TRR - Liver - Adults Fields to be completed by members

Form Section	Field Label	Notes
Recipient Information	Organ	Display Only - Cascades from TCR
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	Not required
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender	Display Only - Cascades from TCR
Recipient Information	Transplant Date	Display Only - Cascades from Database
Recipient Information	Transplant Time	Display Only - Cascades from Database
Recipient Information	Transplant Time Zone	Display Only - Cascades from Database
Recipient Information	State of Permanent Residence	
Recipient Information	Permanent Zip	
Provider Information	Recipient Center Code	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Surgeon Name	
Provider Information	NPI#	
Donor Information	UNOS Donor ID #	Display Only - Cascades from feedback
Donor Information	Donor Type	Display Only - Cascades from feedback
Donor Information	OPO	Display Only - Cascades from feedback
Patient Status	Primary Diagnosis	
Patient Status	Primary Diagnosis//Specify	
Patient Status	Date: Last Seen, Retransplanted or Death	
Patient Status	Patient Status	
Patient Status	Primary Cause of Death	
Patient Status	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
Patient Status	Date of Admission to Tx Center	
Patient Status	Date of Discharge from Tx Center	
Pretransplant	Patient on Life Support	
Pretransplant	Ventilator	
Pretransplant	Artificial Liver	
Pretransplant	Other Mechanism	
Pretransplant	Other Mechanism, Specify	
Pretransplant	Functional Status	
Pretransplant	Working for income	
Pretransplant	Primary Source of Payment	
Pretransplant	Primary Source of Payment, Specify	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
Pretransplant	Height Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	Weight	V-l
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
Pretransplant	Weight Percentile//Growth Percentiles//%ile	Calculated for display, anky
<u> </u>	BMI	Display Only - Cascades from Database
Pretransplant Pretransplant		
	BMI://%ile	Calculated for display only Display Only - Cascades from Database
Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database Display Only - Cascades from Database
Pretransplant Protransplant	Previous Transplant Date Previous Transplant Graft Fail Date	Display Only - Cascades from Database Display Only - Cascades from Database
Pretransplant Pretransplant	HIV Serostatus	Display Only - Cascades from Database
rieudiispidiit	111 v Serosidius	
Drotronoplant	NAT HIS	
Pretransplant	NAT HIV	
Pretransplant Pretransplant	CMV Status HBV Core Antibody	
	3	
Pretransplant	HBV Surface Antibody Total	
Pretransplant	HBV Core Antibody	
Pretransplant	HBV Surface Antigen	
Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus	
Pretransplant	NAT HCV	
Pretransplant	EBV Serostatus	
D . 1 .	Did the recipient receive Hepatitis B	
Pretransplant	vaccines prior to transplant?	

T. 0 .:
Form Section
Recipient Information Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Provider Information
Provider Information
Provider Information
Provider Information
Donor Information
Donor Information
Donor Information
Patient Status
Patient Status
Patient Status Patient Status
Patient Status Patient Status
Patient Status
Patient Status
Patient Status
Patient Status
Patient Status
Patient Status
Patient Status
Pretransplant
Dt
Pretransplant Pretransplant
Pretransplant
1 rea anspiant
Pretransplant
Pretransplant
Drotrancolant
Pretransplant

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

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 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, 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.

Pret	ransplant
Pret	ransplant
D4	
	ransplant
	ransplant ransplant
1100	runspiunt
Pret	ransplant
Pret	ransplant
Pret	ransplant
Trar	nsplant Procedure
_	
	nsplant Procedure
	nsplant Procedure
Trar	nsplant Procedure
Trai	nsplant Procedure
	splant Procedure
	splant Procedure
Trar	nsplant Procedure
Post	Transplant
D4	Turnelant
	: Transplant : Transplant
Post	Transplant
	: Transplant
	Transplant
	Transplant
	Transplant
	Transplant
Post	Transplant
Post	Transplant
	Transplant
	Transplant
Post	Transplant
Imn	nunosuppression Other
	nunosuppression Other
	nunosuppression Other
ımn	

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

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Pt the following OPTN functions: to and to monitor compliance of r person is not required to respor OMB control number for this int is required to obtain or retain a (Privacy Act System of Records : number of the Contractor's sect prescribed by OMB Circular A-1: Automated Information System

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
Γransplant Time	Display Only - Cascades from Database
Γransplant Time Zone	Display Only - Cascades from Database
State of Permanent Residence	Display only Gascades from Batabase
Permanent Zip	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
	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/Specify	Not required
Contributory Cause of Death/Specify	Not required
	rvot 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
	Display Only - Cascades from Database
Previous Transplant Organ	Display Only - Cascades from Database
Previous Transplant Organ	
Previous Transplant Date	Dienlay Only . Caccadae from Database
Previous Transplant Date Previous Transplant Graft Fail Date	Display Only - Cascades from Database
Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus	Display Only - Cascades from Database
Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV	Display Only - Cascades from Database
Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus	Display Only - Cascades from Database

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	1 3
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	
Trevious ribusininal sangery	
Portal Vein Thrombosis	
Transjugular Intrahepatic Portacaval Stint Shunt	
Organ Check-In Date	
Check-In Time	
Check-In Time Zone	Display Only - Calculated
	Display Only - Calculated
TransNet Organ Check-In Times for Related Organs	Display Only - Cascades from Database
	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	
Fortal velii tiiloilioosis	
Diffuse Chalangianathy	
Diffuse Cholangiopathy	
Hepatitis: DeNovo	
•	
Hepatitis: Recurrent	
Recurrent Disease (non-Hepatitis)	
Acute Rejection Infection	
Other, Specify	
, i s	
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

rocurement and Transplantation Network (OPTN) collects this information in order to perform o assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; nember organizations with OPTN Obligations. An agency may not conduct or sponsor, and and to, a collection of information unless it displays a currently valid OMB control number. The formation collection is 0915-0157 and it is valid until XXXX/202X. This information collection benefit per 42 CFR §121.1(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 urity features. The Contractor's security system meets or exceeds the requirements as 30, Appendix III, Security of Federal Automated Information Systems, and the Departments s Security Program Handbook. The public reporting burden for this collection of information is

s per response, including the time for reviewing instructions, searching existing data sources, he collection of information. Send comments regarding this burden estimate or any other mation, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 36B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.