TCR - Liver - Adult
Fields to be completed by members

Form Section	Field Label	Notes	Form Section
Provider Information	Transplant Center Code	Display Only - Cascades from Waitlist	Provider Information
Provider Information	Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist	Provider Information
Candidate Information	Organ Registered:	Display Only - Cascades from Waitlist	Candidate Information
Candidate Information	Date of Listing or Add:	Display Only - Cascades from Waitlist	Candidate Information
Candidate Information	Last Name:	Cascades from Waitlist	Candidate Information
Candidate Information	First Name:	Cascades from Waitlist	Candidate Information
Candidate Information	Middle Initial://MI:	Not required	Candidate Information
Candidate Information	Previous Surname:	Not required	Candidate Information
Candidate Information	SSN:	Display Only - Cascades from Waitlist	Candidate Information
Candidate Information	Gender:	Cascades from Waitlist	Candidate Information
Candidate Information	HIC:	Not required	Candidate Information
Candidate Information	Date of Birth://DOB:	Cascades from Waitlist	Candidate Information
Candidate Information	State of Permanent Residence:	Cascades from Waitlist	Candidate Information
Candidate Information	Permanent ZIP Code:	Cascades from Waitlist	Candidate Information
Candidate Information	Ethnicity/Race:	Cascades from Waitlist	Candidate Information
Candidate Information	Citizenship:		Candidate Information
Candidate Information	Year of Entry to the U.S.		Candidate Information
Candidate Information	Year of Entry to the U.S Status//ST=		Candidate Information
Candidate Information	Country of Permanent Residence		Candidate Information
Candidate Information	Highest Education Level:		Candidate Information
Patient Status	Patient on Life Support:		Patient Status
Patient Status	Life Support://Ventilator		Patient Status
Patient Status	Life Support://Artifical Liver		Patient Status
Patient Status	Life Support://Other Mechanism, Specify		Patient Status
Patient Status	Life Support:Other Mechanism//Specify:		Patient Status
Patient Status	Functional Status:		Patient Status
Patient Status	Working for income:		Patient Status
Patient Status	Previous Transplant//Organ	Display Only - Cascades from Database	Patient Status
Patient Status	Previous Transplant//Date	Display Only - Cascades from Database	Patient Status
Patient Status	Previous Transplant//Graft Fail Date	Display Only - Cascades from Database	Patient Status
Patient Status	Previous Pancreas Islet Infusion:		Patient Status
Source of Payment	Source of Payment//Primary:		Patient Status
Source of Payment	Foreign Government//Specify:		Patient Status
Clinical Information	Height in cm://Height:		Source of Payment
Clinical Information	Height Status//ST=	Value or status is reported, not both	Source of Payment
Clinical Information	Height Growth percentiles//%ile	Calculated for display only	Clinical Information
Clinical Information	Weight in kg://Weight:		Clinical Information
Clinical Information	Weight Status//ST=	Value or status is reported, not both	Clinical Information
Clinical Information	Weight Growth percentiles//%ile	Calculated for display only	Clinical Information
Clinical Information	BMI:	Display Only - Cascades from Database	Clinical Information
Clinical Information	BMI://%ile	Calculated for display only	Clinical Information
Clinical Information	ABO Blood Group:	Display Only - Cascades from Waitlist	Clinical Information
Clinical Information	Primary Diagnosis:		Clinical Information
Clinical Information	Primary Diagnosis//Specify:		Clinical Information
Clinical Information	Secondary Diagnosis:	Not required	Clinical Information
Clinical Information	Secondary Diagnosis//Specify:		Clinical Information
General Medical Factors	Diabetes:		Clinical Information
General Medical Factors	Any previous Malignancy:		Clinical Information
General Medical Factors	Any previous Malignancy//Specify Type:		Clinical Information
General Medical Factors	Cholagiocarcinoma//Neoadjuvant Therapy		General Medical Factors
General Medical Factors	Any previous Malignancy//Specify:		General Medical Factors
Clinical Information	Has the candidate ever had a diagnosis of HCC?		General Medical Factors
Liver Medical Factors	Previous Upper Abdominal Surgery:		General Medical Factors
Liver Medical Factors	Spontaneous Bacterial Peritonitis:		General Medical Factors
Liver Medical Factors	History of Portal Vein Thrombosis:		General Medical Factors
Liver Medical Factors	History of TIPSS:		Liver Medical Factors
			Liver Medical Factors

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.

Liver Medical Factors

Liver Medical Factors

OMB No. 0915-0157 Expiration Date: XX/

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ F
perform the following OPTN fu
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or sponsor, and a person is not
OMB control number. The OM
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Handbook. The public reportin
response, including the time fo
the collection of information. S
information, including suggesti
Room 14N136B, Rockville, Mar

TCR - Liver - Pediatric
Fields to be completed by members

Field Label	Notes
Transplant Center Code	Display Only - Cascades from Waitlist
Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist
Organ Registered:	Display Only - Cascades from Waitlist
Date of Listing or Add:	Display Only - Cascades from Waitlist
Last Name:	Cascades from Waitlist
First Name:	Cascades from Waitlist
Middle Initial://MI:	Not required
Previous Surname:	Not required
SSN:	Display Only - Cascades from Waitlist
Gender:	Cascades from Waitlist
HIC:	Not required
Date of Birth://DOB:	Cascades from Waitlist
State of Permanent Residence:	Cascades from Waitlist
Permanent ZIP Code:	Cascades from Waitlist
Ethnicity/Race:	Cascades from Waitlist
Citizenship:	
Year of Entry to the U.S.	
Year of Entry to the U.S Status//ST=	
Country of Permanent Residence	
Highest Education Level:	
Patient on Life Support:	
Life Support://Ventilator	
Life Support://Artifical Liver	
Life Support://Other Mechanism, Specify	
Life Support:Other Mechanism//Specify:	
Functional Status:	
Cognitive Development:	
Motor Development:	
Academic Progress:	
Academic Activity Level:	
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
Source of Payment//Primary:	
Foreign Government//Specify:	
Date of Measurement:	
Height in cm://Height:	
Height Status//ST=	Value or status is reported, not both
Height Growth percentiles//%ile	Calculated for display only
Weight in kg://Weight:	
Weight Status//ST=	Value or status is reported, not both
Weight Growth percentiles//%ile	Calculated for display only
BMI:	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
ABO Blood Group:	Display Only - Cascades from Waitlist
Primary Diagnosis:	
Primary Diagnosis//Specify:	
Secondary Diagnosis:	Not required
Secondary Diagnosis//Specify:	
Diabetes:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Cholagiocarcinoma//Neoadjuvant Therapy	
Any previous Malignancy//Specify:	
Has the candidate ever had a diagnosis of HCC?	
Previous Upper Abdominal Surgery:	
Spontaneous Bacterial Peritonitis:	

History of Portal Vein Thrombosis:	
History of TIPSS:	

XX/20XX

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