TRR - Pancreas - 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 | Display Only - Cascades from feedback |
| I- Recipient Information | State of Permanent Residence Permanent Zip | |
| 1- Recipient Information 2- Provider Information | Recipient Center Code | Diaplay Only Cassadas from TCD |
| 2- Provider Information 2- Provider Information | | Display Only - Cascades from TCR Display Only - Cascades from TCR |
| 2- Provider Information | Recipient Center Type Surgeon Name | Display Only - Cascades Holli TCR |
| 2- Provider Information | NPI# | |
| B- Donor Information | UNOS Donor ID # | Display Only - Cascades from feedback |
| B- Donor Information | Donor Type | Display Only - Cascades from feedback |
| 3- Donor Information | OPO OPO | Display Only - Cascades from feedback |
| 4- Patient Status | Primary Diagnosis | Display Giffy Gascades from recuback |
| 4- Patient Status | Primary Diagnosis//Specify | |
| | | |
| 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 | |
| 4- Patient Status | Functional Status | |
| 4- Patient Status | Working for income | |
| 4- Patient Status | Primary Source of Payment | |
| 4- Patient Status | Specify Foreign Government//Specify | |
| 5- Pretransplant | Height | |
| 5- Pretransplant | Height in Centimeters//Status | Value or status is reported, not both |
| | Height Percentile//Growth | |
| 5- Pretransplant | Percentiles//%ile | Calculated for display only |
| 5- Pretransplant | Weight | |
| 5- Pretransplant | Weight in Kilograms//Status | Value or status is reported, not both |
| | Weight Percentile//Growth | |
| 5- Pretransplant | Percentiles//%ile | Calculated for display only |
| - n | D1 (1 | |
| 5- Pretransplant | BMI | Display Only - Cascades from Database |
| 5- Pretransplant | BMI://%ile | Calculated for display only |
| 5- Pretransplant | Previous Transplant Organ | Display Only - Cascades from Database |
| Protrancplant | Dravious Transplant Data | Display Only Cassades from Database |
| 5- Pretransplant 5- Pretransplant | Previous Transplant Date Previous Transplant Graft Fail Date | Display Only - Cascades from Database Display Only - Cascades from Database |
| 5- PreTransplant | Pretransplant Dialysis | Display Only - Cascades Holli Database |
| o- Pre Franspiani | Pretransplant Dialysis | |
| | If Dialygod Date of Mart Daniel | |
| 5- PreTransplant | If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis | |
| 5- PreTransplant | If Yes, Date First Dialyzed//Status | Value or status is reported, not both |
| 5- Pretransplant | Average Daily Insulin Units | c or outdo to reported, not both |
| 5- Pretransplant | Average Daily Insulin Units//Status | Value or status is reported, not both |
| | | The state of the s |
| 5- Pretransplant | Serum Creatinine at Time of Tx | |
| 5- Pretransplant | Serum Creatinine at Time of Tx//Status | Value or status is reported, not both |
| 5- PreTransplant | HIV Serostatus | |
| 5- PreTransplant | NAT HIV | |
| 5- PreTransplant | CMV Status | |
| 5- PreTransplant | HBV Core Antibody | |
| | HBV Surface Antibody Total | |
| o- Pre rranspiani | | |
| | HBV Surface Antigen | |
| 5- PreTransplant 5- PreTransplant 5- PreTransplant | HBV Surface Antigen NAT HBV | |

| Form Section | |
|---|--|
| 1- Recipient Information | |
| 1- Recipient Information | |
| 1- Recipient Information1- Recipient Information | |
| 1- Recipient Information | |
| | |
| 1- Recipient Information1- Recipient Information | |
| 2- Provider Information | |
| 2- Provider Information 2- Provider Information | |
| 2- Provider Information | |
| 2- Provider Information | |
| 3- Donor Information | |
| 3- Donor Information | |
| 3- Donor Information | |
| 3- Donor Information | |
| 4- Patient Status | |
| 4- Patient Status | |
| 4 D .: . C | |
| 4- Patient Status | |
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| 4- Patient Status | |
| 5- Pretransplant | |
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| 5- Pretransplant 5- PreTransplant | |
| 5- Pretransplant | |

