

TCR - Intestine - Adult
Fields to be completed by members

Form Section	Field Label	Notes
1-Provider Information	Transplant Center Code	Display Only - Cascades from Waitlist
1-Provider Information	Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist
2-Candidate Information	Organ Registered:	Display Only - Cascades from Waitlist
2-Candidate Information	Date of Listing or Add:	Display Only - Cascades from Waitlist
2-Candidate Information	Last Name:	Cascades from Waitlist
2-Candidate Information	First Name:	Cascades from Waitlist
2-Candidate Information	Middle Initial://MI:	Not required
2-Candidate Information	Previous Surname:	Not required
2-Candidate Information	SSN:	Display Only - Cascades from Waitlist
2-Candidate Information	Gender:	Cascades from Waitlist
2-Candidate Information	HIC:	Not required
2-Candidate Information	Date of Birth://DOB:	Cascades from Waitlist
2-Candidate Information	State of Permanent Residence:	Cascades from Waitlist
2-Candidate Information	Permanent ZIP Code:	Cascades from Waitlist
2-Candidate Information	Ethnicity/Race:	Cascades from Waitlist
2-Candidate Information	Citizenship:	
2-Candidate Information	Year of Entry to the U.S.	
2-Candidate Information	Year of Entry to the U.S Status//ST=	
2-Candidate Information	Country of Permanent Residence	
2-Candidate Information	Highest Education Level:	
3-Patient Status	Patient on Life Support:	
3-Patient Status	Life Support://Ventilator	
3-Patient Status	Life Support://Artificial Liver	
3-Patient Status	Life Support://Other Mechanism, Specify	
3-Patient Status	Life Support:Other Mechanism//Specify:	
3-Patient Status	Functional Status:	
3-Patient Status	Working for income:	
3-Patient Status	Previous Transplant//Organ	Display Only - Cascades from Database
3-Patient Status	Previous Transplant//Date	Display Only - Cascades from Database
3-Patient Status	Previous Transplant//Graft Fail Date	Display Only - Cascades from Database
3-Patient Status	Previous Pancreas Islet Infusion:	
4-Source of Payment	Source of Payment//Primary:	
4-Source of Payment	Foreign Government//Specify:	
5-Clinical Information	Height in cm://Height:	
5-Clinical Information	Height Status//ST=	Value or status is reported, not both
5-Clinical Information	Height Growth percentiles//%ile	Calculated for display only
5-Clinical Information	Weight in kg://Weight:	
5-Clinical Information	Weight Status//ST=	Value or status is reported, not both
5-Clinical Information	Weight Growth percentiles//%ile	Calculated for display only
5-Clinical Information	BMI:	Display Only - Cascades from Database
5-Clinical Information	BMI://%ile	Calculated for display only
5-Clinical Information	ABO Blood Group:	Display Only - Cascades from Waitlist
5-Clinical Information	Primary Diagnosis:	
5-Clinical Information	Primary Diagnosis//Specify:	
6-General Medical Factors	Diabetes:	
6-General Medical Factors	Any previous Malignancy:	
6-General Medical Factors	Any previous Malignancy//Specify Type:	
6-General Medical Factors	Any previous Malignancy//Specify:	
6-General Medical Factors	Total Bilirubin	

Form Section
1-Provider Information
1-Provider Information
2-Candidate Information
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7-Liver Medical Factors
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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 0915-0157 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.

7-Liver Medical Factors

7-Liver Medical Factors

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) is required to monitor compliance of member organizations. This information is not required to respond to, a collection control number for this information is not required to obtain or retain a benefit from this information. (Privacy Act System of Records #09-15) number of the Contractor's security fee prescribed by OMB Circular A-130. Automated Information Systems Security estimated to average 3 hours per response completing and reviewing the collection of information, including this collection of information, including Lane, Room 14N136B, Rockville, Maryland.

202X **TCR - Intestine - Pediatric**
Fields to be completed by members

Field Label	Notes
Transplant Center Code	Display Only - Cascades from Waitlist
Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist
Organ Registered:	Display Only - Cascades from Waitlist
Date of Listing or Add:	Display Only - Cascades from Waitlist
Last Name:	Cascades from Waitlist
First Name:	Cascades from Waitlist
Middle Initial://MI:	Not required
Previous Surname:	Not required
SSN:	Display Only - Cascades from Waitlist
Gender:	Cascades from Waitlist
HIC:	Not required
Date of Birth://DOB:	Cascades from Waitlist
State of Permanent Residence:	Cascades from Waitlist
Permanent ZIP Code:	Cascades from Waitlist
Ethnicity/Race:	Cascades from Waitlist
Citizenship:	
Year of Entry to the U.S.	
Year of Entry to the U.S Status//ST=	
Country of Permanent Residence	
Highest Education Level:	
Patient on Life Support:	
Life Support://Ventilator	
Life Support://Artificial Liver	
Life Support://Other Mechanism, Specify	
Life Support:Other Mechanism//Specify:	
Functional Status:	
Cognitive Development:	
Motor Development:	
Academic Progress:	
Academic Activity Level:	
Previous Transplant//Organ	Display Only - Cascades from Database
Previous Transplant//Date	Display Only - Cascades from Database
Previous Transplant//Graft Fail Date	Display Only - Cascades from Database
Source of Payment//Primary:	
Foreign Government//Specify:	
Date of Measurement:	
Height in cm://Height:	
Height Status//ST=	Value or status is reported, not both
Height Growth percentiles//%ile	Calculated for display only
Weight in kg://Weight:	
Weight Status//ST=	Value or status is reported, not both
Weight Growth percentiles//%ile	Calculated for display only
BMI:	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
ABO Blood Group:	Display Only - Cascades from Waitlist
Primary Diagnosis:	
Primary Diagnosis//Specify:	
Secondary Diagnosis:	Not required
Secondary Diagnosis//Specify:	
Diabetes:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify:	
Total Bilirubin:	
Total Bilirubin://ST=	Value or status is reported, not both
Loss of two or more vascular access sites:	
History of Portomesenteric Vein Thrombosis:	
Variceal Bleeding within Last Two Weeks:	
Recurrent sepsis:	
Fungal sepsis:	

Unmanageable fluid-electrolyte losses:	
"Non-Reconstructible" GI tract:	

ment and Transplantation Network (OPTN) collects this information in order to perform s whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and anizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is n of information unless it displays a currently valid OMB control number. The OMB illection is 0915-0157 and it is valid until xx/xx/20xx. This information collection is per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection -0055). Data collected by the private non-profit OPTN also are well protected by a atures. The Contractor's security system meets or exceeds the requirements as endix III, Security of Federal Automated Information Systems, and the Departments ity Program Handbook. The public reporting burden for this collection of information is onse, including the time for reviewing instructions, searching existing data sources, and n of information. Send comments regarding this burden estimate or any other aspect of g suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers and, 20857 or paperwork@hrsa.gov.