

TRR - Kidney - 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	Display Only - Cascades from 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#	
Donor Information	UNOS Donor ID #	Display Only - Cascades from feedback
Donor Information	Donor Type	Display Only - Cascades from feedback
Donor Information	OPO	Display Only - Cascades from feedback
Patient Status	Primary Diagnosis	
Patient Status	Primary Diagnosis//Specify	
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	
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Source of Payment	
Patient Status	Specify Foreign Government//Specify	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
	Height Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	Weight	
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
	Weight Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant		
Pretransplant	BMI	Display Only - Cascades from Database
Pretransplant	BMI://%ile	Calculated for display only
Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database
Pretransplant	Previous Transplant Date	Display Only - Cascades from Database
Pretransplant	Previous Transplant Graft Fail Date	Display Only - Cascades from Database
Pretransplant	Pretransplant Dialysis	
Pretransplant	If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis	
Pretransplant	Date First Dialyzed//Status	Value or status is reported, not both
Pretransplant	Serum Creatinine at Time of Tx	
Pretransplant	Serum Creatinine at Time of Tx//Status	Value or status is reported, not both
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	

[illegible]

Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?	
Pretransplant	Previous Pregnancies	
Pretransplant	Malignancies between listing and transplant	
Pretransplant	If yes, specify type	
Pretransplant	Malignancies between listing and transplant//Specify	
Transplant Procedure	Multiple Organ Recipient	Display Only - Cascades from feedback
Transplant Procedure	Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Transplant Procedure	Procedure Type	Display Only - Cascades from feedback
Transplant Procedure	Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time)	
Transplant Procedure	Total Cold Ischemia Time//Status	Value or status is reported, not both
Transplant Procedure	Total Cold ischemia Time Left KI (if pumped, include pump time)	
Transplant Procedure	Total Cold Ischemia Time//Status	Value or status is reported, not both
Transplant Procedure	Kidney(s) received on	
Transplant Procedure	Received on ice	
Transplant Procedure	Received on pump	
Transplant Procedure	Left Kidney Final resistance at transplant	
Transplant Procedure	Left Kidney Final resistance at tx//Status	Value or status is reported, not both
Transplant Procedure	Right Kidney Final resistance at transplant	
Transplant Procedure	Right Kidney Final resistance at tx//Status	Value or status is reported, not both
Transplant Procedure	Left Kidney Final flow rate at transplant	
Transplant Procedure	Left Kidney Final flow rate at tx//Status	Value or status is reported, not both
Transplant Procedure	Right Kidney Final flow rate at transplant	
Transplant Procedure	Right Kidney Final flow rate at tx//Status	Value or status is reported, not both
Post Transplant	Graft Status	
Post Transplant	Date of Graft Failure:	
Post Transplant	Primary Cause of Graft Failure:	
Post Transplant	Primary Cause of Graft Failure//Other, Specify:	
Post Transplant	Resumed Maintenance Dialysis	
Post Transplant	Date Maintenance Dialysis Resumed	
Post Transplant	Most Recent Serum Creatinine Prior to Discharge	
Post Transplant	Most Recent Serum Creatinine Prior to Disch.//Status	Value or status is reported, not both
Post Transplant	Patient Need Dialysis within First Week	
Post Transplant	Did patient have any acute rejection episodes between transplant and discharge	
Immunosuppression Other	Are any medications given currently for 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 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 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 HPSA Reports Clearance Officer

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Aspect of this collection of information, including suggestions for reducing this burden, to HNSA Reports Clearance Officer,
5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hnsa.gov.

Immunosuppression Other

Immunosuppression Other

Immunosuppression Other

Immunosuppression Other

OMB No. 0915-0157 Expiration Date: X

PUBLIC BURDEN STATEMENT

The private, non-profit Organization perform the following OPTN: the OPTN; and to monitor co-sponsor, and a person is not control number. The OMB Co This information collection is subject to Privacy Act protect OPTN also are well protected or exceeds the requirements Information Systems, and the reporting burden for this collection reviewing instructions, search comments regarding this burden reducing this burden, to HRS or paperwork@hrsa.gov.

TRR - Kidney - 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	
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	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Specify Foreign Government//Specify	
Cognitive Development	
Motor Development	
Date of Measurement	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth 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
Pretransplant Dialysis	
If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis	
Date First Dialyzed//Status	Value or status is reported, not both
Serum Creatinine at Time of Tx	
Serum Creatinine at Time of Tx//Status	Value or status is reported, not both
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Core Antibody	

HBV Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
Did the recipient receive Hepatitis B vaccines prior to transplant?	
Malignancies between listing and transplant	
If yes, specify type	
Malignancies between listing and transplant//Specify	
Fracture in the past year (or since last follow-up)	
Spine-compression fracture	
Spine-compression fracture//# of fractures	
Extremity	
Extremity//# of fractures	
Other	
Other//# of fractures	
AVN (avascular necrosis)	
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Procedure Type	Display Only - Cascades from feedback
Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time)	
Total Cold Ischemia Time//Status	Value or status is reported, not both
Total Cold ischemia Time Left KI (if pumped, include pump time)	
Total Cold Ischemia Time//Status	Value or status is reported, not both
Kidney(s) received on	
Received on ice	
Received on pump	
Left Kidney Final resistance at transplant	
Left Kidney Final resistance at tx//Status	Value or status is reported, not both
Right Kidney Final resistance at transplant	
Right Kidney Final resistance at tx//Status	Value or status is reported, not both
Left Kidney Final flow rate at tx//Status	Value or status is reported, not both
Right Kidney Final flow rate at transplant	
Right Kidney Final flow rate at tx//Status	Value or status is reported, not both
Graft Status	
Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
Resumed Maintenance Dialysis	
Date Maintenance Dialysis Resumed	
Most Recent Serum Creatinine Prior to Discharge	
Most Recent Serum Creatinine Prior to Disch.//Status	Value or status is reported, not both
Patient Need Dialysis within First Week	
Did patient have any acute rejection episodes between transplant and discharge	
Is growth hormone therapy used between listing and transplant	

Are any medications given currently for maintenance or anti-rejection	
Immunosuppression medication	
Immunosuppression medication indication	
Days of induction	

XX/XX/20XX

For:

Procurement and Transplantation Network (OPTN) collects this information in order to functions: to assess whether applicants meet OPTN Bylaw requirements for membership in compliance of member organizations with OPTN Obligations. An agency may not conduct or required to respond to, a collection of information unless it displays a currently valid OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be tion (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit l by a number of the Contractor's security features. The Contractor's security system meets as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Departments Automated Information Systems Security Program Handbook. The public ection of information is estimated to average 0.7 hours per response, including the time for ning existing data sources, and completing and reviewing the collection of information. Send den estimate or any other aspect of this collection of information, including suggestions for A Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857