

TRF (Post 5-Year) - Kidney/Pancreas - 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	Recipient Center Type	Display Only - Cascades from TCR
2-Provider Information	Followup Center Code	Display Only - Cascades from Database
2-Provider Information	Followup Center Type	Display Only - Cascades from Database
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	Date: Last Seen, Retransplanted or Death	
4-Patient Status	Patient Status	
4-Patient Status	If Retransplanted, choose organ(s)	
4-Patient Status	Primary Cause of Death	
4-Patient Status	Primary Cause of Death//Specify	
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	Pancreas Graft Status	
5-Clinical Information	Pancreas Date of Failure	
5-Clinical Information	Pancreas Primary Causes of Graft Failure	
5-Clinical Information	Specify	
5-Clinical Information	Pancreas Graft/Vascular Thrombosis	
5-Clinical Information	Pancreas Infection	
5-Clinical Information	Pancreas Bleeding	
5-Clinical Information	Anastomotic Leak	
5-Clinical Information	Pancreas Rejection: Acute	
5-Clinical Information	Pancreas Chronic Rejection	
5-Clinical Information	Biopsy Proven Isletitis	
5-Clinical Information	Pancreatitis	
5-Clinical Information	Patient Noncompliance	
5-Clinical Information	Other, Specify	
5-Clinical Information	Post Transplant Malignancy	
5-Clinical Information	Donor Related	
5-Clinical Information	Recurrence of Pre-Tx Tumor	
5-Clinical Information	De Novo Solid Tumor	
5-Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	

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 2 hours

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, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

TRF (Post 5-Year) - Kidney/Pancreas - Pediatric
Fields to be completed by members

Form Section	Field label	Notes
1-Recipient Information	Organ Type	Display Only - Cascades from Database
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1-Recipient Information	SSN	Display Only - Cascades from TCR
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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	Recipient Center Type	Display Only - Cascades from TCR
2-Provider Information	Followup Center Code	Display Only - Cascades from Database
2-Provider Information	Followup Center Type	Display Only - Cascades from Database
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	Date: Last Seen, Retransplanted or Death	
4-Patient Status	Patient Status	
4-Patient Status	If Retransplanted, choose organ(s)	
4-Patient Status	Primary Cause of Death	
4-Patient Status	Primary Cause of Death//Specify	
4-Patient Status	Functional Status	
4-Patient Status at Time of Follow-Up	Cognitive Development	
4-Patient Status at Time of Follow-Up	Motor Development	
5-Clinical Information	Height	
5-Clinical Information	Height//Status	Value or status is reported, not both
5-Clinical Information	Height Percentile	Not required
5-Clinical Information	Weight	
5-Clinical Information	Weight//Status	Value or status is reported, not both
5-Clinical Information	Weight Percentile	Not required
5-Clinical Information	BMI	Display Only - Cascades from Database
5-Clinical Information	BMI	Not required
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	Pancreas Graft Status	
5-Clinical Information	Pancreas Date of Failure	
5-Clinical Information	Pancreas Primary Causes of Graft Failure	
5-Clinical Information	Specify	
5-Clinical Information	Pancreas Graft/Vascular Thrombosis	
5-Clinical Information	Pancreas Infection	
5-Clinical Information	Pancreas Bleeding	
5-Clinical Information	Anastomotic Leak	
5-Clinical Information	Pancreas Rejection: Acute	
5-Clinical Information	Pancreas Chronic Rejection	
5-Clinical Information	Biopsy Proven Isletitis	
5-Clinical Information	Pancreatitis	
5-Clinical Information	Patient Noncompliance	
5-Clinical Information	Other, Specify	
5-Clinical Information	Coronary Artery Disease Since Last Follow Up	
5-Clinical Information	Post Transplant Malignancy	
5-Clinical Information	Donor Related	

5-Clinical Information	Recurrence of Pre-Tx Tumor	
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