TRF (1-5 Year) - Heart/Lung - Adult 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 Provider Information	Follow-up Center Type Physician Name	Display Only - Cascades from Database
Provider Information	NPI#	
Provider Information	Follow-up Care Provided By	
Provider Information	Follow-up Care Provided By	
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	Display only Gascades from recasaen
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
	Has the patient been hospitalized since the last patient	
Patient Status	status date	
Patient Status	Hospitalized for Rejection	
Patient Status	Hospitalized for Infection	
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Insurance at Follow-up	
Patient Status	Primary Source of Payment, Specify	
Clinical Information	HIV Serology	
Clinical Information	HIV NAT	
Clinical Information	HbsAg	
Clinical Information	HBV DNA	
Clinical Information	HBV Core Antibody	
Clinical Information	HCV Serology HCV NAT	
Clinical Information 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	Ejection Fraction	Value or status is reported, not both
Clinical Information	Heart: Ejection Fraction//Status	Display Only - Cascades from Database
Clinical Information	Pacemaker	Display Only - Cascades from Database
Clinical Information	Coronary Artery Disease	Display Only - Cascades from Database
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

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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
Clinical Information	New diabetes onset between last follow-up to the current follow-up	
Clinical Information	Diabetes: If Yes, Insulin Dependent	
Clinical Information	Most Recent Serum Creatinine	
Clinical Information	Most Recent Serum Creatinine//Status	Value or status is reported, not both
Clinical Information	Chronic Dialysis	
Clinical Information	Renal Tx since Thoracic Tx	
Clinical Information	Did patient have any acute rejection episodes during the follow-up period	
Clinical Information	Post Transplant Malignancy	
Clinical Information	Donor Related	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	De Novo Solid Tumor	
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	
Clinical Information	Other, Specify	
Immunosuppressive Information	Were any medications given during the follow-up period for maintenance	
Immunosuppressive Information	Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppressive Information	Immunosuppression medication	
Immunosuppressive Information	Immunosuppression medication indication	

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 fequine to respond to, a collection is 0915-0157 and it is valid until XX/X202X. This information collection is control number in the formation collection is 0915-0157 and it is valid until XX/X202X. 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 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 representing burding for the callection of the formation is certimated to average 0.2 hours prescribed by the proceeded to average 0.2 hours prescribed by the pres 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 as monitor compliance of membe required to respond to, a collec number for this information co obtain 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 reviewing information. Send comments ri suggestions for reducing this bu 20857 or paperwork@hrsa.gov

TRF (1-5 Year) - Heart/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
ОРО	Display Only - Cascades from feedback
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
Primary Cause of Death//Specify	NT_4 miles d
Contributory Cause of Death	Not required
Contributory Cause of Death//Specify	Not required
Contributory Cause of Death	Not required
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Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date Hospitalized for Rejection Hospitalized for Infection	
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Contributory Cause of Death//Specify 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//Status	Not required
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Contributory Cause of Death//Specify 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//Status	Not required
Contributory Cause of Death//Specify 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 Progress Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Date of Measurement Height Measurement Date Height//Status Height Precentile Weight Measurement Date	Not required
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Contributory Cause of Death//Specify 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//Status Height Measurement Date Weight Weight//Status	Not required
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Contributory Cause of Death//Specify 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/Status Height Percentile Weight//Status Weight Percentile BMI HIV Serology HIV NAT HbsAg	Not required
Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date Hospitalized for Rejection Hospitalized for Infection Functional Status Cognitive Development Gognitive 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 Height//Status Height//Status Weight//Status Hu Precentile BMI BMI HIV Serology HIV NAT HbsAg HBV DNA	Not required
Contributory Cause of Death//Specify 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/Status Height Percentile Weight//Status Weight Percentile BMI HIV Serology HIV NAT HbsAg	Not required

LICY NAT				
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Date of Graft Failure				
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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				
Ejection Fraction	Display Only - Cascades from Database			
Heart: Ejection Fraction//Status	Value or status is reported, not both			
Shortening Fraction	Display Only - Cascades from Database			
Shortening Fraction://Status	Value or status is reported, not both			
Pacemaker	Display Only - Cascades from Database			
racelliakei	Display Only - Cascades from Database			
Coronary Artery Disease Since Last Follow-up	Display Only - Cascades from Database			
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			
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FEF 25-75	Value or status is reported, not both			
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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			
New diabetes onset between last follow-up to				
the current follow-up				
Diabetes: If Yes, Insulin Dependent				
Most Recent Serum Creatinine				
Most Recent Serum Creatinine//Status	Value or status is reported, not both			
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			
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Immunosuppression medication indication				
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Procurement and Transplantation Network (OPTN) collects this information in order to perform the seess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to r organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not :tion of information unless it displays a currently valid OMB control number. The OMB control llection is 0915-0157 and it is valid until XX/XV/202X. This information collection is required to 2 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, il 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, g instructions, 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,