

Program Handbook. The public
including the time for review,
information. Send comments r
suggestions for reducing this b
20857 or paperwork@hrsa.gov

TRF (1-5 Year) - Heart/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 |
| 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 | |
| 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 | |
| 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 | Value or status is reported, not both |
| Pacemaker | 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 |
| 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 exercise: 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 | |

Procurement and Transplantation Network (OPTN) collects this information in order to perform the assessment whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to inform organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not to provide information unless it displays a currently valid OMB control number. The OMB control number for this collection of information is 0915-0157 and it is valid until xx/xx/20xx. This information collection is required to obtain information under 42 CFR 121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Record) maintained by the private non-profit OPTN also are well protected by a number of the Contractor's or its security system meets or exceeds the requirements as prescribed by OMB Circular A-130, the Department's Automated Information Systems, and the Department's Automated Information Systems Security Policy. The estimated burden for this collection of information is estimated to average 2 hours per response.

reporting burden for this collection of information is estimated to average 3 hours per response, including instructions, searching existing data sources, and completing and reviewing the collection of information regarding this burden estimate or any other aspect of this collection of information, including transmitting the information, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20852.