

TRF (6-Month) - Lung - Adult and Pediatric
Fields to be completed by members

| Form Section | Field Label | Notes |
|-----------------------|---|--|
| Recipient Information | Organ Type | Display Only - Cascades from Database |
| Recipient Information | Follow-up code | Display Only - Cascades from Database |
| 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 | Display Only Cascades from TCR |
| Recipient Information | SSN | Display Only - Cascades from TCR |
| Recipient Information | HIC | Display Only - Cascades from TCR |
| Recipient Information | Previous Follow-up | Display Only - Cascades from prior TRF |
| Recipient Information | DOB | Display Only - Cascades from TCR |
| Recipient Information | Gender | Display Only - Cascades from TCR |
| Recipient Information | Tx Date | Display Only - Cascades from Database |
| Recipient Information | Previous Px Stat Date | Display Only - Cascades from prior TRF |
| Recipient Information | Transplant Discharge Date | |
| Recipient Information | State of Permanent Residence | |
| Recipient Information | Zip Code | |
| Provider Information | Recipient Center Type | Display Only - Cascades from TCR |
| Provider Information | Recipient Center | Display Only - Cascades from TCR |
| Provider Information | Follow-up Center Code | Display Only - Cascades from Database |
| Provider Information | Follow-up Center Type | Display Only - Cascades from Database |
| Donor Information | UNOS Donor ID # | Display Only - Cascades from Database |
| Donor Information | Donor Type | Display Only - Cascades from Database |
| Donor Information | OPO | Display Only - Cascades from feedback |
| Patient Status | Date: Last Seen, Retransplanted or Death | |
| Patient Status | Patient Status | |
| Patient Status | Primary Cause of Death | |
| Patient Status | Primary 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 |
| Clinical Information | HIV Serology | |
| Clinical Information | HIV NAT | |
| Clinical Information | HbsAg | |
| Clinical Information | HBV DNA | |
| Clinical Information | HBV Core Antibody | |
| Clinical Information | HCV Serology | |
| Clinical Information | HCV NAT | |
| Clinical Information | Graft Status | |
| Clinical Information | Date of Graft Failure | |
| Clinical Information | Primary Cause of Graft Failure | |
| Clinical Information | Primary Cause of Graft Failure// Other Specify | |
| Clinical Information | Most Recent Anti-A Titer | |
| Clinical Information | Most Recent Anti-A Titer//Sample Date | |
| Clinical Information | Most Recent Anti-B Titer | |
| Clinical Information | Most Recent Anti-B Titer//Sample Date | |
| Clinical Information | Date Test Performed | Value or status is reported, not both |
| Clinical Information | FEV1 | Value or status is reported, not both |
| Clinical Information | FVC | Value or status is reported, not both |
| Clinical Information | FEF 25-75 | Value or status is reported, not both |
| Clinical Information | Date Test Performed | Value or status is reported, not both |
| Clinical Information | FEV1 | Value or status is reported, not both |
| Clinical Information | FVC | Value or status is reported, not both |
| Clinical Information | FEF 25-75 | Value or status is reported, not both |
| Clinical Information | Date Test Performed | Value or status is reported, not both |
| Clinical Information | FEV1 | Value or status is reported, not both |
| Clinical Information | FVC | Value or status is reported, not both |
| Clinical Information | FEF 25-75 | Value or status is reported, not both |
| Clinical Information | Current Supplemental O2 requirements at rest and/or at exercise | |
| Clinical Information | At rest: FiO2 or Flow | Value or status is reported, not both |
| Clinical Information | With exercise: FiO2 or Flow | Value or status is reported, not both |

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.