TCR - Liver - Adult Fields to be completed by members

Form Section	Field Label	Notes
Provider Information	Transplant Center Code	Display Only - Cascades from Waitlist
	Transplant Center Type://Recipient	
Provider Information	Center	Display Only - Cascades from Waitlist
Candidate Information	Organ Registered:	Display Only - Cascades from Waitlist
Candidate Information	Date of Listing or Add:	Display Only - Cascades from Waitlist
Candidate Information	Last Name:	Cascades from Waitlist
Candidate Information	First Name:	Cascades from Waitlist
Candidate Information	Middle Initial://MI:	Not required
Candidate Information	Previous Surname:	Not required
Candidate Information	SSN:	Display Only - Cascades from Waitlist
Candidate Information	Gender:	Cascades from Waitlist
Candidate Information	HIC:	Not required
Candidate Information	Date of Birth://DOB:	Cascades from Waitlist
Candidate Information	State of Permanent Residence:	Cascades from Waitlist
Candidate Information	Permanent ZIP Code:	Cascades from Waitlist
Candidate Information	Ethnicity:	Cascades from Waitlist
Candidate Information	Race:	Cascades from Waitlist
Candidate Information	Citizenship:	
Candidate Information	Year of Entry to the U.S.	
Candidate Information	Year of Entry to the U.S Status//ST=	Value or status is reported, not both
Candidate Information	Country of Permanent Residence	
Candidate Information	Highest Education Level:	
Patient Status	Patient on Life Support:	
Patient Status	Life Support://Ventilator	
Patient Status	Life Support://Artifical Liver	
Patient Status	Life Support://Other Mechanism, Specify	
Patient Status	Life Support:Other Mechanism//Specify:	
Patient Status	Functional Status:	
Patient Status	Working for income:	
Patient Status	Previous Transplant//Organ	Display Only - Cascades from Database
Patient Status	Previous Transplant//Date	Display Only - Cascades from Database
Patient Status	Previous Transplant//Graft Fail Date	Display Only - Cascades from Database
Patient Status	Previous Pancreas Islet Infusion:	
Source of Payment	Source of Payment//Primary:	
C (D		
Source of Payment	Foreign Government//Specify:	
Clinical Information	Height in cm://Height:	17.1
Clinical Information	Height Status//ST=	Value or status is reported, not both
Clinical Information	Height Growth percentiles//%ile	Calculated for display only
Clinical Information	Weight in kg://Weight:	Value an etern in the last of the
Clinical Information	Weight Status//ST=	Value or status is reported, not both
Clinical Information	Weight Growth percentiles//%ile	Calculated for display only
Clinical Information	BMI:	Display Only - Cascades from Database
Clinical Information	BMI://%ile	Calculated for display only
Clinical Information	ABO Blood Group:	Display Only - Cascades from Waitlist
Clinical Information	Primary Diagnosis:	
Clinical Information	Primary Diagnosis//Specify:	
Clinical Information	Secondary Diagnosis:	Not required
Clinical Information	Secondary Diagnosis: Secondary Diagnosis//Specify:	rotrequireu
General Medical Factors	Diabetes:	
General Medical Factors	Any previous Malignancy:	
General Medical Factors	Any previous Malignancy//Specify	
	Type: Cholangiocarcinoma//Neoadjuvant	
General Medical Factors	Therapy	

Form Section		
Provider Information		
Provider Information		
Candidate Information		
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Source of Payment		
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Clinical Information		
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Clinical Information		

General Medical Factors	Any previous Malignancy//Specify:	
Clinical Information	Has the candidate ever had a diagnosis of HCC?	
Liver Medical Factors	Previous Upper Abdominal Surgery:	
Liver Medical Factors	Spontaneous Bacterial Peritonitis:	
Liver Medical Factors	History of Portal Vein Thrombosis:	
Liver Medical Factors	History of TIPSS:	

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 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 XXX/XV202X. 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 0.27 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. General Medical Factors Liver Medical Factors

OMB No. 0915-0157 Expiration Date: XX/

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ F perform the following OPTN fu in the OPTN; and to monitor cc or sponsor, and a person is not OMB control number. The OM XX/XX/202X. This information (collected will be subject to Priv private non-profit OPTN also a security system meets or excee Federal Automated Informatio Handbook. The public reportin response, including the time fo the collection of information. S information, including suggesti Room 14N136B, Rockville, Mar

TCR - Liver - Pediatric Fields to be completed by members

Field Label	Notes			
Transplant Center Code	Display Only - Cascades from Waitlist			
Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist			
Organ Registered:	Display Only - Cascades from Waitlist			
Date of Listing or Add:	Display Only - Cascades from Waitlist			
Last Name:	Cascades from Waitlist			
First Name:	Cascades from Waitlist			
Middle Initial://MI:	Not required			
Previous Surname:	Not required			
SSN:	Display Only - Cascades from Waitlist			
Gender:	Cascades from Waitlist			
HIC:	Not required			
Date of Birth://DOB:	Cascades from Waitlist			
State of Permanent Residence:	Cascades from Waitlist			
Permanent ZIP Code:	Cascades from Waitlist			
Ethnicity:	Cascades from Waitlist			
Race:	Cascades from Waitlist			
Citizenship:				
Year of Entry to the U.S.				
Year of Entry to the U.S Status//ST=	Value or status is reported, not both			
Country of Permanent Residence	value of status is reported, not both			
Highest Education Level:				
Patient on Life Support:				
Life Support://Ventilator Life Support://Artifical Liver				
••				
Life Support://Other Mechanism, Specify				
Life Support:Other Mechanism//Specify:				
Functional Status:				
Cognitive Development:				
Motor Development:				
Academic Progress:				
Academic Activity Level:				
Previous Transplant//Organ	Display Only - Cascades from Database			
Previous Transplant//Date	Display Only - Cascades from Database			
Previous Transplant//Graft Fail Date	Display Only - Cascades from Database			
Source of Payment//Primary:				
Foreign Government//Specify:				
Height Measurement Date				
Height in cm://Height:				
Height Status//ST=	Value or status is reported, not both			
Height Growth percentiles//%ile	Calculated for display only			
Weight Measurement Date				
Weight in kg://Weight:				
Weight Status//ST=	Value or status is reported, not both			
Weight Growth percentiles//%ile	Calculated for display only			
BMI:	Display Only - Cascades from Database			
BMI://%ile	Calculated for display only			
ABO Blood Group:	Display Only - Cascades from Waitlist			
· · · · · · · · · · · · · · · · · · ·	Display Only - Cascaues HUIII W dittist			
Primary Diagnosis: Primary Diagnosis//Specify:				
	Not required			
Secondary Diagnosis:	Not required			
Secondary Diagnosis//Specify:				

Diabetes:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Cholangiocarcinoma//Neoadjuvant Therapy	
Any previous Malignancy//Specify:	
Has the candidate ever had a diagnosis of HCC?	
Previous Upper Abdominal Surgery:	
Spontaneous Bacterial Peritonitis:	
History of Portal Vein Thrombosis:	
History of TIPSS:	

XX/20XX

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