TRF - Pancreas - Adult Fields to be completed by members

Form Section	Field label	Notes
Recipient Information	Organ Type	Display Only - Cascades from Database
Recipient Information	Follow-up code	Display Only - Cascades from Database
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	Display Only - Cascades from TCR
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender	Display Only - Cascades from TCR
Recipient Information	Tx Date	Display Only - Cascades from Database
Recipient Information	Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Information	Transplant Discharge Date	
Recipient Information	State of Permanent Residence	
Recipient Information	Zip Code	
Provider Information	Recipient Center	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Follow-up Center Code	Display Only - Cascades from Database
Provider Information	Follow-up Center Type	Display Only - Cascades from Database
Provider Information	Physician Name	
Provider Information	NPI#	
Provider Information	Follow-up Care Provided By	
Provider Information	Follow-up Care Provided By//Specify	
Donor Information	UNOS Donor ID #	Display Only - Cascades from Database
Donor Information	Donor Type	Display Only - Cascades from Database
Donor Information	OPO	Display Only - Cascades from feedback
Patient Status	Date: Last Seen, Retransplanted or Death	
Patient Status	Patient Status	
Patient Status	Primary Cause of Death	
Patient Status	Primary 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	Has the patient been hospitalized since the last patient status date	
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Insurance at Follow-up	
Patient Status	Primary Source of Payment, Specify	
Clinical Information	Weight	
Clinical Information	Weight//Status	Value or status is reported, not both
Clinical Information	HIV Serology	value of status is reported, not both
Clinical Information	HIV NAT	
Clinical Information	HbsAg	
Clinical Information	HBV DNA	
Clinical Information		
	HBV Core Antibody	
Clinical Information Clinical Information	HCV Serology	
Clinical Information	HCV NAT	
Clinical Information	Graft Status	
Clinical Information	Patient using any method of blood sugar control?	
Clinical Information	Patient on insulin?	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.
Clinical Information	Data inculia regumed	New field if pancreas graft status is functioning. Modification to current label if
Clinical Information Clinical Information	Date insulin resumed Total insulin dosage units	graft status is failed.
		Value or status is reported not both
Clinical Information	Total insulin dosage units//ST	Value or status is reported, not both
Clinical Information	Insulin duration of use	
Clinical Information	Insulin duration of use//ST	Value or status is reported, not both New field if pancreas graft status is
Clinical Information	Patient on oral medication to control blood sugar	functioning. Modification to current label if graft status is failed.

Form Section **Recipient Information Recipient Information Recipient Information Recipient Information** Recipient Information **Recipient Information Recipient Information Recipient Information** Recipient Information **Recipient Information Recipient Information Recipient Information Recipient Information Recipient Information Recipient Information** Provider Information **Provider Information** Provider Information **Provider Information Provider Information** Provider Information Provider Information Provider Information Donor Information Donor Information Donor Information Patient Status at Time of Follow-up Patient Status at Time of Follow-up Patient Status Patient Status Patient Status Patient Status Clinical Information Clinical Information

Clinical Information	Date oral medications resumed	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.	Clinical Information
		New field if pancreas graft status is functioning. Modification to current label if	
Clinical Information	Patient using diet to control blood sugar	graft status is failed.	Clinical Information
Clinical Information	Date of Graft Failure		Clinical Information
Clinical Information	C-Peptide Value		Clinical Information
Clinical Information	C-Peptide Value://ST=	Value or status is reported, not both	Clinical Information
Clinical Information	Hba1c (%)	·,,,	Clinical Information
Clinical Information	Hba1c (%)//Status	Value or status is reported, not both	Clinical Information
Clinical Information	Primary Cause of Graft Failure	value of status is reported, not both	Clinical Information
Chinical Information	5		Chinear Information
Clinical Information	Primary Cause of Graft Failure//Other, Specify		Clinical Information
Clinical Information	Graft/Vascular Thrombosis		Clinical Information
Clinical Information	Infection		Clinical Information
Clinical Information	Bleeding		Clinical Information
Clinical Information	Anastomotic Leak		Clinical Information
Clinical Information	Acute Rejection		Clinical Information
Clinical Information	Chronic Rejection		Clinical Information
Clinical Information	Biopsy Proven Isletitis		Clinical Information
Clinical Information	Pancreatitis		Clinical Information
Clinical Information	Patient Noncompliance		Clinical Information
Clinical Information	Contributory Cause of Graft Failure//Other, Specify		Clinical Information
Clinical Information	Conv. From Bladder to Enteric Drain Performed		Clinical Information
Clinical Information	If Yes, Enteric Drainage Date		Clinical Information
Clinical Information	Most Recent Serum Creatinine		Clinical Information
Clinical Information	Most Recent Serum Creatinine//Status	Value or status is reported, not both	Clinical Information
Clinical Information	Pancreas Transplant Complications (Not leading to graft failure)	Display Only - Cascades from Database	Clinical Information
Clinical Information	Pancreatitis		Clinical Information
Clinical Information	Anastomotic Leak		Clinical Information
Clinical Information	Abscess or Local Infection		Clinical Information
Clinical Information	Other Complications Did patient have any acute rejection episodes		Clinical Information
Clinical Information	during the follow-up period		Clinical Information
Clinical Information	Post Transplant Malignancy		Clinical Information
Clinical Information	Donor Related		Clinical Information
Clinical Information	Recurrence of Pre-Tx Tumor		Clinical Information
Clinical Information	De Novo Solid Tumor		Clinical Information
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma		Clinical Information
Immunosuppressive Information	Were any medications given during the follow-up period for maintenance		Clinical Information
Immunosuppressive Information	Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database	Clinical Information
Immunosuppressive Information	Immunosuppression medication		Clinical Information
Immunosuppressive Information	Immunosuppression medication indication		Clinical Information

