Living Donor Follow-up (LDF) Fields to be completed by members

Provider Information Recipient Center Code Display Only - Cascades from Database Provider Information Recipient Center Type Display Only - Cascades from Database Provider Information Follow-up Code Display Only - Cascades from Database Provider Information Follow-up Center Type Display Only - Cascades from Database Provider Information Follow-up Center Type Display Only - Cascades from Database Provider Information Follow-up Center Type Display Only - Cascades from Database Provider Information Follow-up Center Code Display Only - Cascades from Database Provider Information Follow-up Center Provider Display Only - Cascades from Database Provider Information Provider Information Database Follow-up Center Provider Information Center Display Only - Cascades from Database Provider Information Last Name Display Only - Cascades from Database D	Form Section	Field Label	Notes
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Kidney Clinical Information	Protein-Creatinine Ratio	
Kidney Clinical Information	Urinalysis	Display Only
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Trib. Clinia III (Maintenance Dialysis//If Yes, Date	
Kidney Clinical Information	First Dialyzed	
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Kidney Clinical Information	Diabetes //Treatment	
Lung Clinical Information	Activity Level	
Lung Clinical Information	Chronic Incisional Pain	
Complications	Has the donor been readmitted since	
Complications Complications	If Yes, Date of First Readmission Date of First Readmission //Status	V-1
		Value or status is reported, not both
Complications	Specify Reason for First Readmission	
Complications	Complications since Kidney Complications since	
Complications Complications		
	Kidney Complications Status//If Yes	
Complications	Kidney Complications//Specify Liver Complications since	
Complications Complications	Liver Complications Status//If Yes	
Complications	Liver Complications Status/IT Yes Liver Complications//Specify	
Complications	Complications//Specify	
Complications	Complications Since Uterus Donation	Only applicable to Litams
Complications	•	Only applicable to Uterus
Complications	Complications Since Uterus Donation//If yes, specify	Only applicable to Uterus
		only appropriate to other
	Complications Since Uterus Donation//If yes, specify//{If Pain}	
Complications	Type	Only applicable to Uterus
	Complications Since Uterus	only appropriate to contact
Complications	Donation//{If Pain} Location	Only applicable to Uterus
F	Complications Since Uterus	J · PP
Complications	Donation//{If Other} Specify	Only applicable to Uterus
Complications	Menopausal Symptoms	Only applicable to Uterus
Complications	Menopausal Symptoms//If yes, specify	Only applicable to Uterus
•	Menopausal Symptoms//If yes,	J 11
Complications	specify//{Other} Specify	Only applicable to Uterus
•	Complications Since Other VCA	J 11
Complications	Donation	Only applicable to non-Uterus VCA
· ·	Complications Since Other VCA	J PP
Complications	Donation//If yes, specify	Only applicable to non-Uterus VCA
•	, , , , , , , , , , , , , , , , , , ,	7
	Complications Since Other VCA	
Complications	Donation//If yes, specify//{Pain} Type	Only applicable to non-Uterus VCA
•	Complications Since Other VCA	
	Donation//If yes, specify//{Pain}	
Complications	Location	Only applicable to non-Uterus VCA
•	Complications Since Other VCA	7
	Donation//If yes, specify//{Loss of	
Complications	function related to donation} Specify	Only applicable to non-Uterus VCA
	Complications Since Other VCA	
	Donation//If yes, specify//{Other}	
Complications	Specify	Only applicable to non-Uterus VCA
Complications	New Onset Psychological Symptoms	Applicable to all VCA
-	New Onset Psychological Symptoms//If	1
Complications	yes, specify	Applicable to all VCA
•	New Onset Psychological Symptoms	
Complications	//If yes, specify//{Other} Specify	Applicable to all VCA
Recipient Information	Recipient's Last Name	Display Only - Cascades from Database
Recipient Information	Recipient's First Name	Display Only - Cascades from Database
Recipient Information	Recipient's SSN	Display Only - Cascades from Database
Recipient Information	Recipient's Name	Display Only - Cascades from Database
Recipient Information	Transplant Date	Display Only - Cascades from Database
	-	

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

PUBLIC BURDEN STATEMENT:

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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 Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.27 hours per Program Handbook. The public reporting burden for this collection of information is estimated to average 0.27 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.