

TCR - Intestine - 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://Artificial 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:	
Any previous Malignancy//Specify:	
Total Bilirubin:	
Total Bilirubin://ST=	Value or status is reported, not both
Loss of two or more vascular access sites:	
History of Portomesenteric Vein Thrombosis:	
Variceal Bleeding within Last Two Weeks:	
Recurrent sepsis:	
Fungal sepsis:	
Unmanageable fluid-electrolyte losses:	

"Non-Reconstructible" GI tract:

ment and Transplantation Network (OPTN) collects this information in order to perform s whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and anizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is n of information unless it displays a currently valid OMB control number. The OMB illection is 0915-0157 and it is valid until XX/XX/202X. This information collection is per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection -0055). Data collected by the private non-profit OPTN also are well protected by a atures. The Contractor's security system meets or exceeds the requirements as endix III, Security of Federal Automated Information Systems, and the Departments ity Program Handbook. The public reporting burden for this collection of information is pponse, including the time for reviewing instructions, searching existing data sources, and n of information. Send comments regarding this burden estimate or any other aspect of g suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers and, 20857 or paperwork@hrsa.gov.