

**TRR - Intestine - Adult**  
**Fields to be completed by members**

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



**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  |                                       |
| <a href="#">Did the recipient receive Hepatitis B vaccines prior to transplant?</a>                             |                                       |
| 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

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