TRR - Liver - Adults 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	Display Only - Cascades Holli feedback
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	Surgeon Name	Display only Guscudes from Fore
2 - Provider Information	NPI#	
	- 12 - 17	
3 - Donor Information	UNOS Donor ID #	Display Only - Cascades from feedback
		1 3 3
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	Patient on Life Support	
4-Patient Status	Ventilator	
4-Patient Status	Artificial Liver	
4-Patient Status	Other Mechanism	
4-Patient Status	Other Mechanism, Specify	
4-Patient Status	Functional Status	
4-Patient Status	Working for income	
4-Patient Status 4-Patient Status	Primary Source of Payment Primary Source of Payment, Specify	
5- Pretransplant 5- Pretransplant	Height Height in Centimeters//Status	Value or status is reported, not both
5- Pretransplant	Height Percentile//Growth Percentiles//%ile	•
5- Pretransplant	Weight	Calculated for display only
5- Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
5 Treatmophane	Weight in Perograms//States	value of status is reported, not both
5- Pretransplant	Weight Percentile//Growth Percentiles//%ile	Calculated for display only
5 Treatmoplane	Weight referrate/Grown referrates///one	Curculated for display only
5- Pretransplant	BMI	Display Only - Cascades from Database
5- Pretransplant	BMI://%ile	Calculated for display only
•		1 3 3
5- Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database
	1 0	1 3 3
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	
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5- PreTransplant	NAT HIV	
5- PreTransplant	CMV Status	
6- PreTransplant	HBV Core Antibody	
5- PreTransplant	HBV Surface Antibody Total	

Form Section
1- Recipient Information
1- Recipient Information
1- Recipient Information
1- Recipient Information
1- Recipient Information
2 - Provider Information
3 - Donor Information
5 Donor Information
2 Donor Information
3 - Donor Information
3 - Donor Information
4 - Patient Status
4 - Patient Status
4-Patient Status
4-Patient Status
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4-Patient Status 5- Pretransplant
4-Patient Status 5- Pretransplant

5- PreTransplant	HBV Core Antibody	
5- PreTransplant	HBV Surface Antigen	
5- PreTransplant	NAT HBV	
5- PreTransplant	HCV Serostatus	
5- PreTransplant	NAT HCV	
5- PreTransplant	EBV Serostatus	
6- PreTransplant	Has the recipient ever had a diagnosis of HCC?	
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	Split Type	
6-Transplant Procedure	Total Cold Ischemia Time (if pumped, include pump time)	
6-Transplant Procedure	Total Cold Ischemia Time (if pumped, include pump time)://Status	Value or status is reported, not both
6-Transplant Procedure	Previous Abdominal Surgery	
6-Transplant Procedure	Portal Vein Thrombosis	
6-Transplant Procedure	Transjugular Intrahepatic Portacaval Stint Shunt	
7- Post Transplant	Pathology Conf. Liver Diag. of Hospital Discharge	
7- Post Transplant	If Other Pathology Conf. Liver Diag. of Hospital Discharge//Specify	
7- Post Transplant	Graft Status	
7- Post Transplant	Date of Graft Failure	
7- Post Transplant	Primary Non-Function	
7-1 Ost Transplant	11mary Ivon-1 unction	
7- Post Transplant	Hepatic Artery Thrombosis	
7- Post Transplant	Other Vascular Thrombosis	
7- Post Transplant	Hepatic outflow obstruction	
7- Post Transplant	Portal vein thrombosis	
7- Post Transplant	Diffuse Cholangiopathy	
7- Post Transplant	Hepatitis: DeNovo	
7- Post Transplant	Hepatitis: Recurrent	
7- Post Transplant	Recurrent Disease (non-Hepatitis)	
7- Post Transplant	Acute Rejection	
7- Post Transplant	Infection	
7- Post Transplant	Other, Specify	
7- Post Transplant	Did patient have any acute rejection episodes between transplant and discharge	
	Are any medications given currently for	
9- Immunosupression Other	maintenance or anti-rejection	
9- Immunosupression Other	immunosuppression medication	
9- Immunosupression Other	immunosuppression medication indication	
9- Immunosupression 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 0915-0184 and it is valid until 07/31/2023. 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.

5- Pretransplant		
5- PreTransplant		
5- PreTransplant		
5- PreTransplant		
6- PreTransplant		
5- PreTransplant		
5- PreTransplant		
5- PreTransplant		
6- PreTransplant		
6-Transplant Procedure		
6-Transplant Procedure		
7- Post Transplant		
9- Immunosupression Other		

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Prictive following OPTN functions: to and to monitor compliance of merson is not required to respor OMB control number for this in is required to obtain or retain a (Privacy Act System of Records in number of the Contractor's secuprescribed by OMB Circular A-1. Automated Information System estimated to average 3 hours procompleting and reviewing the coff this collection of information Fishers Lane, Room 14N136B, R

TRR - Liver - Pediatrics Fields to be completed by members

Field Label	Notes
Organ	Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Not required
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from feedback
State of Permanent Residence Permanent Zip	
•	Disalas Cala Casada form TCD
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Surgeon Name	
NPI#	
UNOS Donor ID #	Display Only - Cascades from feedback
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Primary Diagnosis	Display Only - Cascades Holli feedback
Primary Diagnosis//Specify	
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
, , , , , , , , , , , , , , , , , , ,	
Cause of Death//Specify	Not required
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
Date of Admission to Tx Center	
Date of Discharge from Tx Center	
Medical Condition at time of transplant	
Patient on Life Support	
Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, Specify	
Functional Status	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
•	
Date of Measurement	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight	
	Value or status is reported not both
	Value or status is reported, not both Calculated for display only
Weight Percentile//Growth Percentiles//%ile	Calculated for display only
Weight Percentile//Growth Percentiles//%ile BMI	Calculated for display only Display Only - Cascades from Database
Weight in Kilograms//Status Weight Percentile//Growth Percentiles//%ile BMI BMI://%ile	
Weight Percentile//Growth Percentiles//%ile BMI	Calculated for display only Display Only - Cascades from Database

Previous Transplant Graft Fail Date	Display Only - Cascades from Database
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Core Antibody	
HBV Surface Antigen	
NAT HBV	
HCV Serostatus NAT HCV	
NAI HCV	
EBV Serostatus	
Has the recipient ever had a diagnosis of	
HCC?	
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant	L
procedure	Display Only - Cascades from feedback
Duran dana Tana	Disales Only County for the st
Procedure Type	Display Only - Cascades from feedback
Split Type	
Total Cold Ischemia Time (if pumped,	
include pump time)	
Total Cold Ischemia Time (if pumped,	
include pump time)://Status	Value or status is reported, not both
Previous Abdominal Surgery	
Portal Vein Thrombosis	
Transjugular Intrahepatic Portacaval Stint Shunt	
Pathology Conf. Liver Diag. of Hospital Discharge	
If Other Pathology Conf. Liver Diag. of	
Hospital Discharge//Specify	
Graft Status Date of Graft Failure	
Primary Non-Function	
Hepatic Artery Thrombosis	
Other Vascular Thrombosis	
Hepatic outflow obstruction	
Portal vein thrombosis	
Diffuse Cholangiopathy	
Hepatitis: DeNovo	
Hepatitis: Recurrent	
Recurrent Disease (non-Hepatitis)	
Acute Rejection	
Infection	
Other, Specify	
Did patient have any acute rejection episodes between transplant and discharge	
Are any medications given currently for maintenance or anti-rejection	
·	
immunosuppression medication	
immunosuppression medication indication	
days of induction	

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