

paperwork@hrsa.gov.

Clinical Information

OMB No. 0915-0157 Expiration Date: XX/X

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ P
the following OPTN functions: t
to monitor compliance of meml
is not required to respond to, a
control number for this informa
required to obtain or retain a b
(Privacy Act System of Records
number of the Contractor's sec
prescribed by OMB Circular A-1
Automated Information System
estimated to average 0.7 hours
and completing and reviewing t
aspect of this collection of infor
5600 Fishers Lane, Room 14N1

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 |
| 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 | |
| Functional Status | |
| Cognitive Development | |
| Motor Development | |
| 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 |
| Graft Status | |
| Most Recent Serum Creatinine | |
| Most Recent Serum Creatinine//Status | Value or status is reported, not both |
| Date of Failure | |
| 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 | |
| Coronary Artery Disease Since Last Follow-up | |
| Post Transplant Malignancy | |
| Donor Related | |
| Recurrence of Pre-Tx Tumor | |
| De Novo Solid Tumor | |

De Novo Lymphoproliferative disease and Lymphoma

X/20XX

Procurement and Transplantation Network (OPTN) collects this information in order to perform to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and other organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person may not provide information unless it displays a currently valid OMB control number. The OMB information collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is exempt per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a variety of security features. The Contractor's security system meets or exceeds the requirements as set forth in 30, Appendix III, Security of Federal Automated Information Systems, and the Department of Health and Human Services Security Program Handbook. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering the data, reviewing the collection of information, and providing the 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, 36B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.