O.M.B. NO. 0915-0157 Expiration Date: XXXXX/202X TRR - Intestine - Adult

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	feedback
1- Recipient Information	State of Permanent Residence	
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	
2 - Provider Information	NPI#	
3 - Donor Information	UNOS Donor ID #	feedback
3 - Donor Information	Donor Type	feedback
3 - Donor Information	OPO	feedback
4-Patient Status	Primary Diagnosis	
4-Patient Status	Primary Diagnosis//Specify	
4-Patient Status	Secondary Diagnosis	Not required
4-Patient Status	Secondary Diagnosis//Specify	Not required
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	Not required
4-Patient Status	Medical Condition at time of transplant	
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	Primary Source of Payment	
4-Patient Status	Primary Source of Payment, Specify	
5- Pretransplant	Height	
5- Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
5- Pretransplant	Percentiles//%ile	Calculated for display only
5- Pretransplant	Weight	
5- Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
5- Pretransplant	Percentiles//%ile	Calculated for display only
5- Pretransplant	BMI	Database
5- Pretransplant	BMI://%ile	Calculated for display only
5- Pretransplant	Previous Transplant Organ	Database
5- Pretransplant	Previous Transplant Date	Database
5- Pretransplant	Previous Transplant Graft Fail Date	Database
5- PreTransplant	HIV Serostatus	
5- PreTransplant	NAT HIV	
5- PreTransplant	CMV Status	
5- PreTransplant	HBV Core Antibody	
5- PreTransplant	HBV Surface Antibody Total	
5- PreTransplant	HBV Surface Antigen	
5- PreTransplant	NAT HBV	
	HCV Serostatus	
5- Pre Transplant		
5- PreTransplant 5- PreTransplant	NAT HCV	
5- PreTransplant		
5- PreTransplant 5- PreTransplant	EBV Serostatus	
5- PreTransplant 5- PreTransplant 5-Pretransplant	EBV Serostatus Total Bilirubin	Value or status is reported not both
5- PreTransplant 5- PreTransplant 5-Pretransplant 5-Pretransplant	EBV Serostatus Total Bilirubin Total Bilirubin//Status	Value or status is reported, not both
5- PreTransplant 5- PreTransplant 5-Pretransplant	EBV Serostatus Total Bilirubin	Value or status is reported, not both Value or status is reported, not both

O.M.B. NO. 0915-0157 Expiration Date: X

Form Section
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2 - Provider Information
3 - Donor Information
3 - Donor Information3 - Donor Information
4-Patient Status 4-Patient Status
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5-Pretransplant

5-Pretransplant	Serum Creatinine//Status	Value or status is reported, not both
6-Transplant Procedure	Multiple Organ Recipient	feedback
6-Transplant Procedure	Intestine Venous Drainage	
6-Transplant Procedure	Native Viscera Venous Drainage	
6-Transplant Procedure	Procedure Type	feedback
6-Transplant Procedure	Stomach	
6-Transplant Procedure	Small Intestine	
6-Transplant Procedure	Duodenum	
6-Transplant Procedure	Large Intestine	
6-Transplant Procedure	and anastomotic time)	
6-Transplant Procedure	warm and anastomotic time)//Status	Value or status is reported, not both
6-Transplant Procedure	Recent Septicemia	
6-Transplant Procedure	Exhausted Vascular Access	
6-Transplant Procedure	Previous Abdominal Surgery	
6-Transplant Procedure	Dilated/Non-Functional Bowel Segments	
6-Transplant Procedure	Other risk factors	Not required
7- Post Transplant	Graft Status	
7- Post Transplant	TPN Dependent	
7- Post Transplant	IV Dependent	
7- Post Transplant	Oral Feeding	
7- Post Transplant	Tube Feed	
7- Post Transplant	Date of Graft Failure	
7- Post Transplant	Primary Cause of Graft Failure	
7- Post Transplant	Primary Cause of Graft Failure//Specify	
7 - PostTransplant	episodes between transplant and discharge	
10- 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 0915-0157 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-Pretransplant 5-Pretransplant 5-Pretransplant 5-Pretransplant 5-Pretransplant 6-Transplant Procedure 7- Post Transplant 7 - PostTransplant 10- Immunosupression Other 9- Immunosupression Other 9- Immunosupression Other

9- Immunosupression Other

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Prc perform the following OPTN func OPTN; and to monitor complianc and a person is not required to r number. The OMB control numb information collection is required Privacy Act protection (Privacy A well protected by a number of th requirements as prescribed by O the Departments Automated Infr collection of information is estim searching existing data sources, *i* burden estimate or any other as_i HRSA Reports Clearance Officer, X/XX/202X

TRR - Intestine - Pediatric

Fields to b	e completed	by members
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Field Labol	Notor
Field Label Organ	Notes 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	
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 Drimana Diagraphia	Display Only - Cascades from feedback
Primary Diagnosis	
Primary Diagnosis//Specify Secondary Diagnosis	Not required
Secondary Diagnosis/Specify	Not required
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
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
Date of Admission to Tx Center	
Date of Discharge from Tx Center	Not required
Medical Condition at time of transplant	
Patient on Life Support	
Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, Specify	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
Date of Measurement	
Height	Value or status is reported not both
Height in Centimeters//Status Percentiles//%ile	Value or status is reported, not both Calculated for display only
Weight	curculated for display only
Weight in Kilograms//Status	Value or status is reported, not both
Percentiles//%ile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
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
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
Total Bilirubin	

Total Bilirubin//Status	Value or status is reported, not both
Serum Albumin	
Serum Albumin//Status	Value or status is reported, not both
Serum Creatinine	
Serum Creatinine//Status	Value or status is reported, not both
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant	
procedure	Display Only - Cascades from feedback
Intestine Venous Drainage	
Native Viscera Venous Drainage	
Procedure Type	Display Only - Cascades from feedback
Stomach	
Small Intestine	
Duodenum	
Large Intestine	
and anastomotic time)	
warm and anastomotic time)//Status	Value or status is reported, not both
Recent Septicemia	
Exhausted Vascular Access	
Previous Abdominal Surgery	
Dilated/Non-Functional Bowel Segments	
Other risk factors	Not required
Graft Status	
TPN Dependent	
IV Dependent	
Oral Feeding	
Tube Feed	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure//Specify	
episodes between transplant and discharge	
maintenance or anti-rejection	
immunosuppression medication	
immunosuppression medication indication	
days of induction	

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