

**TRR - Lung - Adult**  
Fields to be completed by members

**TRR - Lung**  
Fields to be comple

Form Section	Field Label	Notes
Recipient Information	Organ	Display Only - Cascades from TCR
Recipient Information	Recipient First Name	Display Only - Cascades from TCR
Recipient Information	Recipient Last Name	Display Only - Cascades from TCR
Recipient Information	Recipient Middle Initial	Not required
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender	Display Only - Cascades from TCR
Recipient Information	Tx Date	Display Only - Cascades from feedback
Recipient Information	State of Permanent Residence	
Recipient Information	Permanent Zip	
Provider Information	Recipient Center Code	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Physician Name	
Provider Information	Physician NPI#	
Provider Information	Surgeon Name	
Provider Information	Surgeon NPI#	
Donor Information	UNOS Donor ID #	Display Only - Cascades from TCR
Donor Information	Donor Type	Display Only - Cascades from feedback
Donor Information	OPO	Display Only - Cascades from feedback
Patient Status	Primary Diagnosis	
Patient Status	Primary Diagnosis//Specify	
Patient Status	Date: Last Seen, Retransplanted or Death	
Patient Status	Patient Status	
Patient Status	Primary Cause of Death	
Patient Status	Cause of Death//Specify	
Patient Status	Contributory Cause of Death	Not required
Patient Status	Contributory Cause of Death//Specify	Not required
Patient Status	Contributory Cause of Death	Not required
Patient Status	Contributory Cause of Death//Specify	Not required
Patient Status	Date of Admission to Tx Center	
Patient Status	Date of Discharge from Tx Center	
Patient Status	Medical Condition at time of transplant	
Patient Status	Patient on Life Support	
Patient Status	Extra Corporeal Membrane Oxygenation	
Patient Status	Intra Aortic Balloon Pump	
Patient Status	Other Mechanism	
Patient Status	Other Mechanism, Specify	
Patient Status	Prostacyclin Infusion	
Patient Status	Prostacyclin Inhalation	
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Source of Payment	
Patient Status	Primary Source of Payment, Specify	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
Pretransplant	Height Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	Weight	
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
Pretransplant	Weight Percentile//Growth Percentiles//%ile	Calculated for display only

Form Section	Field Label
Recipient Information	Organ
Recipient Information	Recipient First Name
Recipient Information	Recipient Last Name
Recipient Information	Recipient Middle Initial
Recipient Information	SSN
Recipient Information	HIC
Recipient Information	DOB
Recipient Information	Gender
Recipient Information	Tx Date
Recipient Information	State of Permanent Residence
Recipient Information	Permanent Zip
Provider Information	Recipient Center Code
Provider Information	Recipient Center Type
Provider Information	Physician Name
Provider Information	Physician NPI#
Provider Information	Surgeon Name
Provider Information	Surgeon NPI#
Donor Information	UNOS Donor ID #
Donor Information	Donor Type
Donor Information	OPO
Patient Status	Primary Diagnosis
Patient Status	Primary Diagnosis//Specify
Patient Status	Date: Last Seen, Retransplanted or Death
Patient Status	Patient Status
Patient Status	Primary Cause of Death
Patient Status	Cause of Death//Specify
Patient Status	Contributory Cause of Death
Patient Status	Contributory Cause of Death//Specify
Patient Status	Contributory Cause of Death
Patient Status	Contributory Cause of Death//Specify
Patient Status	Date of Admission to Tx Center
Patient Status	Date of Discharge from Tx Center
Patient Status	Medical Condition at time of transplant
Patient Status	Patient on Life Support
Patient Status	Extra Corporeal Membrane Oxygenation
Patient Status	Prostaglandins
Patient Status	Intravenous Inotropes
Patient Status	Ventilator
Patient Status	Inhaled NO
Patient Status	Other Mechanism
Patient Status	Other Mechanism, Specify
Patient Status	Prostacyclin Infusion
Patient Status	Prostacyclin Inhalation
Patient Status	Life Support: VAD Brand1
Patient Status	Life Support: VAD Brand1//Specify
Patient Status	Life Support: VAD Brand2
Patient Status	Life Support: VAD Brand2//Specify
Patient Status	Functional Status
Patient Status	Academic Progress
Patient Status	Academic Activity Level