| 5. DuaTura and and | NATION | |
|--|---|--|
| 5- PreTransplant | NAT HCV | |
| 5- PreTransplant | EBV Serostatus | |
| 5 DooToon on loans | Malignancies between listing and | |
| 5- PreTransplant 5- PreTransplant | transplant If yes, specify type | |
| 5- 11c Hansplant | Malignancies between listing and | |
| 5- PreTransplant | transplant//Specify | |
| 6-Transplant Procedure | Multiple Organ Recipient | Display Only - Cascades from feedback |
| · · | Were extra vessels used in the transplant | 1 3 3 |
| 6-Transplant Procedure | procedure | Display Only - Cascades from feedback |
| | | |
| 6-Transplant Procedure | Procedure Type | Display Only - Cascades from feedback |
| 6-Transplant Procedure | Graft Placement | |
| 6-Transplant Procedure | Operative Technique | |
| C. T. I. D. I | D | |
| 6-Transplant Procedure | Duct Management | |
| 6-Transplant Procedure 6-Transplant Procedure | Duct Management//Specify Venous Vascular Management | |
| 6-Transplant Procedure | Arterial Reconstruction | |
| 6-Transplant Procedure | Arterial Reconstruction//Specify | |
| 6-Transplant Procedure | Venous Extension Graft | |
| 1 | Total Pancreas Preservation Time (include | |
| 6-Transplant Procedure | Cold, Warm, Anastomotic time) | |
| | | |
| | Total Pancreas Preservation Time (include | |
| 6-Transplant Procedure | Cold, Warm, Anastomotic time)//Status | Value or status is reported, not both |
| 7- PostTransplant | Pancreas Graft Status | |
| 5 D . W . 1 . | Patient using any method of blood sugar | |
| 7- PostTransplant | control? | |
| | | New field if pancreas graft status is |
| 7- PostTransplant | Patient on insulin? | functioning. Modified label if graft status is failed |
| 7- 1 Ost 1 talispidit | racicit on insum: | |
| | | New field if pancreas graft status is functioning. Modified label if graft status is |
| 7- PostTransplant | Date insulin resumed | failed |
| 7- PostTransplant | Total insulin dosage units | |
| | | |
| 7- PostTransplant | Total insulin dosage units//ST | Value or status is reported, not both |
| | | |
| 5 D . W . 1 . | T 1: 1 .: C | |
| 7- PostTransplant | Insulin duration of use | |
| | | |
| 7- PostTransplant | Insulin duration of use//ST | Value or status is reported, not both |
| | | New field if pancreas graft status is |
| | Patient on oral medication to control blood | functioning. Modified label if graft status is |
| 7- PostTransplant | sugar | failed |
| | | New field if pancreas graft status is |
| | | functioning. Modified label if graft status is |
| 7- PostTransplant | Date oral medications resumed | failed |
| | | New field if pancreas graft status is |
| 7 DootTro1 | Datient using distance 111 | functioning. Modified label if graft status is |
| 7- PostTransplant | Patient using diet to control blood sugar Date of Graft Failure | failed |
| 7- PostTransplant | Date Of Graft Fallure | |
| | | |
| 7- PostTransplant | C-Peptide Value | |
| - serenoptone | | |
| | | |
| 7- PostTransplant | C-Peptide Value://ST= | Value or status is reported, not both |
| | | |
| | | |
| 7- PostTransplant | Hba1c (%) | 77.1 |
| 7- PostTransplant | Hba1c (%)//Status | Value or status is reported, not both |
| 7- PostTransplant | Pancreas Primary Cause of Graft Failure | |
| 7_ PoetTraneplant | Pancreas Primary Cause of Graft Failure//Specify | |
| 7- PostTransplant 7- PostTransplant | Pancreas Graft/Vascular Thrombosis | |
| 7- PostTransplant | Pancreas Infection | |
| 7- PostTransplant | Bleeding | |
| | 0 | |
| 7 D - 1 - | A | |
| 7- PostTransplant | Anastomotic Leak | |

| 5- Pretransplant 5- Pretransplant |
|---|
| 5- PreTransplant 5- Pretransplant |
| 5- PreTransplant 5- Pretransplant |
| 5- Pretransplant |
| 5- Pretransplant |
| 5- Pretransplant 6-Transplant Procedure |
| 6-Transplant Procedure 6-Transplant Procedure |
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| 6-Transplant Procedure |
| 6-Transplant Procedure 7- PostTransplant |
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| 7- PostTransplant 7- PostTransplant |
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| 7- PostTransplant |

| 7- PostTransplant | Hyperacute Rejection | |
|---------------------------|--|--------------|
| 7- PostTransplant | Pancreas Acute Rejection | |
| 7- PostTransplant | Biopsy Proven Isletitis | |
| 7- PostTransplant | Pancreatitis | |
| 7- PostTransplant | Other, Specify | |
| 7- PostTransplant | Pancreatitis | |
| 7- PostTransplant | Anastomotic Leak | |
| 7- PostTransplant | Abscess or Local Infection | |
| 7- PostTransplant | Pancreas Transplant Complications: Other | Not required |
| 7- PostTransplant | Did patient have any acute rejection episodes between transplant and discharge | |
| 9- Immunosupression Other | Are any medications given currently for 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 estimate or any other aspect of this collection of 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

| 7- | PostTransplant |
|----|-------------------------|
| 7- | PostTransplant |
| | PostTransplant |
| 7- | PostTransplant |
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| | Immunosupression her |
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PUBLIC BURDEN STATEMENT

The private, non-profit Organ perform the following OPTN1 the OPTN; and to monitor con sponsor, and a person is not a control number. The OMB con this information collection is subject to Privacy Act protect OPTN also are well protected or exceeds the requirements Information Systems, and the reporting burden for this coll reviewing instructions, search comments regarding this burneducing this

