TCR - Pancreas - Adult Fields to be completed by members

	T:-13 T -L-1	Notes
Form Section 1-Provider Information	Field Label Transplant Center Code	Display Only - Cascades from Waitlist
		Display Only - Cascades from wattist
1-Provider Information	Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist
2-Candidate Information	SSN:	Display Only - Cascades from Waitlist
2-Candidate Information	Organ Registered:	Display Only - Cascades from Waitlist
2-Candidate Information	Date of Listing or Add:	Cascades from Waitlist
2-Candidate Information	Last Name:	Cascades from Waitlist
2-Candidate Information	First Name:	Not required
2-Candidate Information	Middle Initial://MI:	Not required
2-Candidate Information	Previous Surname:	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	Functional Status:	
3-Patient Status	Working for income:	Diselas Orbe Consider from Detabase
3-Patient Status 3-Patient Status	Previous Transplant//Organ Previous Transplant//Date	Display Only - Cascades from Database 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:	Display Only - Cascades from Database
4-Source of Payment	Source of Payment//Primary:	
4-Source of Payment	Foreign Government//Specify:	Display Only
5-Clinical Information	Height in cm://Height:	Display Only
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:	
5-Clinical Information	Primary Diagnosis:	
5-Clinical Information	Primary Diagnosis//Specify:	
6-General Medical Factors	Diabetes:	
6-General Medical Factors	Patient on insulin?	
6-General Medical Factors	If on insulin, enter the insulin date	
6-General Medical Factors	Total insulin dosage units	
6-General Medical Factors	Total insulin dosage units//ST=	Value or status is reported, not both
6-General Medical Factors	Insulin duration of use:	
6-General Medical Factors	Insulin duration of use://ST=	Value or status is reported, not both
6-General Medical Factors	Symptomatic Peripheral Vascular Disease:	
6-General Medical Factors	Drug Treated COPD:	
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 Serum Albumin:	
6-General Medical Factors	Total Serum Albumin//ST=	Value or status is reported, not both
6-General Medical Factors	C-Peptide Value	· or status to reported, not boar
6-General Medical Factors	C-Peptide Value://ST=	Value or status is reported, not both
6-General Medical Factors	Hba1c (%):	· · · · · · · · · · · · · · · · · · ·
6-General Medical Factors	Hba1c (%)://ST	Value or status is reported, not both
11-Kidney Medical Factors	Age of Diabetes Onset:	
11-Kidney Medical Factors	Age of Diabetes Onset//ST=	Value or status is reported, not both

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

Form Section 1-Provider Information			
1-Provider Information			
2-Candidate Information			
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3-Patient Status			
3-Patient Status 3-Patient Status			
3-Patient Status			
4-Source of Payment			
4-Source of Payment			
5-Clinical Information			
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6-General Medical Factors 6-General Medical Factors			
6-General Medical Factors			
11-Kidney Medical Factors			
11-Kidney Medical Factors			

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 (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 Security program Handbook. The public reporting burden for this collection of information. Send hook. 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. Send comments regarding this burden cofficer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurer the following OPTN functions: to asses to monitor compliance of member org is not required to respond to, a collect control number for this information co required to obtain or retain a benefit p. (Privacy Act System of Records #09-15 number of the Contractor's security fe prescribed by OMB Circular A-130, Apr Automated Information Systems Secur estimated to average 3 hours per resp completing and reviewing the collectic this collection of information, including Lane, Room 14N136B, Rockville, Maryl

202x TCR - Pancreas - 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
55111	Display Only - Cascades from Waitlist Cascades from Waitlist
Gender: 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:	Cascades none waterist
Year of Entry to the U.S.	
Year of Entry to the U.S Status//ST=	
Country of Permanent Residence	
Highest Education Level:	
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 BMI:	Calculated for display only Display Only - Cascades from Database
BMI://%ile	Calculated for display only
ABO Blood Group:	Display Only - Cascades from Waitlist
Primary Diagnosis:	Display Only - Cascades from Waterist
Primary Diagnosis//Specify:	
Diabetes:	
Patient on insulin?	
If on insulin, enter the insulin date	
Total insulin dosage units	
Total insulin dosage units//ST=	Value or status is reported, not both
Insulin duration of use:	
Insulin duration of use://ST=	Value or status is reported, not both
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify:	
Total Serum Albumin:	
Total Serum Albumin//ST=	Value or status is reported, not both
C-Peptide Value	
C-Peptide Value://ST=	Value or status is reported, not both
Hba1c (%):	
Hba1c (%)://ST	Value or status is reported, not both
Age of Diabetes Onset:	
Age of Diabetes Onset//ST=	Value or status is reported, not both

nent 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 ion 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 pendix 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 an 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.