

### TRF (Post 5-Year) - Liver - 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	Display Only - Cascades from TCR
2-Provider Information	Recipient Center Type	Display Only - Cascades from TCR
2-Provider Information	Followup Center Code	Display Only - Cascades from Database
2-Provider Information	Followup Center Type	Display Only - Cascades from Database
3-Donor Information	UNOS Donor ID #	Display Only - Cascades from Database
3-Donor Information	Donor Type	Display Only - Cascades from Database
3-Donor Information	OPO	Display Only - Cascades from feedback
4-Patient Status	Date: Last Seen, Retransplanted or Death	
4-Patient Status	Patient Status	
4-Patient Status	Primary Cause of Death	
4-Patient Status	Primary Cause of Death//Specify	
5-Clinical Information	Graft Status	
5-Clinical Information	Date of Failure	
5-Clinical Information	Primary Non-Function	
5-Clinical Information	Hepatic Artery Thrombosis	
5-Clinical Information	Other Vascular Thrombosis	
5-Clinical Information	Hepatic Outflow Obstruction	
5-Clinical Information	Portal Vein Thrombosis	
5-Clinical Information	Diffuse Cholangiopathy	
5-Clinical Information	Hepatitis: DeNovo	
5-Clinical Information	Hepatitis: Recurrent	
5-Clinical Information	Recurrent Disease (non-Hepatitis)	
5-Clinical Information	Acute Rejection	
5-Clinical Information	Infection	
5-Clinical Information	Other, Specify	
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	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	

Form Section
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**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](mailto:paperwork@hrsa.gov).



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**TRF (Post 5-Year) - Liver - 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	
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
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	
Functional Status	
Cognitive Development	
Motor Development	
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
Graft Status	
Date of 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	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine://Status	Value or status is reported, not both
New diabetes onset between last follow-up to the current follow-up	
Insulin dependent	
Coronary Artery Disease Since Last Follow Up	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	

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