TCR - Intestine - Adult Fields to be completed by members

| Form Section | Field Label | Notes |
|-------------------------|--|---------------------------------------|
| Provider Information | Transplant Center Code | Display Only - Cascades from Waitlist |
| | Transplant Center Type://Recipient | |
| Provider Information | Center | Display Only - Cascades from Waitlist |
| Candidate Information | Organ Registered: | Display Only - Cascades from Waitlist |
| Candidate Information | Date of Listing or Add: | Display Only - Cascades from Waitlist |
| Candidate Information | Last Name: | Cascades from Waitlist |
| Candidate Information | First Name: | Cascades from Waitlist |
| Candidate Information | Middle Initial://MI: | Not required |
| Candidate Information | Previous Surname: | Not required |
| Candidate Information | SSN: | Display Only - Cascades from Waitlist |
| Candidate Information | Gender: | Cascades from Waitlist |
| Candidate Information | HIC: | Not required |
| Candidate Information | Date of Birth://DOB: | Cascades from Waitlist |
| Candidate Information | State of Permanent Residence: | Cascades from Waitlist |
| Candidate Information | Permanent ZIP Code: | Cascades from Waitlist |
| Candidate Information | Ethnicity/Race: | Cascades from Waitlist |
| Candidate Information | Citizenship: | |
| Candidate Information | Year of Entry to the U.S. | |
| Candidate Information | Year of Entry to the U.S Status//ST= | |
| Candidate Information | Country of Permanent Residence | |
| Candidate Information | Highest Education Level: | |
| Patient Status | Patient on Life Support: | |
| Patient Status | Life Support://Ventilator | |
| Patient Status | Life Support://Artificial Liver | |
| Patient Status | Life Support://Other Mechanism, Specify | |
| | Life Support:Other | |
| Patient Status | Mechanism//Specify: | |
| Patient Status | Functional Status: | |
| Patient Status | Working for income: | |
| Patient Status | Previous Transplant//Organ | Display Only - Cascades from Database |
| Patient Status | Previous Transplant//Date | Display Only - Cascades from Database |
| Patient Status | Previous Transplant//Graft Fail Date | Display Only - Cascades from Database |
| Patient Status | Previous Pancreas Islet Infusion: | |
| Source of Payment | Source of Payment//Primary: | |
| Source of Payment | Foreign Government//Specify: | |
| Clinical Information | Height in cm://Height: | |
| Clinical Information | Height Status//ST= | Value or status is reported, not both |
| Clinical Information | Height Growth percentiles//%ile | Calculated for display only |
| Clinical Information | Weight in kg://Weight: | 1 3 3 |
| Clinical Information | Weight Status//ST= | Value or status is reported, not both |
| Clinical Information | Weight Growth percentiles//%ile | Calculated for display only |
| Clinical Information | BMI: | Display Only - Cascades from Database |
| Clinical Information | BMI://%ile | Calculated for display only |
| Clinical Information | ABO Blood Group: | Display Only - Cascades from Waitlist |
| Clinical Information | Primary Diagnosis: | <u> </u> |
| Clinical Information | Primary Diagnosis//Specify: | |
| General Medical Factors | Diabetes: | |
| General Medical Factors | Any previous Malignancy: | |
| | Any previous Malignancy//Specify | |
| General Medical Factors | Type: | |
| General Medical Factors | Any previous Malignancy//Specify: | |
| General Medical Factors | Total Bilirubin | |

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. Security and comments regarding this burden estimate or any other aspect of this collection of information, of reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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Liver Medical Factors

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

PUBLIC BURDEN STATEMENT:

PUBLIC BURDEN STATEMENT: The private, non-profit Organ Procurer the following OPTN functions: to asses to monitor compliance of member org not required to respond to, a collection control number for this information co required to obtain or retain a benefit p (Privacy Act System of Records #09-15 number of the Contractor's security fe prescribed by OMB Circular A-130, App Automated Information Systems Secur estimated to average 0.7 hours per res completing and reviewing the collectic this collection of information, including Lane, Room 14N136B, Rockville, Maryl

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 Cascades from Waitlist | |
| Last Name: | Cascades from Waitlist | |
| First Name: | | |
| Middle Initial://MI: | Not required | |
| Previous Surname: SSN: | Not required | |
| Gender: | Display Only - Cascades from Waitlist 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: | | |
| | | |
| Drimowy Diagranie //Care // | | |
| Primary Diagnosis//Specify: | Not required | |
| Secondary Diagnosis: | Not required | |
| Secondary Diagnosis: Secondary Diagnosis//Specify: | Not required | |
| Secondary Diagnosis: Secondary Diagnosis//Specify: Diabetes: | Not required | |
| Secondary Diagnosis: Secondary Diagnosis//Specify: Diabetes: Any previous Malignancy: | Not required | |
| Secondary Diagnosis: Secondary Diagnosis//Specify: Diabetes: | Not required | |
| Secondary Diagnosis: Secondary Diagnosis//Specify: Diabetes: Any previous Malignancy: Any previous Malignancy//Specify Type: Any previous Malignancy//Specify: | Not required | |
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| Secondary Diagnosis: Secondary Diagnosis//Specify: Diabetes: Any previous Malignancy: Any previous Malignancy//Specify Type: Any previous Malignancy//Specify: Total Bilirubin: | | |
| Secondary Diagnosis: Secondary Diagnosis//Specify: Diabetes: Any previous Malignancy: Any previous Malignancy//Specify Type: Any previous Malignancy//Specify: Total Bilirubin: Total Bilirubin://ST= Loss of two or more vascular access | | |
| Secondary Diagnosis: Secondary Diagnosis//Specify: Diabetes: Any previous Malignancy: Any previous Malignancy//Specify Type: Any previous Malignancy//Specify: Total Bilirubin: Total Bilirubin://ST= Loss of two or more vascular access sites: History of Portomesenteric Vein Thrombosis: Variceal Bleeding within Last Two | | |
| Secondary Diagnosis: Secondary Diagnosis:/Specify: Diabetes: Any previous Malignancy: Any previous Malignancy//Specify Type: Any previous Malignancy//Specify: Total Bilirubin: Total Bilirubin://ST= Loss of two or more vascular access sites: History of Portomesenteric Vein Thrombosis: Variceal Bleeding within Last Two Weeks: | | |
| Secondary Diagnosis: Secondary Diagnosis//Specify: Diabetes: Any previous Malignancy: Any previous Malignancy//Specify Type: Any previous Malignancy//Specify: Total Bilirubin: Total Bilirubin://ST= Loss of two or more vascular access sites: History of Portomesenteric Vein Thrombosis: Variceal Bleeding within Last Two Weeks: Recurrent sepsis: | | |
| Secondary Diagnosis: Secondary Diagnosis//Specify: Diabetes: Any previous Malignancy: Any previous Malignancy//Specify Type: Any previous Malignancy//Specify: Total Bilirubin: Total Bilirubin://ST= Loss of two or more vascular access sites: History of Portomesenteric Vein Thrombosis: Variceal Bleeding within Last Two Weeks: | | |

nent 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 er 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 pendix III, Security of Federal Automated Information Systems, and the Departments ity Program Handbook. The public reporting burden for this collection of information is sponse, including the time for reviewing instructions, searching existing data sources, and on 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.