



[Redacted]

The private, non-profit Organ Pr perform the following OPTN fun OPTN; and to monitor complian and a person is not required to i number. The OMB control numl information collection is require Privacy Act protection (Privacy A well protected by a number of t requirements as prescribed by C the Departments Automated Inf collection of information is estim searching existing data sources, burden estimate or any other as HRSA Reports Clearance Officer,

[Redacted]

**TCR - Kidney - 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:	
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
listing:	
ABO Blood Group:	Display Only - Cascades from Waitlist
Primary Diagnosis:	
Primary Diagnosis//Specify:	
Diabetes:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify:	
Total Serum Albumin:	
Total Serum Albumin//ST=	Value or status is reported, not both
Exhausted Vascular Access:	
Exhausted Peritoneal Access:	
Age of Diabetes Onset:	
Age of Diabetes Onset//ST=	Value or status is reported, not both
fracture in the past year (or since last follow-up):	
Specify Location and number of fractures//Spine-compression fracture:	
Spine-compression fracture//# of fractures:	
fractures//Extremity:	
Extremity//# of fractures:	
fractures//Other:	
Other//# of fractures:	
AVN (avascular necrosis):	

Procurement and Transplantation Network (OPTN) collects this information in order to determine whether applicants meet OPTN Bylaw requirements for membership in the network of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and you may not be required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This collection of information is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to the Privacy Act (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) (collectively, the "Act"). Data collected by the private non-profit OPTN also are subject to the Contractor's security features. The Contractor's security system meets or exceeds the requirements of the OMB Circular A-130, 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, gathering the data needed to complete the collection of information, reviewing the collection of 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 (0172-0188), U.S. Department of Health and Human Services, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hhs.gov](mailto:paperwork@hhs.gov).