

Fields to be completed by members

| Form Section | Field label | Notes | Form Section |
|-------------------------|---|----------------|---------------------------------------|
| 1-Recipient Information | Organ Type | from Database | 1-Recipient Information |
| 1-Recipient Information | Follow up code | from Database | 1-Recipient Information |
| 1-Recipient Information | Recipient First Name | from TCR | 1-Recipient Information |
| 1-Recipient Information | Recipient Last Name | from TCR | 1-Recipient Information |
| 1-Recipient Information | Recipient Middle Initial | from TCR | 1-Recipient Information |
| 1-Recipient Information | SSN | from TCR | 1-Recipient Information |
| 1-Recipient Information | HIC | from TCR | 1-Recipient Information |
| 1-Recipient Information | Previous Follow-Up | from prior TRF | 1-Recipient Information |
| 1-Recipient Information | DOB | from TCR | 1-Recipient Information |
| 1-Recipient Information | Gender | from TCR | 1-Recipient Information |
| 1-Recipient Information | Tx Date | from Database | 1-Recipient Information |
| 1-Recipient Information | Previous Px Stat Date | from prior TRF | 1-Recipient Information |
| 1-Recipient Information | Transplant Discharge Date | | 1-Recipient Information |
| 1-Recipient Information | State of Permanent Residence | | 1-Recipient Information |
| 1-Recipient Information | Zip Code | | 1-Recipient Information |
| 2-Provider Information | Recipient Center | from TCR | 2-Provider Information |
| 2-Provider Information | Recipient Center Type | from TCR | 2-Provider Information |
| 2-Provider Information | Followup Center Code | from Database | 2-Provider Information |
| 2-Provider Information | Followup Center Type | from Database | 2-Provider Information |
| 2-Provider Information | Physician Name | | 2-Provider Information |
| 2-Provider Information | NPI# | | 2-Provider Information |
| 2-Provider Information | Follow-up Care Provided By | | 2-Provider Information |
| 2-Provider Information | Follow-up Care Provided By//Specify | | 2-Provider Information |
| 3-Donor Information | UNOS Donor ID # | from Database | 3-Donor Information |
| 3-Donor Information | Donor Type | from Database | 3-Donor Information |
| 4 - Donor Information | OPO | from feedback | 4 - Donor Information |
| 4-Patient Status | Date: Last Seen, Retransplanted or Death | | 4-Patient Status |
| 4-Patient Status | Patient Status | | 4-Patient Status |
| 4-Patient Status | Primary Cause of Death | | 4-Patient Status |
| 4-Patient Status | Primary Cause of Death//Specify | | 4-Patient Status |
| 4-Patient Status | Contributory Cause of Death | Not required | 4-Patient Status |
| 4-Patient Status | Contributory Cause of Death//Specify | Not required | 4-Patient Status |
| 4-Patient Status | Contributory Cause of Death | Not required | 4-Patient Status |
| 4-Patient Status | Contributory Cause of Death//Specify | Not required | 4-Patient Status |
| 4-Patient Status | Has the patient been hospitalized since the last patient status date | | 4-Patient Status |
| 4-Patient Status | Functional Status | | 4-Patient Status |
| 4-Patient Status | Working for income | | 4-Patient Status at Time of Follow-Up |
| 4-Patient Status | Primary Insurance at Follow-up | | 4-Patient Status at Time of Follow-Up |
| 4-Patient Status | Primary Source of Payment, Specify | | 4-Patient Status |
| 5-Clinical Information | HIV Serology | | 4-Patient Status |
| 5-Clinical Information | HIV NAT | | 4-Patient Status |
| 5-Clinical Information | HbsAg | | 4-Patient Status |
| 5-Clinical Information | HBV DNA | | 4-Patient Status |
| 5-Clinical Information | HBV Core Antibody | | 5-Clinical Information |
| 5-Clinical Information | HCV Serology | | 5-Clinical Information |
| 5-Clinical Information | HCV NAT | | 5-Clinical Information |
| 5-Clinical Information | Graft Status | | 5-Clinical Information |
| 5-Clinical Information | TPN Dependent | | 5-Clinical Information |
| 5-Clinical Information | IV Dependent | | 5-Clinical Information |
| 5-Clinical Information | Oral Feeding | | 5-Clinical Information |
| 5-Clinical Information | Tube Feeding | | 5-Clinical Information |
| 5-Clinical Information | Date of Failure | | 5-Clinical Information |
| 5-Clinical Information | Primary Cause of Failure | | 5-Clinical Information |
| 5-Clinical Information | Primary Cause of Failure//Other, Specify | | 5-Clinical Information |
| 5-Clinical Information | New diabetes onset between last follow-up to the current follow-up | | 5-Clinical Information |
| 5-Clinical Information | Insulin dependent | | 5-Clinical Information |
| 5-Clinical Information | Most Recent Lab date | | 5-Clinical Information |
| 5-Clinical Information | Serum Creatinine | | 5-Clinical Information |
| 5-Clinical Information | Creatinine://Status | not both | 5-Clinical Information |
| 5-Clinical Information | Did patient have any acute rejection episodes during the follow-up period | | 5-Clinical Information |
| 5-Clinical Information | Post Transplant Malignancy | | 5-Clinical Information |
| 5-Clinical Information | Donor Related | | 5-Clinical Information |
| 5-Clinical Information | Recurrence of Pre-Tx Tumor | | 5-Clinical Information |

TRF - Intestine - 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 |
| 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 | Not required |
| Contributory Cause of Death | 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 | Display Only - Cascades from Database |
| BMI | Calculated for display only |
| HIV Serology | |
| HIV NAT | |
| HbsAg | |
| HBV DNA | |
| HBV Core Antibody | |
| HCV Serology | |
| HCV NAT | |
| Graft Status | |
| TPN Dependent | |
| IV Dependent | |
| Oral Feeding | |

| | |
|---|---------------------------------------|
| Tube Feeding | |
| Date of Failure | |
| Primary Cause of Failure | |
| Primary Cause of Failure//Other, Specify | |
| New diabetes onset between last follow-up to the current follow-up | |
| Insulin dependent | |
| Most Recent Lab date | |
| Total Bilirubin | |
| Total Bilirubin://Status | Value or status is reported, not both |
| Serum Creatinine | |
| Creatinine://Status | Value or status is reported, not both |
| Did patient have any acute rejection episodes during the follow-up period | |
| Post Transplant Malignancy | |
| Donor Related | |
| Recurrence of Pre-Tx Tumor | |
| De Novo Solid Tumor | |
| De Novo Lymphoproliferative disease and Lymphoma | |
| Coronary Artery Disease Since Last Follow Up | |
| Were any medications given during the follow-up period for maintenance | |
| Previous Validated Maintenance Follow-Up Medications | Display Only - Cascades from Database |
| Immunosuppression medication | |
| Immunosuppression medication indication | |

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