TRR - Pancreas - Pediatric Fields to be completed by members

| P:-13 T -L-3 | NI-4 |
|---|---|
| Field Label | Notes Top |
| 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 |
| | ivot required |
| Date of Admission to Tx Center | |
| Date of Discharge from Tx Center | |
| Functional Status | |
| Cognitive Development | |
| Motor Development | |
| Academic Progress | |
| Academic Activity Level | |
| Primary Source of Payment | |
| | |
| Specify Foreign Government//Specify | |
| 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 |
| | Display Only - Cascades from Database |
| RMI | Display Only Guseaucs from Database |
| | Calculated for display only |
| | Calculated for display only |
| | Calculated for display only |
| BMI://%ile | 1 3 3 |
| BMI://%ile Previous Transplant Organ | Display Only - Cascades from Database |
| BMI://%ile Previous Transplant Organ Previous Transplant Date | Display Only - Cascades from Database Display Only - Cascades from Database |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date | Display Only - Cascades from Database Display Only - Cascades from Database |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date | Display Only - Cascades from Database Display Only - Cascades from Database |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status Average Daily Insulin Units | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| BMI BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status Average Daily Insulin Units Average Daily Insulin Units//Status Serum Creatinine at Time of Tx | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database Value or status is reported, not both |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status Average Daily Insulin Units Average Daily Insulin Units//Status | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database Value or status is reported, not both |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status Average Daily Insulin Units Average Daily Insulin Units//Status Serum Creatinine at Time of Tx Serum Creatinine at Time of Tx//Status | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database Value or status is reported, not both |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status Average Daily Insulin Units Average Daily Insulin Units//Status Serum Creatinine at Time of Tx | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database Value or status is reported, not both |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status Average Daily Insulin Units Average Daily Insulin Units//Status Serum Creatinine at Time of Tx Serum Creatinine at Time of Tx//Status HIV Serostatus | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database Value or status is reported, not both |

| HBV Surface Antibody Total | |
|---|---|
| HBV Surface Antigen | |
| | |
| NAT HBV HCV Serostatus | |
| nc v Serostatus | |
| NAT HCV | |
| EBV Serostatus | |
| Malignancies between listing and transplant | |
| Malignancies between listing and transplant//Specify | |
| If yes, specify type | |
| 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 |
| Graft Placement Operative Technique | |
| Duct Management | |
| Duct Management//Specify | |
| Venous Vascular Management | |
| venous vuscului Muningement | |
| Arterial Reconstruction | |
| Arterial Reconstruction//Specify | |
| | |
| Venous Extension Graft | |
| Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time) | |
| , | |
| Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)//Status | Value or status is reported, not both |
| Pancreas Graft Status | |
| Patient using any method of blood sugar control? | |
| Patient on insulin? | New field if pancreas graft status is functioning. Modified label if graft status is failed |
| Date insulin resumed | New field if pancreas graft status is functioning. Modified label if graft status is failed |
| | |
| 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 |
| Patient on oral medication to control blood | New field if pancreas graft status is functioning. Modified label if graft status is failed |
| sugar | |
| Date oral medications resumed | New field if pancreas graft status is functioning. Modified label if graft status is failed |
| | New field if pancreas graft status is functioning. Modified label if graft status |
| Patient using diet to control blood sugar Date of Graft Failure | is failed |
| C-Peptide Value | |
| G-1 epide value | |
| C-Peptide Value://ST= | Value or status is reported, not both |
| Hba1c (%) | • |
| Hba1c (%)//Status | Value or status is reported, not both |
| Pancreas Primary Cause of Graft Failure | |
| Pancreas Primary Cause of Graft Failure//Specify | |
| | |

| Pancreas Graft/Vascular Thrombosis | |
|---|--------------|
| Pancreas Infection | |
| Bleeding | |
| Anastomotic Leak | |
| Hyperacute Rejection | |
| Pancreas Acute Rejection | |
| Biopsy Proven Isletitis | |
| Pancreatitis | |
| | |
| Other, Specify | |
| | |
| | |
| Pancreatitis | |
| | |
| Anastomotic Leak | |
| Abscess or Local Infection | |
| | |
| Pancreas Transplant Complications: Other | Not required |
| | |
| Did patient have any acute rejection | |
| episodes between transplant and discharge | |
| Are any medications given currently for | |
| maintenance or anti-rejection | |
| | |
| immunosuppression medication | |
| | |
| immunosuppression medication indication | |
| | |
| days of induction | |

Γ:

Procurement and Transplantation Network (OPTN) collects this information in order to functions: to assess whether applicants meet OPTN Bylaw requirements for membership in mpliance of member organizations with OPTN Obligations. An agency may not conduct or required to respond to, a collection of information unless it displays a currently valid OMB ntrol number for this information collection is 0915-0157 and it is valid until xx/xx/20xx. required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be ion (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit by a number of the Contractor's security features. The Contractor's security system meets as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated 1 Departments Automated Information Systems Security Program Handbook. The public ection of information is estimated to average 3 hours per response, including the time for hing existing data sources, and completing and reviewing the collection of information. Send den estimate or any other aspect of this collection of information, including suggestions for A Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857