TRF - Kidney - 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 2-Provider Information	Recipient Center Type Followup Center Code	Display Only - Cascades from TCR Display Only - Cascades from Database
2-Provider Information	Followup Center Type	Display Only - Cascades from Database
2-Provider Information	Physician Name	Display Only - Cascades from Database
2-Provider Information	NPI#	
2-Provider Information	Follow-up Care Provided By	
2-Provider Information	Follow-up Care Provided By//Specify	
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 at Time of		1 5 5
Follow-Up	Date: Last Seen, Retransplanted or Death	
4-Patient Status at Time of Follow-Up	Patient Status	
4-Patient Status at Time of Follow-Up	Primary Cause of Death	
4-Patient Status at Time of Follow-Up	Primary Cause of Death//Specify	
4-Patient Status at Time of Follow-Up	Contributory Cause of Death	Not required
4-Patient Status at Time of Follow-Up	Contributory Cause of Death//Specify	Not required
4-Patient Status at Time of		•
Follow-Up 4-Patient Status at Time of	Contributory Cause of Death	Not required
Follow-Up 4-Patient Status at Time of	Contributory Cause of Death//Specify Has the patient been hospitalized since the	Not required
Follow-Up	last patient status date	
4-Patient Status at Time of Follow-Up	Disease Recurrence	
4-Patient Status at Time of Follow-Up	Disease Recurrence	Display Only - Cascades from Database
5-Clinical Information	Confirmed Biopsy from Previous Follow up	Display Only - Cascades from Database
4-Patient Status at Time of		
Follow-Up	Functional Status	
4-Patient Status at Time of Follow-Up	Working for income	
4-Patient Status at Time of Follow-Up	Primary Insurance at Follow-up	
4-Patient Status at Time of Follow-Up	Primary Source of Payment, Specify	
5-Clinical Information	HIV Serology	
5-Clinical Information	HIV NAT	
5-Clinical Information	HbsAg	
5-Clinical Information 5-Clinical Information	HBV DNA HBV Core Antibody	
5-Clinical Information	0	
5-Cimical Information	HCV Serology	

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

Form Section 1-Recipient Information 2-Provider Information 3- Donor Information 3- Donor Information 3- Donor Information 4-Patient Status at Time of Follow-Up 5-Clinical Information 4-Patient Status at Time of Follow-Up 5-Clinical Information

5-Clinical Information

5-Clinical Information	HCV NAT	
5-Clinical Information	New diabetes onset between last follow-up to the current follow-up	
5-Clinical Information	If yes, insulin dependent	
5-Clinical Information	Graft Status	
5-Clinical Information	If Functioning, Most Recent Serum Creatinine	
5-Clinical Information	If Functioning, Most Recent Serum Creatinine//Status	Value or status is reported, not both
5-Clinical Information	Date of Graft Failure:	
5-Clinical Information	Primary Cause of Graft Failure:	
5-Clinical Information	Primary Cause of Graft Failure//Other, Specify:	
5-Clinical Information	Dialysis Since Last Follow-Up	
5-Clinical Information	Date Maintenance Dialysis Resumed	
5-Clinical Information	Did patient have any acute rejection episodes during the follow-up period	
5-Clinical Information	CMV IgG	
5-Clinical Information	CMV IgM	
5-Clinical Information	Post Transplant Malignancy	
5-Clinical Information	Donor Related	
5-Clinical Information	Recurrence of Pre-Tx Tumor	
5-Clinical Information	Post Tx De Novo Solid Tumor	
5-Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	
7-Immunosuppressive Information	Were any medications given during the follow-up period for maintenance	
7-Immunosuppressive Information	Previous Validated Maintenance Follow- Up Medications	Display Only - Cascades from Database
7-Immunosuppressive Information	Immunosuppression medication	
7-Immunosuppressive Information	Immunosuppression medication indication	

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. Send comments regarding this burden estimate or any other aspect of this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, 2005 or paperwork@hrsa.gov.

-Clinical Information	
-Clinical Information	
5-Clinical Information	
5-Clinical Information	
-Clinical Information	
-Clinical Information	
5-Clinical Information	
-Clinical Information	
-Clinical Information	
-Clinical Information	
S-Clinical Information	
5-Clinical Information	
5-Clinical Information	
-Clinical Information	
-Clinical Information	
-Clinical Information	
5-Clinical Information	
-Clinical Information	
-Clinical Information	
5-Clinical Information	
5-Clinical Information	
5-Clinical Information	
-Clinical Information	
5-Clinical Information	
-Clinical Information	
-Clinical Information	
-Clinical Information	
S-Clinical Information	
-Clinical Information	
S-Clinical Information	
-Clinical Information	
5-Clinical Information	
5-Clinical Information	
-Immunosuppressive	
nformation	
7-Immunosuppressive nformation	
7-Immunosuppressive	
7-Immunosuppressive	

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Pr the following OPTN functions: tc and to monitor compliance of m person is not required to respon OMB control number for this inf required to obtain or retain a be (Privacy Act System of Records #

number of the Contractor's secu prescribed by OMB Circular A-1: Automated Information System: estimated to average 3 hours pe completing and reviewing the cc of this collection of information, Fishers Lane, Room 14N136B, Rt XX/XX/202X

TRF - Kidney - 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	1 J = J = =============================
NPI#	
Follow-up Care Provided By	
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 Database
OFO	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	
Disease Recurrence	
Disease Recurrence	Display Only - Cascades from Database
Confirmed Biopsy from Previous Follow	
up	Display Only - Cascades from Database
•	
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	Calculated for display only
Weight//Status	Value or status is reported, not both
Weight/Status	value of status is reported, not bour
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	
New diabetes onset between last follow- up to the current follow-up	
If yes, insulin dependent	
Graft Status	
Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other,	
Specify:	
Dialysis Since Last Follow-Up	
Date Maintenance Dialysis Resumed	
Did patient have any acute rejection episodes during the follow-up period	
Is growth hormone therapy used during this followup period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
Post Tx De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Fracture in the past year (or since last follow-up)	
Specify Location and number of fractures	
Spine-compression fracture	
Specify Location and number of fractures Extremity	
Specify Location and number of fractures Other	
AVN (avascular necrosis)	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-	Display Only - Cascades from Database
Up Medications	Dispray Only - Cascades from Database
Immunosuppression medication	
Immunosuppression medication indication	

ocurement and Transplantation Network (OPTN) collects this information in order to perform assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; nember organizations with OPTN Obligations. An agency may not conduct or sponsor, and a id to, a collection of information unless it displays a currently valid OMB control number. The ormation collection is 0915-0157 and it is valid until xx/xx/20xx. This information collection is :nefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection f09-15-0055). Data collected by the private non-profit OPTN also are well protected by a Irity features. The Contractor's security system meets or exceeds the requirements as 30, Appendix III, Security of Federal Automated Information Systems, and the Departments s Security Program Handbook. The public reporting burden for this collection of information is r response, including the time for reviewing instructions, searching existing data sources, and Jllection of information. Send comments regarding this burden estimate or any other aspect including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 pckville, Maryland, 20857 or paperwork@hrsa.gov.