Pretransplant	BMI	Display Only - Cascades from Database
Pretransplant	BMI://%ile	Calculated for display only
Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database
Pretransplant	Previous Transplant Date	Display Only - Cascades from Database
Pretransplant	Previous Transplant Graft Fail Date	Display Only - Cascades from Database
Pretransplant	HIV Serostatus	
Pretransplant	NAT HIV	
Pretransplant	CMV Status	
Pretransplant	HBV Core Antibody	
Pretransplant	HBV Surface Antibody Total	
Pretransplant	HBV Surface Antigen	
Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus	
Pretransplant	NAT HCV	
Pretransplant	EBV Serostatus	
Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?	
Pretransplant	PA (sys)mm/Hg	
Pretransplant	PA (sys)mm/Hg//Status	Value or status is reported, not both
Pretransplant	PA(sys)mm/Hg Inotropes/VASODilators	
Pretransplant	PA(dia) mm/Hg	
Pretransplant	PA(dia) mm/HG//Status	Value or status is reported, not both
Pretransplant	PA (dia) mm/Hg Inotropes/Vasodilators	
Pretransplant	PA(mean) mm/Hg	
Pretransplant	PA(mean) mm/Hg//Status	Value or status is reported, not both
Pretransplant	PA (mean) mm/Hg Inotropes/Vasodilators	
Pretransplant	PCW(mean) mm/Hg	
Pretransplant	PCW(mean) mm/Hg//Status	Value or status is reported, not both
Pretransplant	PCW (mean) mm/Hg Inotropes/Vasodilators	
Pretransplant	CO L/min	
Pretransplant	CO L/min//Status	Value or status is reported, not both
Pretransplant	CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators	
Pretransplant	Most Recent Serum Creatinine	
Pretransplant	Most Recent Serum Creatinine//Status	Value or status is reported, not both
Pretransplant	Most Recent Total Bilirubin	
Pretransplant	Most Recent Total Bilirubin//Status	Value or status is reported, not both
Pretransplant	Chronic Steroid Use	
Pretransplant	FVC	
Pretransplant	FVC % predicted//Status	Value or status is reported, not both
Pretransplant	FeV1	
Pretransplant	FeV1 % predicted//Status	Value or status is reported, not both
Pretransplant	pCO2	
Pretransplant	pCO2 mm/Hg//Status	Value or status is reported, not both
Pretransplant	Transfusions	
Pretransplant	Infection Requiring IV Therapy within 2 wks prior to Tx	
Pretransplant	Dialysis	
Pretransplant	Prior Cardiac Surgery (non-transplant)	

Patient Status	Primary Source of Payment
Patient Status	Primary Source of Payment, Specify
Patient Status	Cognitive Development
Patient Status	Motor Development
Pretransplant	Height Measurement Date
Pretransplant	Height
Pretransplant	Height in Centimeters//Status
Pretransplant	Height Percentile//Growth Percentiles//%ile
Pretransplant	Weight Measurement Date
Pretransplant	Weight
Pretransplant	Weight in Kilograms//Status
Pretransplant	Weight Percentile//Growth Percentiles//%ile
Pretransplant	BMI
Pretransplant	BMI://%ile
Pretransplant	Previous Transplant Organ
Pretransplant	Previous Transplant Date
Pretransplant	Previous Transplant Graft Fail Date
Pretransplant	HIV Serostatus
Pretransplant	NAT HIV
Pretransplant	CMV Status
Pretransplant	HBV Core Antibody
Pretransplant	HBV Surface Antibody Total
Pretransplant	HBV Surface Antigen
Pretransplant	NAT HBV
Pretransplant	HCV Serostatus
Pretransplant	NAT HCV
Pretransplant	EBV Serostatus
Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?
Pretransplant	PA (sys)mm/Hg
Pretransplant	PA (sys)mm/Hg//Status
Pretransplant	PA(sys)mm/Hg Inotropes/VASODilators
Pretransplant	PA(dia) mm/Hg
Pretransplant	PA(dia) mm/HG//Status
Pretransplant	PA (dia) mm/Hg Inotropes/Vasodilators
Pretransplant	PA(mean) mm/Hg
Pretransplant	PA(mean) mm/Hg//Status
Pretransplant	PA (mean) mm/Hg Inotropes/Vasodilators
Pretransplant	PCW(mean) mm/Hg
Pretransplant	PCW(mean) mm/Hg//Status
Pretransplant	PCW (mean) mm/Hg Inotropes/Vasodilators
Pretransplant	CO L/min
Pretransplant	CO L/min//Status
Pretransplant	CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators
Pretransplant	Most Recent Serum Creatinine
Pretransplant	Most Recent Serum Creatinine//Status
Pretransplant	Most Recent Total Bilirubin

Pretransplant	If yes, check all that apply	
Pretransplant	Prior Cardiac Surgery//Specify	
Pretransplant	Prior Lung Surgery (non-transplant)	
Pretransplant	If yes, check all that apply	
Pretransplant	Prior Lung Surgery//Specify	
Pretransplant	Episode of Ventilatory Support	
Pretransplant	If yes, indicate most recent timeframe	
Pretransplant	Tracheostomy	
Transplant Procedure	Multiple Organ Recipient	Display Only - Cascades from feedback
Transplant Procedure	Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Transplant Procedure	Procedure Type	Display Only - Cascades from feedback
Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung	
Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung//Status	Value or status is reported, not both
Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right lung	
Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right Lung//Status	Value or status is reported, not both
Transplant Procedure	Lung(s) perfused prior to transplant?	
Transplant Procedure	Perfusion occurred at:	
Transplant Procedure	Perfusion performed by:	
Transplant Procedure	Total time on perfusion	
Transplant Procedure	Lung(s) received at transplant center	
Transplant Procedure	On ice	
Transplant Procedure	On pump	
Transplant Procedure	Right Lung/Enbloc: Stayed on pump Put on ice	
Transplant Procedure	Left Lung: Stayed on pump Put on ice	
Post Transplant	Graft Status	
Post Transplant	Date of Graft Failure	
Post Transplant	Primary Cause of Graft Failure	
Post Transplant	Primary Cause of Graft Failure// Other Specify	
Post Transplant	Stroke	
Post Transplant	Dialysis	
Post Transplant	Ventilator Support	
Post Transplant	Reintubated	

