## O.M.B. NO. 0915-0157 Expiration Date: XXXXX/202X TRF (1-5 Year) - Heart/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	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	Previous Px Stat Date	Display Only - Cascades from prior TRF
1-Recipient Information	Transplant Discharge Date	
1-Recipient Information	State of Permanent Residence	
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 2-Provider Information	Followup Center Type Physician Name	Display Only - Cascades from Database
2-Provider Information	NPI#	
2-Provider Information		
2-Provider Information	Follow-up Care Provided By 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  Display Only - Cascades from Database
3-Donor Information	OPO	Display Only - Cascades from feedback
4-Patient Status	Date: Last Seen, Retransplanted or Death	Display Giny Guscades from recuback
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
	Has the patient been hospitalized since the last patient	
4-Patient Status	status date	
4-Patient Status	Hospitalized for Rejection	
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	
4 Dationt Status	Drimary Course of Daymont Chesify	
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	Ejection Fraction	Value or status is reported, not both
5-Clinical Information	Heart: Ejection Fraction//Status	Display Only - Cascades from Database
5-Clinical Information	Pacemaker	Display Only - Cascades from Database
5-Clinical Information	Coronary Artery Disease	Display Only - Cascades from Database
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
5-Clinical Information	FEF 25-75	Value or status is reported, not both

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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
	Current Supplemental O2 requirements at rest and/or	
5-Clinical Information	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	Value or status is reported, not both
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	
5-Clinical Information	Other, Specify	
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-Immunosuppressive Information	immunosuppression medication	
7-Immunosuppressive Information	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 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 tyricacy 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 F following OPTN functions: to as monitor compliance of membe required to respond to, a collec number for this information co or retain a benefit per 42 CFR § Records #09-15-0055). Data co security features. The Contract Appendix III, Security of Federa

program manupook. The public including the time for reviewing information. Send comments risuggestions for reducing this bit 20857 or paperwork@hrsa.gov

## TRF (1-5 Year) - Heart/Lung - Pediatric Fields to be completed by members

Field label	Notes  Display Only - Cascades from Database
Organ Type 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
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	
State of Permanent Residence	
Zip Code	
Previous Follow-Up	Display Only - Cascades from prior TRF
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	
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 Cause of Death//Specify	Not required
Has the patient been hospitalized since the last patient status date	
Hospitalized for Rejection	
Hospitalized for Infection	
Functional Status	
Cognitive Development	
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	1 - 3 - 3
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	
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HCV Serology HCV NAT	

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	
Ejection Fraction	Display Only - Cascades from Database
Heart: Ejection Fraction//Status	Value or status is reported, not both
Shortening Fraction	Display Only - Cascades from Database
Shortening Fraction://Status Pacemaker	Value or status is reported, not both
Расептакет	Display Only - Cascades from Database
Coronary Artery Disease Since Last Follow Up	Display Only - Cascades from Database
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
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
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
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	
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	
immunosuppression medication indication	

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reporting purgent for this collection of information is estimated to average 3 nours per response, instructions, searching existing data sources, and completing and reviewing the collection of garding this burden estimate or any other aspect of this collection of information, including irden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland,	