

hours per response, including the
the collection of information. Send
information, including suggestions
14N136B, Rockville, Maryland, 208

TRF (1-5 Year) - Lung - Pediatric
Fields to be completed by members

Field label	Notes
Organ Type	Display Only - Cascades from Database
Follow-up code	Display Only - Cascades from Database
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Display Only - Cascades from TCR
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
Previous Follow-up	Display Only - Cascades from prior TRF
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from Database
Previous Px Stat Date	Display Only - Cascades from prior TRF
Transplant Discharge Date	
State of Permanent Residence	
Zip Code	
Previous Follow-up	Display Only - Cascades from prior TRF
Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Center Type	Display Only - Cascades from TCR
Recipient Center	Display Only - Cascades from TCR
Follow-up Center Code	Display Only - Cascades from Database
Follow-up Center Type	Display Only - Cascades from Database
Physician Name	
NPI#	
Follow-up Care Provided By	
Follow-up Care Provided By//Specify	
UNOS Donor ID #	Display Only - Cascades from Database
Donor Type	Display Only - Cascades from Database
OPO	Display Only - Cascades from feedback
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
Primary 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
Has the patient been hospitalized since the last patient status date	
Hospitalized for Rejection	
Hospitalized for Infection	
Functional Status	
Cognitive Development	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Insurance at Follow-up	
Primary Source of Payment, Specify	
Date of Measurement	
Height Measurement Date	
Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
Weight Measurement Date	
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI	Calculated for display only
HIV Serology	

HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	
HCV NAT	
Graft Status	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure// Other Specify	
Most Recent Anti-A Titer	
Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer//Sample Date	
Date Test Performed	Value or status is reported, not both
FEV1	Value or status is reported, not both
FVC	Value or status is reported, not both
FEF 25-75	Value or status is reported, not both
Date Test Performed	Value or status is reported, not both
FEV1	Value or status is reported, not both
FVC	Value or status is reported, not both
FEF 25-75	Value or status is reported, not both
Date Test Performed	Value or status is reported, not both
FEV1	Value or status is reported, not both
FVC	Value or status is reported, not both
FEF 25-75	Value or status is reported, not both
Current Supplemental O2 requirements at rest and/or at exercise	
At rest: FiO2 or Flow	Value or status is reported, not both
With exercise: FiO2 or Flow	Value or status is reported, not both
Diabetes onset during the follow-up period	
Diabetes: If Yes, Insulin Dependent	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	
Chronic Dialysis	
Renal Tx since Thoracic Tx	
Did patient have any acute rejection episodes during the follow-up period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppression medication	
Immunosuppression medication indication	

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urement and Transplantation Network (OPTN) collects this information in order to perform ssess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to ganizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is ction of information unless it displays a currently valid OMB control number. The OMB control umber is 0915-0157 and it is valid until XX/XX/202X. This information collection is required to R §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act ata collected by the private non-profit OPTN also are well protected by a number of the Contractor's security system meets or exceeds the requirements as prescribed by OMB ty of Federal Automated Information Systems, and the Departments Automated Information ok. The public reporting burden for this collection of information is estimated to average 0.7 ime for reviewing instructions, searching existing data sources, and completing and reviewing

...for reviewing instructions, searching existing data sources, and completing and reviewing
I comments regarding this burden estimate or any other aspect of this collection of
for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room
157 or paperwork@hrsa.gov.