TRF (6 Month - 5 Year) - Kidney/Pancreas - Adult Fields to be completed by members

	Notes
0 01	Display Only - Cascades from Database
1	Display Only - Cascades from Database
•	Display Only - Cascades from TCR
•	Display Only - Cascades from TCR
•	Display Only - Cascades from TCR
	Display Only - Cascades from TCR
	Display Only - Cascades from TCR
•	Display Only - Cascades from prior TRI
-	Display Only - Cascades from TCR
	Display Only - Cascades from TCR
	Display Only - Cascades from Database
Previous Px Stat Date	Display Only - Cascades from prior TRI
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#	
3 1 3	Display Only - Cascades from Database
	Display Only - Cascades from Database
**	Display Only - Cascades from feedback
	Display Only Gascades from recaback
ž	
	NI I
, , , , , , , , , , , , , , , , , , ,	Not required
3 1 3	Not required
5	Not required
Contributory Cause of Death//Specify	Not required
Has the patient been hospitalized since the	
•	
Functional Status	
Working for income	
D	
-	
	Value or status is reported, not both
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	
HCV NAT	
Graft Status	
If Functioning, Most Recent Serum	
If Functioning, Most Recent Serum	Value or status is reported not beth
	Value or status is reported, not both
Primary Cause of Graft Failure//Other, Specify:	
Dialysis Since Last Follow-up	
Diarysis since East FullOW-UP	
Data Maintananaa Dialysia Dagumad	
Date Maintenance Dialysis Resumed	
Date Maintenance Dialysis Resumed Pancreas Graft Status	New field if pancreas graft status is
	State of Permanent Residence Zip Code Recipient Center Recipient Center Type Follow-up Center Code Follow-up Center Type Physician Name NPI# Follow-up Care Provided By Follow-up Care Provided By Follow-up Care Provided By Follow-up Care Provided By//Specify UNOS Donor ID # Donor Type OPO Date: Last Seen, Retransplanted or Death Patient Status If Retransplanted, choose organ(s) Primary Cause of Death Primary Cause of Death//Specify Contributory Cause of Death//Specify Contributory Cause of Death//Specify Contributory Cause of Death//Specify Has the patient been hospitalized since the last patient status date Functional Status Working for income Primary Insurance at Follow-up Primary Source of Payment, Specify Weight Weight//Status HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Graft Status If Functioning, Most Recent Serum Creatinine If Functioning, Most Recent Serum Creatinine://Status Date of Graft Failure: Primary Cause of Graft Failure//Other,

		New field if pancreas graft status is
		functioning. Modified label if graft status
Clinical Information	Date insulin resumed	is failed
Clinical Information	Total insulin dosage units	
Clinical Information	Total insulin dosage units//ST	Value or status is reported, not both
Clinical Information	Insulin duration of use	
	T 1: 1 .: 6 .//CT	71
Clinical Information	Insulin duration of use//ST	Value or status is reported, not both
	Patient on oral medication to control blood	New field if pancreas graft status is functioning. Modified label if graft status
Clinical Information	sugar	is failed
		New field if pancreas graft status is
	D-tl diti d	functioning. Modified label if graft status
Clinical Information	Date oral medications resumed	is failed
		New field if pancreas graft status is functioning. Modified label if graft status
Clinical Information	Patient using diet to control blood sugar	is failed
Clinical Information	Pancreas Date of Failure	
Clinical Information	C Poptido Value	
Clinical Information	C-Peptide Value	
Clinical Information	C-Peptide Value://ST=	Value or status is reported, not both
	_	_
Clinical Information	Hba1c (%)	77.1
Clinical Information Clinical Information	Hba1c (%)//Status Pancreas Primary Causes of Graft Failure	Value or status is reported, not both
Clinical Information	Specify	
Clinical Information	Pancreas Graft/Vascular Thrombosis	
Clinical Information	Pancreas Infection	
Clinical Information	Pancreas Bleeding	
Clinical Information Clinical Information	Anastomotic Leak Pancreas Rejection: Acute	
Clinical Information	Pancreas Chronic Rejection	
Clinical Information	Biopsy Proven Isletitis	
Clinical Information	Pancreatitis	
Clinical Information	Patient Noncompliance	
Clinical Information	Other, Specify	
Clinical Information	Conv. From Bladder to Enteric Drain Performed	
Clinical Information	Enteric Drain Date	
	Pancreas Transplant Complications (Not	
Clinical Information	leading to graft failure)	Display Only - Cascades from Database
Clinical Information	Pancreatitis	
Clinical Information	Anastomotic Leak	
Clinical Information	Abscess or Local Infection	
	Did patient have any kidney acute rejection	
Clinical Information	episodes during the follow-up period	
	Did patient have any pancreas acute	
	rejection episodes during the follow-up	
Clinical Information	period:	
Clinical Information Clinical Information	Post Transplant Malignancy Donor Related	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	De Novo Solid Tumor	
	De Novo Lymphoproliferative disease and	
Clinical Information	Lymphoma	
Clinical Information	Were any medications given during the follow-up period for maintenance	
Chineat Information	Previous Validated Maintenance Follow-	
Immunosuppressive Information	up Medications	Display Only - Cascades from Database
Immunosuppressive Information Immunosuppressive Information Immunosuppressive Information		Display Only - Cascades from Database

