

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	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Surgeon Name	
NPI#	
UNOS Donor ID #	Display Only - Cascades from feedback
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Primary Diagnosis	
Primary Diagnosis//Specify	
Secondary Diagnosis	Not required
Secondary Diagnosis//Specify	Not required
Date: Last Seen, Retransplanted or Death	
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
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Percentiles//%ile	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 Date	Display Only - Cascades from Database
Previous Transplant Graft Fail Date	Display Only - Cascades from Database
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	

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	
Serum Albumin//Status	Value or status is reported, not both
Serum Creatinine	
Serum Creatinine//Status	Value or status is reported, not both
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Intestine Venous Drainage	
Native Viscera Venous Drainage	
Procedure Type	Display Only - Cascades from feedback
Stomach	
Small Intestine	
Duodenum	
Large Intestine and anastomotic time)	
warm and anastomotic time)//Status	Value or status is reported, not both
Recent Septicemia	
Exhausted Vascular Access	
Previous Abdominal Surgery	
Dilated/Non-Functional Bowel Segments	
Other risk factors	Not required
Graft Status	
TPN Dependent	
IV Dependent	
Oral Feeding	
Tube Feed	
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	
Immunosuppression medication indication	
Days of induction	

/20XX

Measurement and Transplantation Network (OPTN) collects this information in order to determine if applicants meet OPTN Bylaw requirements for membership in the network. The purpose of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and you may not disseminate, 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 is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to the Freedom of Information Act (5 U.S.C. 552) and System of Records #09-15-0055). Data collected by the private non-profit OPTN also are protected by the Contractor's security features. The Contractor's security system meets or exceeds the requirements of NIST Special Publication 800-53, Appendix III, Security of Federal Automated Information Systems, and the 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, providing the information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0915-0157), 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.