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

Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information 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. Send competing 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.

Clinical Information Immunosuppressive Information Immunosuppressive Information Immunosuppressive Information

OMB No. 0915-0157 Expiration Date: >

PUBLIC BURDEN STATEMEN

The private, non-profit Orga perform the following OPTN the OPTN; and to monitor cc sponsor, and a person is not control number. The OMB cc This information collection is subject to Privacy Act protec OPTN also are well protecter or exceeds the requirements Information Systems, and th reporting burden for this coll reviewing instructions, searc comments regarding this buu reducing this burden, to HRS or paperwork@hrsa.gov.

TRF - Pancreas - Pediatric Fields to be completed by members

Field label	Notes
Field label Organ Type	Notes Display Only - Cascades from Database
Follow-up code	Display Only - Cascades from Database
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Display Only - Cascades from TCR
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
Previous Follow-up	Display Only - Cascades from prior TRF
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from Database
Previous Px Stat Date	Display Only - Cascades from prior TRF
Transplant Discharge Date	
State of Permanent Residence	
Zip Code	
Recipient Center	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Follow-up Center Code	Display Only - Cascades from Database
Follow-up Center Type Physician Name	Display Only - Cascades from Database
NPI#	
Follow-up Care Provided By	
Follow-up Care Provided By//Specify	
UNOS Donor ID #	Display Only - Cascades from Database
Donor Type	Display Only - Cascades from Database
OPO	Display Only - Cascades from feedback
Date: Last Seen, Retransplanted or Death	· · · · · · · · · · · · · · · · · · ·
Patient Status	
Primary Cause of Death	
Primary 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
Has the patient been hospitalized since the	
last patient status date	
Functional Status	
Cognitive Development	
Cognitive Development	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Insurance at Follow-up	
Date of Measurement	
Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Casados from Databas-
BMI	Display Only - Cascades from Database
BMI	Calculated for display only
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	
iic, ociology	

HCV NAT	
ICV NAT	
Graft Status	
Patient using any method of blood sugar	
control?	_
	New field if pancreas graft status is
	functioning. Modification to current label
Patient on insulin?	if graft status is failed.
	New field if pancreas graft status is
	functioning. Modification to current label
Date insulin resumed	if graft status is failed.
Total insulin dosage units	Malua an atoma is may ante di saat bath
Total insulin dosage units//ST Insulin duration of use	Value or status is reported, not both
insum duration of use	
Insulin duration of use//ST	Value or status is reported, not both
	New field if pancreas graft status is
Patient on oral medication to control blood sugar	functioning. Modification to current label if graft status is failed.
	New field if pancreas graft status is
Date oral medications resumed	functioning. Modification to current label if graft status is failed.
	New field if pancreas graft status is
	functioning. Modification to current label
Patient using diet to control blood sugar Date of Graft Failure	if graft status is failed.
C-Peptide Value	
C-Peptide Value://ST=	Value or status is reported, not both
Hba1c (%)	· · · · · · · · · · · · · · · · ·
Hba1c (%)//Status	Value or status is reported, not both
Primary Cause of Graft Failure	
Primary Cause of Graft Failure//Other, Specify	
Graft/Vascular Thrombosis	
Infection	
Bleeding Anastomotic Leak	
Anastomotic Leak	
Acute Rejection	
Chronic Rejection	
Biopsy Proven Isletitis	
Pancreatitis	
Patient Noncompliance	
Contributory Cause of Graft Failure//Other,	
Specify	
Conv. From Bladder to Enteric Drain Performed	
If Yes, Enteric Drainage Date	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
Pancreas Transplant Complications (Not	F
leading to graft failure)	Display Only - Cascades from Database
Pancreatitis	
Anastomotic Leak	
Abscess or Local Infection	
Other Complications	
Other Complications	
Did patient have any acute rejection episodes during the follow-up period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	

De Novo Lymphoproliferative disease and Lymphoma	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppression medication	

(X/XX/20XX

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