TRR - Intestine - Adult Fields to be completed by members

Form Section	Field Label	Notes
Recipient Information	Organ	Display Only - Cascades from TCR
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	Not required
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender	Display Only - Cascades from TCR
Recipient Information	Tx Date	feedback
Recipient Information	State of Permanent Residence	
Recipient Information	Permanent Zip	
Provider Information	Recipient Center Code	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Surgeon Name	
Provider Information	NPI#	C 11 1
Donor Information	UNOS Donor ID#	feedback
Donor Information	Donor Type	feedback
Donor Information	OPO	feedback
Patient Status	Primary Diagnosis	
Patient Status	Primary Diagnosis//Specify	NT
Patient Status	Secondary Diagnosis	Not required
Patient Status	Secondary Diagnosis//Specify	Not required
Patient Status	Date: Last Seen, Retransplanted or Death	
Patient Status	Patient Status	
Patient Status	Primary Cause of Death	
Patient Status	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
Patient Status	Date of Admission to Tx Center	
Patient Status	Date of Discharge from Tx Center	Not required
Patient Status	Medical Condition at time of transplant	
Patient Status	Patient on Life Support	
Patient Status	Ventilator	
Patient Status	Artificial Liver	
Patient Status	Other Mechanism	
Patient Status	Other Mechanism, Specify	
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Source of Payment	
Patient Status	Primary Source of Payment, Specify	
Pretransplant	Height	77.1
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	Weight	
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	BMI	Database
Pretransplant	BMI://%ile	Calculated for display only
Pretransplant	Previous Transplant Organ	Database
Pretransplant	Previous Transplant Date	Database
Pretransplant	Previous Transplant Graft Fail Date	Database
Pretransplant	HIV Serostatus	
Pretransplant	NAT HIV	
Pretransplant	CMV Status	
Pretransplant	HBV Core Antibody	
Pretransplant	HBV Surface Antibody Total	
Pretransplant	HBV Surface Antigen	
Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus	
Pretransplant	NAT HCV	
Pretransplant	EBV Serostatus	
	Did the recipient receive Hepatitis B	
Pretransplant	vaccines prior to transplant?	
Pretransplant	Total Bilirubin	
	- **** *******	

Form Section	
Recipient Information	
Provider Information	
Provider Information	
Provider Information	
Provider Information	
Donor Information	
Donor Information	
Donor Information	
Patient Status	
Pretransplant	
Pretransplant	
Pretransplant	
ricuanspiani	
Pretransplant	

Pretransplant	Serum Albumin	
Pretransplant	Serum Albumin//Status	Value or status is reported, not both
Pretransplant	Serum Creatinine	•
Pretransplant	Serum Creatinine//Status	Value or status is reported, not both
Transplant Procedure	Multiple Organ Recipient	feedback
Transplant Procedure	Intestine Venous Drainage	
Transplant Procedure	Native Viscera Venous Drainage	
Transplant Procedure	Procedure Type	feedback
Transplant Procedure	Stomach	
Transplant Procedure	Small Intestine	
Transplant Procedure	Duodenum	
Transplant Procedure	Large Intestine	
Transplant Procedure	and anastomotic time)	
Transplant Procedure	warm and anastomotic time)//Status	Value or status is reported, not both
Transplant Procedure	Recent Septicemia	
Transplant Procedure	Exhausted Vascular Access	
Transplant Procedure	Previous Abdominal Surgery	
Transplant Procedure	Dilated/Non-Functional Bowel Segments	
Transplant Procedure	Other risk factors	Not required
Post Transplant	Graft Status	
Post Transplant	TPN Dependent	
Post Transplant	IV Dependent	
Post Transplant	Oral Feeding	
Post Transplant	Tube Feed	
Post Transplant	Date of Graft Failure	
Post Transplant	Primary Cause of Graft Failure	
Post Transplant	Primary Cause of Graft Failure//Specify	
Post Transplant	episodes between transplant and discharge	
Immunosuppression Other	maintenance or anti-rejection	
Immunosuppression Other	Immunosuppression medication	
Immunosuppression Other	Immunosuppression medication indication	
Immunosuppression Other	Days of induction	

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 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.

