## TRR - Liver - Adults 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 Provider Information	Permanent Zip Recipient Center Code	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Surgeon Name	Display Only - Cascades nom Tek
Provider Information	NPI#	
Donor Information	UNOS Donor ID #	Display Only - Cascades from feedback
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	
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	Patient on Life Support	
Patient Status	Ventilator	
Patient Status	Artificial Liver	
Patient Status	Other Mechanism	
Patient Status	Other Mechanism, Specify	
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Source of Payment	
Patient Status Pretransplant	Primary Source of Payment, Specify Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
rieuanspiant	Teight in Centimeters//Status	value of status is reported, not both
Pretransplant	Height Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	Weight	Curculated for alophay only
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
Pretransplant	Weight Percentile//Growth 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	
Pretransplant	HBV Surface Antibody Total	
Pretransplant	HBV Core Antibody	
Pretransplant	HBV Surface Antigen	
Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus NAT HCV	
Pretransplant		
Pretransplant	EBV Serostatus	
Drotranenlant	Did the recipient receive Hepatitis B	
Pretransplant	vaccines prior to transplant? Has the recipient ever had a diagnosis of	
Pretransplant	Has the recipient ever had a diagnosis of HCC?	

Form Section **Recipient Information Recipient Information** Recipient Information **Recipient Information** Recipient Information **Recipient Information Recipient Information Recipient Information Recipient Information** Recipient Information **Recipient Information** Provider Information Provider Information Provider Information Provider Information Donor Information Donor Information Donor Information Patient Status Pretransplant Pretransplant

	Were extra vessels used in the transplant	
Transplant Procedure	procedure	Display Only - Cascades from feedback
Transplant Procedure	Procedure Type	Display Only - Cascades from feedback
Transplant Procedure	Split Type	
Transplant Procedure	Total Cold Ischemia Time (if pumped, include pump time)	
Transplant Procedure	Total Cold Ischemia Time (if pumped, include pump time)://Status	Value or status is reported, not both
Transplant Procedure	Previous Abdominal Surgery	
Transplant Procedure	Portal Vein Thrombosis	
Transplant Procedure	Transjugular Intrahepatic Portacaval Stint Shunt	
Post Transplant	Pathology Conf. Liver Diag. of Hospital Discharge	
Post Transplant	If Other Pathology Conf. Liver Diag. of Hospital Discharge//Specify	
Post Transplant	Graft Status	
Post Transplant	Date of Graft Failure	
Post Transplant	Primary Non-Function	
Post Transplant	Hepatic Artery Thrombosis	
Post Transplant	Other Vascular Thrombosis	
Post Transplant	Hepatic outflow obstruction	
Post Transplant	Portal vein thrombosis	
Post Transplant	Diffuse Cholangiopathy	
Post Transplant	Hepatitis: DeNovo	
Post Transplant	Hepatitis: Recurrent	
Post Transplant	Recurrent Disease (non-Hepatitis)	
Post Transplant	Acute Rejection	
Post Transplant	Infection	
Post Transplant	Other, Specify	
Post Transplant	Did patient have any acute rejection episodes between transplant and discharge	
Immunosuppression Other	Are any medications given currently for 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 or 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 dutomated information systems Security Program Handbook. The public reporting burden for this collection of information 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, acuding suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N1368, Rockville, Maryland, 20857 or papervork@hrsa.gov.

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Immunosuppression Other	

Immunosuppression Other Immunosuppression Other Immunosuppression Other Immunosuppression Other

OMB No. 0915-0157 Expiration Date: XX/X

## PUBLIC BURDEN STATEMENT:

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## TRR - Liver - Pediatrics Fields to be completed by members

Field Label	Notes
Field Label Organ	Notes Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Not required
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date State of Permanent Residence	Display Only - Cascades from feedback
Permanent Zip	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Surgeon Name	-r-j-j
NPI#	
UNOS Donor ID #	Display Only - Cascades from feedback
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 Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, Specify	
Functional Status	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
F	
Date of Measurement	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight	Value or status is reported and both
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth Percentiles//%ile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	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
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody HBV Surface Antibody Total	
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HBV Core Antibody	
HBV Surface Antigen	
NAT HBV	

HCV Serostatus	
NAT HCV	
EBV Serostatus	
Did the recipient receive Hepatitis B vaccines prior to transplant?	
Has the recipient ever had a diagnosis of HCC?	
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
Split Type	
Total Cold Ischemia Time (if pumped, include pump time)	
Total Cold Ischemia Time (if pumped, include pump time)://Status	Value or status is reported, not both
Previous Abdominal Surgery	
Portal Vein Thrombosis	
Transjugular Intrahepatic Portacaval Stint Shunt	
Pathology Conf. Liver Diag. of Hospital Discharge	
If Other Pathology Conf. Liver Diag. of Hospital Discharge//Specify	
Graft Status	
Date of Graft Failure	
Primary Non-Function	
Hepatic Artery Thrombosis	
Other Vascular Thrombosis	
Hepatic outflow obstruction	
Portal vein thrombosis	
Diffuse Cholangiopathy	
Hepatitis: DeNovo	
Hepatitis: Recurrent	
Recurrent Disease (non-Hepatitis)	
Acute Rejection	
Infection	
Other, Specify	
Did patient have any acute rejection episodes between transplant and discharge	
Are any medications given currently for maintenance or anti-rejection	
Immunosuppression medication	
Immunosuppression medication indication	
Days of induction	

X/20XX

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