patient Status
3-Patient Status
3-Patient Status
4-Source of Payment
4-Source of Payment
5-Clinical Information
5-Clinical Information
5-Clinical Information
6-General Medical Factors
6-General Medical Factors
6-General Medical Factors
6-General Medical Factors
6-General Medical Factors 6-General Medical Factors
6-General Medical Factors 6-General Medical Factors
6-General Medical Factors

8-Heart/Lung Medical Factors	PA (dia) mm/Hg Inotropes/Vasodilators	
8-Heart/Lung Medical Factors	PA (mean) mm/Hg:	
8-Heart/Lung Medical Factors	PA (mean) mm/Hg//ST=	Value or status is reported, not both
8-Heart/Lung Medical Factors	PA (mean) mm/Hg Inotropes/Vasodilators	
8-Heart/Lung Medical Factors	PCW (mean) mm/Hg:	
8-Heart/Lung Medical Factors	PCW (mean) mm/Hg//ST=	Value or status is reported, not both
8-Heart/Lung Medical Factors	Inotropes/Vasodilators	
8-Heart/Lung Medical Factors	CO L/min:	
8-Heart/Lung Medical Factors	CO L/min//ST=	Value or status is reported, not both
8-Heart/Lung Medical Factors	CO L/min Inotropes/Vasodilators	
8-Heart/Lung Medical Factors	History of Cigarette Use:	
8-Heart/Lung Medical Condition	Duration of Abstinence:	
8-Heart/Lung Medical Condition	Prior Cardiac Surgery (non-transplant):	
8-Heart/Lung Medical Condition	If yes, check all that apply:	
8-Heart/Lung Medical Condition	Prior Cardiac Surgery type//Specify:	

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 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 estimate or any other aspect of this collection of 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

7-Heart Medical Factors		
7-Heart Medical Factors		
9-Lung Medical Factors		
8-Heart/Lung Medical Factors		
8-Heart/Lung Medical Factors		
8-Heart/Lung Medical Factors		
8-Heart/Lung Medical Factors		
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PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Proct the following OPTN functions: to as to monitor compliance of member is not required to respond to, a coll control number for this informatior required to obtain or retain a benel (Privacy Act System of Records #09 number of the Contractor's security prescribed by OMB Circular A-130, Automated Information Systems Se estimated to average 3 hours per recompleting and reviewing the collettis collection of information, inclu Lane, Room 14N136B, Rockville, Mi

TCR - Heart/Lung - Pediatric Fields to be completed by members

Field Label	Notes Display Only - Cascades from Waitlist
Fransplant Center Code Fransplant Center Type://Recipient Center	Display Only - Cascades from Waitlist
Organ Registered:	Display Only - Cascades from Waitlist Display Only - Cascades from Waitlist
Date of Listing or Add:	Display Only - Cascades from Waitlist 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:	
Life Support://Patient on Ventricular	
Assist Device:	
Life Support://VAD Brand1: Life Support://VAD Brand2:	
Life Support:VAD Brand1//Specify:	
Life Support: VAD Brand2//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:	77
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: Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify:	
Fotal Serum Albumin: Fotal Serum Albumin/ST=	Value or status is reported, not both

Exercise Oxygen Consumption:	
Exercise Oxygen Consumption//ST=	Value or status is reported, not both
Pan-Resistant Bacterial Lung Infection:	value of status is reported, not both
PA (sys) mm/Hg:	
PA (sys) mm/Hg//ST=	Value or status is reported, not both
PA (sys) mm/Hg Inotropes/Vasodilators	value of status is reported, not both
PA (dia) mm/Hg:	
PA (dia) mm/Hg//ST=	Value or status is reported, not both
PA (dia) mm/Hg Inotropes/Vasodilators	value of status is reported, not both
PA (mean) mm/Hg:	
PA (mean) mm/Hg//ST=	Value or status is reported, not both
r A (mean) mm/rig//31-	value of status is reported, not both
PA (mean) mm/Hg Inotropes/Vasodilators	
PCW (mean) mm/Hg:	
PCW (mean) mm/Hg//ST=	Value or status is reported, not both
PCW (mean) mm/Hg	
Inotropes/Vasodilators	
CO L/min:	
CO L/min//ST=	Value or status is reported, not both
CO L/min Inotropes/Vasodilators	
History of Cigarette Use:	
Duration of Abstinence:	
Prior Thoracic Surgery other than prior transplant:	
Prior Thoracic Surgery//If yes, number of prior sternotomies:	
Prior Thoracic Surgery//If yes, number of prior thoracotomies:	
Prior Thoracic Surgery//Prior congenital cardiac surgery:	
Prior congenital cardiac surgery//If yes, palliative surgery:	
Prior congenital cardiac surgery//If yes, corrective surgery:	
Prior congenital cardiac surgery//If yes, single ventricular physiology:	

irement and Transplantation Network (OPTN) collects this information in order to perform sess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person ection of information unless it displays a currently valid OMB control number. The OMB 1 collection is 0915-0157 and it is valid until xx/xx/20xx. This information collection is fit per 42 CFR §121.11(b)[2). All data collected will be subject to Privacy Act protection 1:5-0055). Data collected by the private non-profit OPTN also are well protected by a / features. The Contractor's security system meets or exceeds the requirements as Appendix III, Security of Federal Automated Information Systems, and the Departments curity Program Handbook. The public reporting burden for this collection of information is seponse, including the time for reviewing instructions, searching existing data sources, and ction of information. Send comments regarding this burden estimate or any other aspect of ding suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers aryland, 20857 or paperwork@hrsa.gov.