Pretransplant		
<u>Pretransplant</u>		
Pretransplant		
Transplant Procedure		
Transplant Procedure		
Post Transplant		
1		
Post Transplant		
Post Transplant		
Post Transplant		
Immunosuppression Other		

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

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Properform the following OPTN func OPTN; and to monitor complianc and a person is not required to rumber. The OMB control numb information collection is required Privacy Act protection (Privacy A well protected by a number of the requirements as prescribed by Othe Departments Automated Inficollection of information is estim searching existing data sources, a burden estimate or any other as HRSA Reports Clearance Officer,

TRR - Intestine - Pediatric Fields to be completed by members

Field Label	Notes
Organ	Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Not required
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from feedback
State of Permanent Residence	
Permanent Zip	Disales Only County from TCD
Recipient Center Code Recipient Center Type	Display Only - Cascades from TCR Display Only - Cascades from TCR
Surgeon Name	Display Only - Cascades Holli TCR
NPI#	
UNOS Donor ID #	Display Only - Cascades from feedback
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Primary Diagnosis	Display Only - Cascades from recuback
Primary Diagnosis//Specify	
Secondary Diagnosis	Not required
Secondary Diagnosis//Specify	Not required
Date: Last Seen, Retransplanted or Death	1
Patient Status	
Primary Cause of Death	
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
Date of Admission to Tx Center	
Date of Discharge from Tx Center	Not required
Medical Condition at time of transplant	
Patient on Life Support	
Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, Specify	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
Date of Measurement	
Height Height in Centimeters//Status	Value or status is reported, not both
Percentiles//%ile	Calculated for display only
	Carculated for display only
Weight Weight in Kilograms//Status	Value or status is reported, not both
Weight in Kilograms//Status Percentiles//%ile	Value or status is reported, not both Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
Previous Transplant Organ	Display Only - Cascades from Database
Previous Transplant Organ Previous Transplant Date	Display Only - Cascades from Database
Previous Transplant Graft Fail Date	Display Only - Cascades from Database
HIV Serostatus	sp-sij Sinj Sascudes Hom Database
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Surface Antigen	
NATI VIDV	
NAT HBV	
HCV Serostatus	

EBV Serostatus	
Did the recipient receive Hepatitis B vaccines prior to transplant?	
Total Bilirubin	
Total Bilirubin//Status	Value or status is reported, not both
Serum Albumin	variate of status is reported, not both
Serum Albumin//Status	Value or status is reported, not both
Serum Creatinine	variate of status is reported, not both
Serum Creatinine//Status	Value or status is reported, not both
Multiple Organ Recipient	Display Only - Cascades from feedback
1 0 1	Display Only Cuscudes from recubuck
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Intestine Venous Drainage	Display Only - Gascades from recuback
Native Viscera Venous Drainage	
Procedure Type	Display Only - Cascades from feedback
Stomach	Display Only - Gascades from recuback
Small Intestine	
Duodenum	
Large Intestine	
and anastomotic time)	
warm and anastomotic time)//Status	Value or status is reported, not both
Recent Septicemia	value of status is reported, not both
Exhausted Vascular Access	
Previous Abdominal Surgery	
Dilated/Non-Functional Bowel Segments	
Other risk factors	Not required
Other risk ractors	rvot required
Graft Status	
TPN Dependent	
IV Dependent	
Oral Feeding	
Tube Feed	
Date of Graft Failure	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure//Specify	
episodes between transplant and discharge	
maintenance or anti-rejection	
Immunosuppression medication	
minunosappression medication	
Immunosuppression medication indication	
Days of induction	
Days of mudelion	

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