Pretransplant	Most Recent Total Bilirubin//Status
Pretransplant	Chronic Steroid Use
Pretransplant	FVC
Pretransplant	FVC % predicted//Status
Pretransplant	FeV1
Pretransplant	FeV1 % predicted//Status
Pretransplant	pCO2
Pretransplant	pCO2 mm/Hg//Status
Pretransplant	Transfusions
Pretransplant	Infection Requiring IV Therapy within 2 wks prior to Tx
Pretransplant	Dialysis
Pretransplant	Episode of Ventilatory Support
Pretransplant	If yes, indicate most recent timeframe
Pretransplant	Tracheostomy
Pretransplant	Prior Thoracic Surgery other than prior transplant
Pretransplant	If yes, number of prior sternotomies
Pretransplant	If yes, number of prior thoracotomies
Pretransplant	Prior congenital cardiac surgery
Pretransplant	If yes, palliative surgery
Pretransplant	If yes, corrective surgery
Pretransplant	If yes, single ventricular physiology
Pretransplant	Most Recent Anti-A Titer
Pretransplant	Sample Date
Pretransplant	Most Recent Anti-B Titer
Pretransplant	Sample Date
Transplant Procedure	Multiple Organ Recipient
Transplant Procedure	Were extra vessels used in the transplant procedure
Transplant Procedure	Procedure Type
Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung
Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung//Status
Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right lung

Post Transplant	Permanent Pacemaker	
Post Transplant	Airway Dehiscence	
Post Transplant	Did patient have any acute rejection episodes between transplant and discharge	
Post Transplant	Intubated at 72 hours	
Post Transplant	PaO2 at 72 hours	
Post Transplant	PaO2 at 72 hours//Status	Value or status is reported, not both
Post Transplant	FiO2 at 72 hours	
Post Transplant	FiO2 at 72 hours//Status	Value or status is reported, not both
Post Transplant	ECMO a 72 hours	
Post Transplant	Inhaled NO at 72 hours	
Immunosuppression Other	Are any medications given currently for maintenance or anti-rejection	
Immunosuppression Other	Immunosuppression medication	
Immunosuppression Other	Immunosuppression medication indication	
Immunosuppression Other	Days of induction	

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

**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/202X. 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 0.7 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.

Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right Lung//Status
Transplant Procedure	Lung(s) perfused prior to transplant?
Transplant Procedure	Perfusion occurred at:
Transplant Procedure	Perfusion performed by:
Transplant Procedure	Total time on perfusion
Transplant Procedure	Lung(s) received at transplant center
Transplant Procedure	On ice
Transplant Procedure	On pump
Transplant Procedure	Right Lung/Enbloc: Stayed on pump Put on ice
Transplant Procedure	Left Lung: Stayed on pump Put on ice
Post Transplant	Graft Status
Post Transplant	Date of Graft Failure
Post Transplant	Primary Cause of Graft Failure
Post Transplant	Primary Cause of Graft Failure//Other Specify
Post Transplant	Stroke
Post Transplant	Dialysis
Post Transplant	Ventilator Support
Post Transplant	Reintubated
Post Transplant	Permanent Pacemaker
Post Transplant	Airway Dehiscence
Post Transplant	Did patient have any acute rejection episodes between transplant and discharge
Post Transplant	Intubated at 72 hours
Post Transplant	PaO2 at 72 hours
Post Transplant	PaO2 at 72 hours//Status
Post Transplant	FiO2 at 72 hours
Post Transplant	FiO2 at 72 hours//Status
Post Transplant	ECMO a 72 hours
Post Transplant	Inhaled NO at 72 hours
Post Transplant	Most Recent Anti-A Titer
Post Transplant	Most Recent Anti-A Titer//Sample Date
Post Transplant	Most Recent Anti-B Titer
Post Transplant	Most Recent Anti-B Titer//Sample Date
Immunosuppression Other	Are any medications given currently for maintenance or anti-rejection
Immunosuppression Other	Immunosuppression medication
Immunosuppression Other	Immunosuppression medication indication
Immunosuppression Other	Days of induction

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

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Calculated for display only

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not conduct or sponsor, and a person is not  
MB control number. The OMB control  
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Lane, Room 14N136B, Rockville, Maryland,