

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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