PUBLIC BURDEN STATEMENT:

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TRF (6 Month - 5 Year) - Kidney/Pancreas - Pediatric 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	If Retransplanted, choose organ(s)	
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
	Has the patient been hospitalized since the	
Patient Status	last patient status date	
Patient Status	Functional Status	
Patient Status at Time of		
Follow-up	Cognitive Development	
Patient Status at Time of		
Follow-up	Motor Development	
Patient Status	Working for income	
Patient Status	Academic Progress	
Patient Status	Academic Activity Level	
Patient Status	Primary Insurance at Follow-up	
Patient Status	Primary Source of Payment, Specify	
Clinical Information	Date of Measurement	
Clinical Information	Height	
Clinical Information	Height//Status	Value or status is reported, not both
Clinical Information	Height Percentile	Calculated for display only
Clinical Information	Weight	
Clinical Information	Weight//Status	Value or status is reported, not both
Clinical Information	Weight Percentile	Calculated for display only
Clinical Information	BMI	Display Only - Cascades from Database
Clinical Information	BMI	Calculated for display only
Clinical Information	Graft Status	
	If Functioning, Most Recent Serum	
Clinical Information	Creatinine	
	If Functioning, Most Recent Serum	
Clinical Information	Creatinine://Status	Value or status is reported, not both
Clinical Information	Date of Graft Failure:	
Clinical Information	Primary Cause of Graft Failure:	
Clinical Information	Primary Cause of Graft Failure//Other, Specify:	

Clinical Information	Dialysis Since Last Follow-up	
Clinical Information	Date Maintenance Dialysis Resumed	
Clinical Information	Pancreas Graft Status	
Clinical Information	Patient on insulin?	New field if pancreas graft status is functioning. Modified label if graft status is failed
		New field if pancreas graft status is functioning. Modified label if graft status is
Clinical Information	Date insulin resumed	failed
Clinical Information	Total insulin dosage units	
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
Clinical Information	Patient on oral medication to control blood sugar	New field if pancreas graft status is functioning. Modified label if graft status is failed
Clinical Information	Date oral medications resumed	New field if pancreas graft status is functioning. Modified label if graft status is failed
Clinical Information Clinical Information	Patient using diet to control blood sugar	New field if pancreas graft status is functioning. Modified label if graft status is failed
Clinical Information	C-Peptide Value	
Clinical Information	C-Peptide Value://ST=	Value or status is reported, not both
Clinical Information	Hba1c (%)	
Clinical Information	Hba1c (%)//Status	Value or status is reported, not both
Clinical Information	Pancreas Primary Causes of Graft Failure	
Clinical Information Clinical Information	Specify Pancreas Graft/Vascular Thrombosis	
Clinical Information	Pancreas Infection	
Clinical Information	Pancreas Bleeding	
Clinical Information	Anastomotic Leak	
Clinical Information	Pancreas Rejection: Acute	
Clinical Information	Pancreas Chronic Rejection	
Clinical Information	Biopsy Proven Isletitis	
Clinical Information	Pancreatitis	
Clinical Information	Patient Noncompliance	
Clinical Information	Other, Specify	
Clinical Information	HIV Serology	
Clinical Information	HIV NAT	
Clinical Information	HbsAg	
Clinical Information	HBV DNA	
Clinical Information	HBV Core Antibody	
Clinical Information	HCV NAT	
Clinical Information	HCV NAT	
Clinical Information	Conv. From Bladder to Enteric Drain Performed	
Clinical Information	Enteric Drain Date Pancreas Transplant Complications (Not	
Clinical Information	leading to graft failure)	
Clinical Information	Pancreatitis	
Clinical Information	Anastomotic Leak	
Clinical Information	Abscess or Local Infection	

Clinical Information	Did patient have any kidney acute rejection episodes during the follow-up period	Value or status is reported, not both
Clinical Information	Did patient have any pancreas acute rejection episodes during the follow-up period:	
Clinical Information	Is growth hormone therapy used during this follow-up period	
Clinical Information	Post Transplant Malignancy	
Clinical Information	Donor Related	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	De Novo Solid Tumor	
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	
Clinical Information	Fracture in the past year (or since last follow-up)	
Clinical Information	Specify Location and number of fractures	
Clinical Information	Spine-compression fracture	
Clinical Information	Specify Location and number of fractures	
Clinical Information	Extremity	
Clinical Information	Specify Location and number of fractures	
Clinical Information	Other	
Clinical Information	AVN (avascular necrosis)	Display Only - Cascades from Database
Immunosuppressive Information	Were any medications given during the follow-up period for maintenance	Display Only - Cascades from Database
Immunosuppressive Information	Previous Validated Maintenance Follow- up Medications	
Immunosuppressive Information	Immunosuppression medication	
Immunosuppressive Information	Immunosuppression medication indication	

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

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