

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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Clinical Information
Immunosuppressive Information
Immunosuppressive Information
Immunosuppressive Information
Immunosuppressive Information

OMB No. 0915-0157 Expiration Date: >

PUBLIC BURDEN STATEMENT

The private, non-profit Orgai 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 col reviewing instructions, searc comments regarding this bui reducing this burden, to HRS or paperwork@hrsa.gov.

TRF - Pancreas - Pediatric
Fields to be completed by members

Field label	Notes
Organ Type	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	Display Only - Cascades from Database
Physician Name	
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	
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 - Cascades from Database
BMI	Calculated for display only
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	

HCV NAT	
Graft Status	
Patient using any method of blood sugar control?	
Patient on insulin?	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.
Date insulin resumed	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.
Total insulin dosage units	
Total insulin dosage units//ST	Value or status is reported, not both
Insulin duration of use	
Insulin duration of use//ST	Value or status is reported, not both
Patient on oral medication to control blood sugar	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.
Date oral medications resumed	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.
Patient using diet to control blood sugar	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.
Date of Graft Failure	
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	
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 leading to graft failure)	Display Only - Cascades from Database
Pancreatitis	
Anastomotic Leak	
Abscess or Local Infection	
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	
Immunosuppression medication indication	

XX/XX/20XX

T:

n 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 d 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 e Departments Automated Information Systems Security Program Handbook. The public lection of information is estimated to average 0.7 hours per response, including the time for hing existing data sources, and completing and reviewing the collection of information. Send rden 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