







9- Immunosuppression Other
9- Immunosuppression Other
9- Immunosuppression Other
9- Immunosuppression Other

**PUBLIC BURDEN STATEMENT**

The private, non-profit Organ perform the following OPTN; the OPTN; and to monitor co sponsor, and a person is not control number. The OMB co information collection is requ to Privacy Act protection (Pri are well protected by a num the requirements as prescrib and the Departments Autom. collection of information is e: searching existing data sourc this burden estimate or any c to HRSA Reports Clearance O paperwork@hrsa.gov.



**TRR - Kidney - Pediatric**  
**Fields to be completed by members**

Field Label	Notes
Organ	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	Display Only - Cascades from feedback
Primary Diagnosis	
Primary Diagnosis//Specify	
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	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Specify Foreign Government//Specify	
Cognitive Development	
Motor Development	
Date of Measurement	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth 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
Pretransplant Dialysis	
If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis	
Date First Dialyzed//Status	Value or status is reported, not both
Serum Creatinine at Time of Tx	
Serum Creatinine at Time of Tx//Status	Value or status is reported, not both
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Core Antibody	
HBV Surface Antigen	

NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
Malignancies between listing and transplant If yes, specify type	
Malignancies between listing and transplant//Specify	
Fracture in the past year (or since last follow-up)	
Spine-compression fracture	
Spine-compression fracture//# of fractures	
Extremity	
Extremity//# of fractures	
Other	
Other//# of fractures	
AVN (avascular necrosis)	
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Procedure Type	Display Only - Cascades from feedback
Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time)	
Total Cold Ischemia Time//Status	Value or status is reported, not both
Total Cold ischemia Time Left KI (if pumped, include pump time)	
Total Cold Ischemia Time//Status	Value or status is reported, not both
Kidney(s) received on Received on ice	
Received on pump	
Left Kidney Final resistance at transplant	
Left Kidney Final resistance at tx//Status	Value or status is reported, not both
Right Kidney Final resistance at transplant	
Right Kidney Final resistance at tx//Status	Value or status is reported, not both
Left Kidney Final flow rate at transplant	
Left Kidney Final flow rate at tx//Status	Value or status is reported, not both
Right Kidney Final flow rate at transplant	
Right Kidney Final flow rate at tx//Status	Value or status is reported, not both
Graft Status	
Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
Resumed Maintenance Dialysis	
Date Maintenance Dialysis Resumed	
Most Recent Serum Creatinine Prior to Discharge	
Most Recent Serum Creatinine Prior to Disch.//Status	Value or status is reported, not both
Patient Need Dialysis within First Week	
Did patient have any acute rejection episodes between transplant and discharge	
Is growth hormone therapy used between listing and transplant	

Are any medications given currently for maintenance or anti-rejection	
immunosuppression medication	
immunosuppression medication indication	
days of induction	

**F:**

Procurement and Transplantation Network (OPTN) collects this information in order to assess whether applicants meet OPTN Bylaw requirements for membership in compliance of member organizations with OPTN Obligations. An agency may not conduct or be required to respond to, a collection of information unless it displays a currently valid OMB control number for this information collection is 0915-0157 and it is valid until xx/xx/20xx. This information is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to the Privacy Act System of Records #09-15-0055. Data collected by the private non-profit OPTN also is subject to the Contractor's security features. The Contractor's security system meets or exceeds the requirements of OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Federal 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, gathering the data, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this collection of information, including suggestions for reducing this burden, to the Director, Office of Management and Budget, Paperwork Project Director, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or