

TRR - Liver - Adults
Fields to be completed by members

Form Section	Field Label	Notes	Form Section
Recipient Information	Organ	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Recipient First Name	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Recipient Last Name	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Recipient Middle Initial	Not required	Recipient Information
Recipient Information	SSN	Display Only - Cascades from TCR	Recipient Information
Recipient Information	HIC	Display Only - Cascades from TCR	Recipient Information
Recipient Information	DOB	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Gender	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Transplant Date	Display Only - Cascades from Database	Recipient Information
Recipient Information	Transplant Time	Display Only - Cascades from Database	Recipient Information
Recipient Information	Transplant Time Zone	Display Only - Cascades from Database	Recipient Information
Recipient Information	State of Permanent Residence		Recipient Information
Recipient Information	Permanent Zip		Recipient Information
Provider Information	Recipient Center Code	Display Only - Cascades from TCR	Provider Information
Provider Information	Recipient Center Type	Display Only - Cascades from TCR	Provider Information
Provider Information	Surgeon Name		Provider Information
Provider Information	NPI#		Provider Information
Donor Information	UNOS Donor ID #	Display Only - Cascades from feedback	Donor Information
Donor Information	Donor Type	Display Only - Cascades from feedback	Donor Information
Donor Information	OPO	Display Only - Cascades from feedback	Donor Information
Patient Status	Primary Diagnosis		Patient Status
Patient Status	Primary Diagnosis//Specify		Patient Status
Patient Status	Date: Last Seen, Retransplanted or Death		Patient Status
Patient Status	Patient Status		Patient Status
Patient Status	Primary Cause of Death		Patient Status
Patient Status	Cause of Death//Specify		Patient Status
Patient Status	Contributory Cause of Death	Not required	Patient Status
Patient Status	Contributory Cause of Death//Specify	Not required	Patient Status
Patient Status	Contributory Cause of Death	Not required	Patient Status
Patient Status	Contributory Cause of Death//Specify	Not required	Patient Status
Patient Status	Date of Admission to Tx Center		Patient Status
Patient Status	Date of Discharge from Tx Center		Patient Status
Pretransplant	Patient on Life Support		Pretransplant
Pretransplant	Ventilator		Pretransplant
Pretransplant	Artificial Liver		Pretransplant
Pretransplant	Other Mechanism		Pretransplant
Pretransplant	Other Mechanism, Specify		Pretransplant
Pretransplant	Functional Status		Pretransplant
Pretransplant	Working for income		Pretransplant
Pretransplant	Primary Source of Payment		Pretransplant
Pretransplant	Primary Source of Payment, Specify		Pretransplant
Pretransplant	Height		Pretransplant
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both	Pretransplant
Pretransplant	Height Percentile//Growth Percentiles//%ile	Calculated for display only	Pretransplant
Pretransplant	Weight		Pretransplant
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both	Pretransplant
Pretransplant	Weight Percentile//Growth Percentiles//%ile	Calculated for display only	Pretransplant
Pretransplant	BMI	Display Only - Cascades from Database	Pretransplant
Pretransplant	BMI://%ile	Calculated for display only	Pretransplant
Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database	Pretransplant
Pretransplant	Previous Transplant Date	Display Only - Cascades from Database	Pretransplant
Pretransplant	Previous Transplant Graft Fail Date	Display Only - Cascades from Database	Pretransplant
Pretransplant	HIV Serostatus		Pretransplant
Pretransplant	NAT HIV		Pretransplant
Pretransplant	CMV Status		Pretransplant
Pretransplant	HBV Core Antibody		Pretransplant
Pretransplant	HBV Surface Antibody Total		Pretransplant
Pretransplant	HBV Core Antibody		Pretransplant
Pretransplant	HBV Surface Antigen		Pretransplant
Pretransplant	NAT HBV		Pretransplant
Pretransplant	HCV Serostatus		Pretransplant
Pretransplant	NAT HCV		Pretransplant
Pretransplant	EBV Serostatus		Pretransplant
Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?		Pretransplant

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estimated to average 0.27 hour
and completing and reviewing t
aspect of this collection of infor
5600 Fishers Lane, Room 14N13

TRR - Liver - Pediatrics
Fields to be completed by members

Field Label	Notes
Organ	Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Not required
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Transplant Date	Display Only - Cascades from Database
Transplant Time	Display Only - Cascades from Database
Transplant Time Zone	Display Only - Cascades from Database
State of Permanent Residence	
Permanent Zip	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Surgeon Name	
NPI#	
UNOS Donor ID #	Display Only - Cascades from feedback
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Primary Diagnosis	
Primary Diagnosis//Specify	
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
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
Date of Admission to Tx Center	
Date of Discharge from Tx Center	
Medical Condition at time of transplant	
Patient on Life Support	
Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, Specify	
Functional Status	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
Height Measurement Date	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight Measurement Date	
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth Percentiles//%ile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
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
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	

HBV Core Antibody	
HBV Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
Did the recipient receive Hepatitis B vaccines prior to transplant?	
Has the recipient ever had a diagnosis of HCC?	
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Procedure Type	Display Only - Cascades from feedback
Split Type	
Total Cold Ischemia Time (if pumped, include pump time)	
Total Cold Ischemia Time (if pumped, include pump time)::Status	Value or status is reported, not both
Previous Abdominal Surgery	
Portal Vein Thrombosis	
Transjugular Intrahepatic Portacaval Stint Shunt	
Organ Check-In Date	
Check-In Time	
Check-In Time Zone	Display Only - Calculated
TransNet Organ Check-In Times for Related Organs	Display Only - Cascades from Database
Pathology Conf. Liver Diag. of Hospital Discharge	
If Other Pathology Conf. Liver Diag. of Hospital Discharge//Specify	
Graft Status	
Date of Graft Failure	
Primary Non-Function	
Hepatic Artery Thrombosis	
Other Vascular Thrombosis	
Hepatic outflow obstruction	
Portal vein thrombosis	
Diffuse Cholangiopathy	
Hepatitis: DeNovo	
Hepatitis: Recurrent	
Recurrent Disease (non-Hepatitis)	
Acute Rejection	
Infection	
Other, Specify	
Did patient have any acute rejection episodes between transplant and discharge	
Are any medications given currently for maintenance or anti-rejection	
Immunosuppression medication	
Immunosuppression medication indication	
Days of induction	

X/20XX

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mation, including suggestions for reducing this burden, to HRSA Reports Clearance Officer,
36B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.
