TRR - Heart/Lung - Adult Fields to be completed by members

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	
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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 Patient Status	Other Mechanism, Specify	
Patient Status	Prostacyclin Infusion Prostacyclin Inhalation	
Patient Status	Patient on Ventricular Assist Device	
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	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
	Height Percentile//Growth	. ==== or oracio io reported, not both
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	Weight	
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
	Weight Percentile//Growth	£
Pretransplant	Percentiles//%ile	Calculated for display only
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	

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Form Section
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Provider Information
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	HBV Surface Antigen	
Pretransplant Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus	
Pretransplant	NAT HCV	
Pretransplant	EBV Serostatus	
•	Did the recipient receive Hepatitis B	
Pretransplant	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
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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
	PCW (mean) mm/Hg	
Pretransplant	Inotropes/Vasodilators	
Pretransplant	CO L/min	
Pretransplant	CO L/min//Status	Value or status is reported, not both
	CO L/min Inotropes/Vasodilators CO	
Pretransplant	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
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Pretransplant	pCO2	
Pretransplant	pCO2 mm/Hg//Status	Value or status is reported, not both
Pretransplant	Transfusions	value of status is reported, not both
retransplant		
Pretransplant	Infection Requiring IV Therapy within 2	
*	wks prior to Tx	
Pretransplant	Dialysis	
Pretransplant	Prior Cardiac Surgery (non-transplant)	
Pretransplant	If yes, check all that apply Prior Cardiac Surgery//Specify	
•	0 1 1 1	
Pretransplant	Prior Lung Surgery (non-transplant)	
Pretransplant Pretransplant	Prior Lung Surgery (non-transplant) If yes, check all that apply	
Pretransplant Pretransplant Pretransplant	Prior Lung Surgery (non-transplant) If yes, check all that apply Prior Lung Surgery//Specify	
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Pretransplant Pretransplant Pretransplant Pretransplant Pretransplant Pretransplant Pretransplant Fransplant Fransplant Procedure	Prior Lung Surgery (non-transplant) If yes, check all that apply Prior Lung Surgery//Specify Episode of Ventilatory Support If yes, indicate most recent timeframe Tracheostomy Multiple Organ Recipient Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Pretransplant Pretransplant Pretransplant Pretransplant Pretransplant Pretransplant Pretransplant Fransplant Fransplant Procedure Fransplant Procedure	Prior Lung Surgery (non-transplant) If yes, check all that apply Prior Lung Surgery//Specify Episode of Ventilatory Support If yes, indicate most recent timeframe Tracheostomy Multiple Organ Recipient Were extra vessels used in the transplant procedure Procedure Type	
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Pretransplant Transplant Procedure	Prior Lung Surgery (non-transplant) If yes, check all that apply Prior Lung Surgery//Specify Episode of Ventilatory Support If yes, indicate most recent timeframe Tracheostomy Multiple Organ Recipient Were extra vessels used in the transplant procedure Procedure Type Heart Procedure Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Heart, Heart-Lung Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Hyeart, Heart-Lung Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time)://Status Lung(s) perfused prior to transplant? Perfusion occurred at: Perfusion performed by:	Display Only - Cascades from feedback Display Only - Cascades from feedback

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	Right Lung/Enbloc:	
	Stayed on pump Put on ice	
	Left Lung:	
	Stayed on pump	
Transplant Procedure	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	
- cor - corp.		
	Did patient have any acute rejection	
Post Transplant	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	P ,
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	
•	Are any medications given currently for	
Immunosuppression Other	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.

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OMB No. 0915-0157 Expiration Date: XX/

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ F following OPTN functions: to a monitor compliance of membe

required to respond to, a collenumber for this information cobtain or retain a benefit per 4 of Records #09-15-0055). Data security features. The Contract Appendix III, Security of Federa Program Handbook. The public including the time for reviewin information. Send comments r suggestions for reducing this b 20857 or paperwork@hrsa.gov

