

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ perform the following OPTN fi OPTN; and to monitor complia and a person is not required to number. The OMB control nur information collection is requi Privacy Act protection (Privac well protected by a number of requirements as prescribed by the Departments Automated I collection of information is est searching existing data source burden estimate or any other HRSA Reports Clearance Office

TRF (Post 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 |
| 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 | |
| Functional Status | |
| Cognitive Development | |
| Motor Development | |
| 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 Percentile | Calculated for display only |
| 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 | |
| Most Recent Serum Creatinine | |
| Most Recent Serum Creatinine://Status | Value or status is reported, not both |
| New diabetes onset between last follow-up to the current follow-up | |
| Insulin dependent | |
| Coronary Artery Disease Since Last Follow-up | |
| Post Transplant Malignancy | |
| Donor Related | |
| Recurrence of Pre-Tx Tumor | |
| De Novo Solid Tumor | |
| De Novo Lymphoproliferative disease and Lymphoma | |

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Procurement and Transplantation Network (OPTN) collects this information in order to determine whether applicants meet OPTN Bylaw requirements for membership in the network of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and you may not respond to, a collection of information unless it displays a currently valid OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This information is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to the Freedom of Information Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are subject to the Contractor's security features. The Contractor's security system meets or exceeds the requirements of OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the 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, providing the information, and completing and reviewing the collection of information. Send comments regarding this aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Project Team, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.