

TRF (6 Month - 5 Year) - Liver - Adult
Fields to be completed by members

Form Section	Field Label	Notes	Form Section
Recipient Information	Organ Type	Display Only - Cascades from Database	Recipient Information
Recipient Information	Follow-up code	Display Only - Cascades from Database	Recipient Information
Recipient Information	Recipient First Name	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Recipient Last Name	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Recipient Middle Initial	Display Only - Cascades from TCR	Recipient Information
Recipient Information	SSN	Display Only - Cascades from TCR	Recipient Information
Recipient Information	HIC	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF	Recipient Information
Recipient Information	DOB	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Gender	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Tx Date	Display Only - Cascades from Database	Recipient Information
Recipient Information	Previous Px Stat Date	Display Only - Cascades from prior TRF	Recipient Information
Recipient Information	Transplant Discharge Date		Recipient Information
Recipient Information	State of Permanent Residence		Recipient Information
Recipient Information	Zip Code		Recipient Information
Provider Information	Recipient Center	Display Only - Cascades from TCR	Provider Information
Provider Information	Recipient Center Type	Display Only - Cascades from TCR	Provider Information
Provider Information	Follow-up Center Code	Display Only - Cascades from Database	Provider Information
Provider Information	Follow-up Center Type	Display Only - Cascades from Database	Provider Information
Provider Information	Physician Name		Provider Information
Provider Information	NPI#		Provider Information
Provider Information	Follow-up Care Provided By		Provider Information
Provider Information	Follow-up Care Provided By//Specify		Provider Information
Donor Information	UNOS Donor ID #	Display Only - Cascades from Database	Donor Information
Donor Information	Donor Type	Display Only - Cascades from Database	Donor Information
Donor Information	OPO	Display Only - Cascades from feedback	Donor Information
Patient Status	Date: Last Seen, Retransplanted or Death		Patient Status
Patient Status	Patient Status		Patient Status
Patient Status	Primary Cause of Death		Patient Status
Patient Status	Primary Cause of Death//Specify		Patient Status
Patient Status	Contributory Cause of Death	Not required	Patient Status
Patient Status	Contributory Cause of Death//Specify	Not required	Patient Status
Patient Status	Contributory Cause of Death	Not required	Patient Status
Patient Status	Contributory Cause of Death//Specify	Not required	Patient Status
Patient Status	Has the patient been hospitalized since the last patient status date		Patient Status
Patient Status	Functional Status		Patient Status
Patient Status	Working for income		Patient Status at Time of Follow-up
Patient Status	Primary Insurance at Follow-up		Patient Status at Time of Follow-up
Patient Status	Primary Source of Payment, Specify		Patient Status
Clinical Information	Pathology confirmed liver diagnosis at hospital discharge		Patient Status
Clinical Information	Pathology confirmed liver diagnosis at hospital discharge		Patient Status
Clinical Information	HIV Serology		Patient Status
Clinical Information	HIV NAT		Patient Status
Clinical Information	HbsAg		Clinical Information
Clinical Information	HBV DNA		Clinical Information
Clinical Information	HBV Core Antibody		Clinical Information
Clinical Information	HCV Serology		Clinical Information
Clinical Information	HCV NAT		Clinical Information
Clinical Information	Graft Status		Clinical Information
Clinical Information	Date of Failure		Clinical Information
Clinical Information	Primary Non-Function		Clinical Information
Clinical Information	Hepatic Artery Thrombosis		Clinical Information
Clinical Information	Other Vascular Thrombosis		Clinical Information
Clinical Information	Hepatic outflow obstruction		Clinical Information
Clinical Information	Portal vein thrombosis		Clinical Information
Clinical Information	Diffuse Cholangiopathy		Clinical Information
Clinical Information	Hepatitis: DeNovo		Clinical Information
Clinical Information	Hepatitis: Recurrent		Clinical Information
Clinical Information	Recurrent Disease (non-Hepatitis)		Clinical Information
Clinical Information	Acute Rejection		Clinical Information
Clinical Information	Infection		Clinical Information
Clinical Information	Other, Specify		Clinical Information
Clinical Information	Lab Date		Clinical Information

TRF (6 Month - 5 Year) - Liver - 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	
Recipient Center	Display Only - Cascades from TCR
Recipient Center Type	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	
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	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
Pathology confirmed liver diagnosis at hospital discharge	
Pathology confirmed liver diagnosis at hospital discharge	
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	
HCV NAT	
Graft Status	
Date of 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	
Lab Date	
Total Bilirubin	
Total Bilirubin://Status	
Most Recent Serum Creatinine	Value or status is reported, not both
Most Recent Serum Creatinine://Status to the current follow-up	Value or status is reported, not both
Insulin dependent episodes during the follow-up period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
Lymphoma	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-up Medications	
immunosuppression medication	Display Only - Cascades from Database
immunosuppression medication indication	

X/20XX

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