O.M.B. NO. 0915-0157 Expiration Date: XXX/XX/202X TRF (6 Month - 5 Year) - Liver - Adult Fields to be completed by members

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5-Clinical Information
5-Clinical Information
5-Clinical Information

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	New diabetes onset between last follow-up to the current follow-up	
5-Clinical Information	Insulin dependent	
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	
Information	for maintenance	
Information	Previous Validated Maintenance Follow-Up Medications	Display Only - Cascades from Database
Information	immunosuppression medication	
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 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 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.

5-Clinical Information
5-Clinical Information
5-Clinical Information
5-Clinical Information
5-Clinical Information
Information
7-Immunosuppressive
Information
7-Immunosuppressive
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7-Immunosuppressive
Information

PUBLIC BURDEN STATEMENT:

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TRF (6 Month - 5 Year) - Liver - Pediatric Fields to be completed by members

Fields to be com	pleted by members
Field label	Notes
Organ Type	Display Only - Cascades from Database
Follow up code	Display Only - Cascades from Database
Recipient First Name Recipient Last Name	Display Only - Cascades from TCR 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	
Recipient Center	Display Only - Cascades from TCR
Recipient Center Type	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 Contributory Cause of Death	Not required Not required
Contributory Cause of Death//Specify	Not required
Has the patient been hospitalized since the last patient status date	
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 PMI-//0/:l-	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
Pathology confirmed liver diagnosis at hospital discharge	
Pathology confirmed liver diagnosis at	
hospital discharge	
hospital discharge HIV Serology	
hospital discharge HIV Serology HIV NAT	
hospital discharge HIV Serology HIV NAT HbsAg	
hospital discharge HIV Serology HIV NAT HbsAg HBV DNA	
hospital discharge HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody	
hospital discharge HIV Serology HIV NAT HbsAg HBV DNA	
hospital discharge HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology	
hospital discharge HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT	
hospital discharge HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Graft Status	

Other Vascular Thrombosis				
Hepatic Outflow Obstruction				
Portal Vein Thrombosis				
Diffuse Cholangiopathy				
Hepatitis: DeNovo				
Hepatitis: Recurrent				
Recurrent Disease (non-Hepatitis)				
Acute Rejection				
Infection				
Other, Specify				
Lab Date				
Total Bilirubin				
Total Bilirubin://Status				
Most Recent Serum Creatinine	Value or status is reported, not both			
Most Recent Serum Creatinine://Status				
to the current follow-up	Value or status is reported, not both			
Insulin dependent				
episodes during the follow-up period				
Post Transplant Malignancy				
Donor Related				
Recurrence of Pre-Tx Tumor				
De Novo Solid Tumor				
Lymphoma				
follow-up period for maintenance				
Previous Validated Maintenance Follow-Up Medications				
immunosuppression medication	Display Only - Cascades from Database			
minanosappression incurcation	Display Only - Gascades from Database			
immunosuppression medication indication				

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