TRF (6 Month - 5 Year) - Liver - Adult
Fields to be completed by members

Form Section	Field Label	Notes	Form Section
Recipient Information	Organ Type	Display Only - Cascades from Database	Recipient Information
Recipient Information	Follow-up code	Display Only - Cascades from Database	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	Display Only - Cascades from TCR	Recipient Information
Recipient Information	SSN	Display Only - Cascades from TCR	Recipient Information
Recipient Information	HIC	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF	Recipient Information
Recipient Information	DOB	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Gender	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Tx Date	Display Only - Cascades from Database	Recipient Information
Recipient Information	Previous Px Stat Date	Display Only - Cascades from prior TRF	Recipient Information
Recipient Information	Transplant Discharge Date		Recipient Information
Recipient Information	State of Permanent Residence		Recipient Information
Recipient Information	Zip Code		Recipient Information
Provider Information	Recipient Center	Display Only - Cascades from TCR	Provider Information
Provider Information	Recipient Center Type	Display Only - Cascades from TCR	Provider Information
Provider Information	Follow-up Center Code	Display Only - Cascades from Database	Provider Information
Provider Information	Follow-up Center Type	Display Only - Cascades from Database	Provider Information
Provider Information	Physician Name		Provider Information
Provider Information	NPI#		Provider Information
Provider Information	Follow-up Care Provided By		Provider Information
Provider Information	Follow-up Care Provided By//Specify		Provider Information
Donor Information	UNOS Donor ID #	Display Only - Cascades from Database	Donor Information
Donor Information	Donor Type	Display Only - Cascades from Database	Donor Information
Donor Information	OPO	Display Only - Cascades from feedback	Donor Information
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	Primary 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	Has the patient been hospitalized since the last patient status date		Patient Status
Patient Status	Functional Status		Patient Status
Patient Status	Working for income		Patient Status at Time of Follow-up
Patient Status	Primary Insurance at Follow-up		Patient Status at Time of Follow-up
Patient Status	Primary Source of Payment, Specify		Patient Status
Clinical Information	Pathology confirmed liver diagnosis at hospital discharge		Patient Status
Clinical Information	Pathology confirmed liver diagnosis at hospital discharge		Patient Status
Clinical Information	HIV Serology		Patient Status
Clinical Information	HIV NAT		Patient Status
Clinical Information	HbsAg		Clinical Information
Clinical Information	HBV DNA		Clinical Information
Clinical Information	HBV Core Antibody		Clinical Information
Clinical Information	HCV Serology		Clinical Information
Clinical Information	HCV NAT		Clinical Information
Clinical Information	Graft Status		Clinical Information
Clinical Information	Date of Failure		Clinical Information
Clinical Information	Primary Non-Function		Clinical Information
Clinical Information	Hepatic Artery Thrombosis		Clinical Information
Clinical Information	Other Vascular Thrombosis		Clinical Information
Clinical Information	Hepatic outflow obstruction		Clinical Information
Clinical Information	Portal vein thrombosis		Clinical Information
Clinical Information	Diffuse Cholangiopathy		Clinical Information
Clinical Information	Hepatitis: DeNovo		Clinical Information
Clinical Information	Hepatitis: Recurrent		Clinical Information
Clinical Information	Recurrent Disease (non-Hepatitis)		Clinical Information
Clinical Information	Acute Rejection		Clinical Information
Clinical Information	Infection		Clinical Information

Clinical Information	Other, Specify	
Clinical Information	Lab Date	
Clinical Information	Total Bilirubin	
Clinical Information	Total Bilirubin://Status	Value or status is reported, not both
Clinical Information	Most Recent Serum Creatinine	
Clinical Information	Most Recent Serum Creatinine://Status	Value or status is reported, not both
Clinical Information	New diabetes onset between last follow-up to the current follow-up	
Clinical Information	Insulin dependent	
Clinical Information	Did patient have any acute rejection episodes during the 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	
Immunosuppressive Information	Were any medications given during the follow-up period for maintenance	
Immunosuppressive Information	Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppressive Information	Immunosuppression medication	
Immunosuppressive Information	Immunosuppression medication indication	

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

TRF (6 Month - 5 Year) - Liver - Pediatric
Fields to be completed by members

Field Label	Notes
Organ Type	Display Only - Cascades from Database
Follow-up code	Display Only - Cascades from Database
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Display Only - Cascades from TCR
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
Previous Follow-up	Display Only - Cascades from prior TRF
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from Database
Previous Px Stat Date	Display Only - Cascades from prior TRF
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#	
Follow-up Care Provided By	
Follow-up Care Provided By//Specify	
UNOS Donor ID #	Display Only - Cascades from Database
Donor Type	Display Only - Cascades from Database
OPO	Display Only - Cascades from feedback
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
Primary 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
Has the patient been hospitalized since the last patient status date	
Functional Status	
Cognitive Development	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Insurance at Follow-up	
Primary Source of Payment, Specify	
Height Measurement Date	
Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
Weight Measurement Date	
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
Pathology confirmed liver diagnosis at hospital discharge	
Pathology confirmed liver diagnosis at hospital discharge	
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	

HCV NAT	
Graft Status	
Date of 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	
Lab Date	
Total Bilirubin	
Total Bilirubin://Status	Value or status is reported, not both
Most Recent Serum Creatinine	
Most Recent Serum Creatinine://Status	Value or status is reported, not both
to the current follow-up	
Insulin dependent	
episodes during the follow-up period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppression medication	
Immunosuppression medication indication	

X/20XX