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

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Form Section Recipient Information	Field Label Organ Type	Notes 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
<b>Recipient Information</b>	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 State of Permanent Residence	
Recipient Information Recipient Information	Zip Code	
Provider Information	Recipient Center	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Follow-up Center Code	Display Only - Cascades from Database
Provider Information	Follow-up Center Type	Display Only - Cascades from Database
Provider Information	Physician Name	
Provider Information	NPI#	
Provider Information	Follow-up Care Provided By	
Provider Information	Follow-up Care Provided By//Specify	
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	
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	Functional Status	
Patient Status	Working for income	
Patient Status	Working for income	
Patient Status	Primary Insurance at Follow-up	
Patient Status	Primary Source of Payment, Specify	
Clinical Information	Pathology confirmed liver diagnosis at hospital discharge	
Clinical Information	Pathology confirmed liver diagnosis at hospital discharge	
Clinical Information	HIV Serology	
Clinical Information	HIV NAT	
Clinical Information	HbsAg	
Clinical Information	HBV DNA	
Clinical Information	HBV Core Antibody	
Clinical Information	HCV Serology	
Clinical Information	HCV NAT Graft Status	
Clinical Information Clinical Information	Graft Status Date of Failure	
Clinical Information	Primary Non-Function	
Clinical Information	Hepatic Artery Thrombosis	
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Clinical Information	Other Vascular Thrombosis	
Clinical Information	Hepatic outflow obstruction	
Clinical Information	Portal vein thrombosis	
Clinical Information	Diffuse Cholangiopathy	
Clinical Information	Hepatitis: DeNovo	
Clinical Information	Hepatitis: Recurrent	
Clinical Information Clinical Information	Recurrent Disease (non-Hepatitis) Acute Rejection	
Clinical Information	Infection	
Clinical Information	Other, Specify	
Clinical Information	Lab Date	

Form Section
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Donor Information
Donor Information
Donor Information
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Clinical Information

Clinical Information	Total Bilirubin	
Clinical Information	Total Bilirubin://Status	Value or status is reported, not both
Clinical Information	Most Recent Serum Creatinine	
Clinical Information	Most Recent Serum Creatinine://Status	Value or status is reported, not both
Clinical Information	New diabetes onset between last follow-up to the current follow-up	
Clinical Information	Insulin dependent	
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	
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 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.

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

## PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Pr the following OPTN functions: tr to monitor compliance of memt not required to respond to, a co number for this information coll obtain or retain a benefit per 42 System of Records #09-15-0055 Contractor's security features. T Circular A-130, Appendix III, Sec Systems Security Program Hand hours per response, including tr the collection of information. Se information, including suggestic 14N136B, Rockville, Maryland, 2

## 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	
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 moment falles and	
to the current follow-up	Value or status is reported, not both
Insulin dependent	Value or status is reported, not both
•	Value or status is reported, not both
Insulin dependent	Value or status is reported, not both
Insulin dependent episodes during the follow-up period	Value or status is reported, not both
Insulin dependent episodes during the follow-up period Post Transplant Malignancy	Value or status is reported, not both
Insulin dependent episodes during the follow-up period Post Transplant Malignancy Donor Related	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	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	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	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	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	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	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	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	
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	
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	

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