TRR - Heart/Lung - Pediatric Fields to be completed by members

Field Label	Notes TCP
Organ	Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR Not required
Recipient Middle Initial SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR 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	Display Only - Cascades from recuback
Permanent Zip	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Physician Name	
Physician NPI#	
Surgeon Name	
Surgeon NPI#	
UNOS Donor ID #	Display Only - Cascades from TCR
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
Date of Admission to Tx Center	
Date of Discharge from Tx Center	
Medical Condition at time of transplant	
Patient on Life Support	
Extra Corporeal Membrane Oxygenation	
Intra Aortic Balloon Pump	
Prostaglandins	
Intravenous Inotropes	
Ventilator Inhaled NO	
Other Mechanism	
Other Mechanism, Specify	
Prostacyclin Infusion	
•	
Prostacyclin Inhalation Patient on Ventricular Assist Device	
Life Support: VAD Brand1	
Life Support: VAD Brand1//Specify	
Life Support: VAD Brand2	
Life Support: VAD Brand2//Specify	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
Date of Measurement	
Height Measurement Date	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight Measurement Date	
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
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BMI://96ile Calculated for display only Previous Transplant Organ Display Only - Cascades from Database Previous Transplant Date Display Only - Cascades from Database Previous Transplant Graft Fail Date Display Only - Cascades from Database Previous Transplant Graft Fail Date Display Only - Cascades from Database Previous Transplant Graft Fail Date Display Only - Cascades from Database HIV Serostatus NAT HIV CAW Status HBV Core Antibody HBV Surface Antibody Total HBV Surface Antibody Total HBV Surface Antibody HCV Serostatus NAT HBV HCV Serostatus NAT HCV HCV Serostatus Did the recipient receive Hepatitis B vaccines prior to transplant? PA (sys)mm/Hg Display PA (sys)mm/Hg PA (sys)mm/Hg Display P	BMI	Display Only - Cascades from Database
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If yes, palliative surgery If yes, corrective surgery If yes, single ventricular physiology		
If yes, corrective surgery If yes, single ventricular physiology	Prior congenital cardiac surgery	
If yes, single ventricular physiology		
Most Recent Anti-A Titer		
	Most Recent Anti-A Titer	

Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer//Sample Date	
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
Heart Procedure	
Total organ preservation time from cross clamp to	
in-situ reperfusion (include warm and cold time): Heart, Heart-Lung	
Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold	
time)://Status	Value or status is reported, not both
Lung(s) perfused prior to transplant?	F
Perfusion occurred at:	
Perfusion performed by:	
Total time on perfusion	
Lung(s) received at transplant center	
On ice	
On pump	
Dight Lung/Enblog	
Right Lung/Enbloc: Stayed on pump	
Put on ice	
r 6 r	
Left Lung: Stayed on pump	
Put on ice	
Graft Status	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure// Other Specify	
** "	
Ventilator Support	
Reintubated	
Permanent Pacemaker	
Airway Dehiscence	
Did patient have any acute rejection episodes between transplant and discharge	
Intubated at 72 hours	
PaO2 at 72 hours	Walter an electrical to the control of the control
PaO2 at 72 hours//Status FiO2 at 72 hours	Value or status is reported, not both
	Value or status is reported, not both
FiO2 at 72 hours//Status ECMO a 72 hours	Value or status is reported, not both
Inhaled NO at 72 hours	
Most Recent Anti-A Titer	
Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer Most Recent Anti-B Titer//Sample Date	
Most Recent Anti-B Titer Most Recent Anti-B Titer//Sample Date Stroke	
Most Recent Anti-B Titer Most Recent Anti-B Titer//Sample Date Stroke Are any medications given currently for	
Most Recent Anti-B Titer Most Recent Anti-B Titer//Sample Date Stroke Are any medications given currently for maintenance or anti-rejection	
Most Recent Anti-A Titer//Sample Date Most Recent Anti-B Titer Most Recent Anti-B Titer//Sample Date Stroke Are any medications given currently for maintenance or anti-rejection Immunosuppression medication indication	

'XX/20XX

Procurement and Transplantation Network (OPTN) collects this information in order to perform the ssess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to proganizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not

ction of information unless it displays a currently valid OMB control number. The OMB control illection is 0915-0157 and it is valid until XX/XX/202X. This information collection is required to 12 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System collected by the private non-profit OPTN also are well protected by a number of the Contractor's or's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, al Automated Information Systems, and the Departments Automated Information Systems Security reporting burden for this collection of information is estimated to average 0.7 hours per response, ginstructions, searching existing data sources, and completing and reviewing the collection of egarding this burden estimate or any other aspect of this collection of information, including urden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland,