TRR - Intestine - Adult 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	Database
Recipient Information	Transplant Time	Database
Recipient Information	Transplant Time Zone	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#	feedback
Donor Information Donor Information	UNOS Donor ID #	feedback
	Donor Type OPO	feedback
Donor Information Patient Status	Primary Diagnosis	ICCUDACK
Patient Status Patient Status	Primary Diagnosis//Specify	
Patient Status	Secondary Diagnosis	Not required
Patient Status	Secondary Diagnosis//Specify	Not required
Patient Status	Date: Last Seen, Retransplanted or Death	riot required
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	Not required
Patient Status	Medical Condition at time of transplant	
Patient Status	Patient on Life Support	
Patient Status	Ventilator	
Patient Status	Artificial Liver	
Patient Status	Other Mechanism	
Patient Status	Other Mechanism, Specify	
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Source of Payment	
Patient Status	Primary Source of Payment, Specify	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	Weight	Value on status is ret-1t1 -1
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
Pretransplant Pretransplant	Percentiles//%ile BMI	Calculated for display only Database
Pretransplant Pretransplant	BMI://%ile	
Pretransplant Pretransplant	Previous Transplant Organ	Calculated for display only Database
Pretransplant	Previous Transplant Organ Previous Transplant Date	Database
Pretransplant	Previous Transplant Graft Fail Date	Database
Pretransplant	HIV Serostatus	Dundusc
Pretransplant	NAT HIV	
Pretransplant	CMV Status	
Pretransplant	HBV Core Antibody	
Pretransplant	HBV Surface Antibody Total	
Pretransplant	HBV Surface Antigen	
Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus	
Pretransplant	NAT HCV	
Pretransplant	EBV Serostatus	
*		
Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?	

Recipient Information Provider Information Provider Information Provider Information Provider Information Donor Information Donor Information Donor Information Patient Status Pati		
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Pretransplant	Total Bilirubin	
Pretransplant	Total Bilirubin//Status	Value or status is reported, not both
Pretransplant	Serum Albumin	variate of status is reported, not sour
Trettunopium	Serum Mountain	
Pretransplant	Serum Albumin//Status	Value or status is reported, not both
Pretransplant	Serum Creatinine	_
Pretransplant	Serum Creatinine//Status	Value or status is reported, not both
Transplant Procedure	Multiple Organ Recipient	feedback
Transplant Procedure	procedure	feedback
Transplant Procedure	Intestine Venous Drainage	
Transplant Procedure	Native Viscera Venous Drainage	
Transplant Procedure	Procedure Type	feedback
Transplant Procedure	Stomach	
Transplant Procedure	Small Intestine	
Transplant Procedure	Duodenum	
Transplant Procedure	Large Intestine	
Transplant Procedure	and anastomotic time)	
Transplant Procedure	warm and anastomotic time)//Status	Value or status is reported, not both
Transplant Procedure	Recent Septicemia	
Transplant Procedure	Exhausted Vascular Access	
Transplant Procedure	Previous Abdominal Surgery	
Transplant Procedure	Dilated/Non-Functional Bowel Segments	
Transplant Procedure	Other risk factors	Not required
Transplant Procedure	Organ Check-In Date	
Transplant Procedure	Check-In Time	
Transplant Procedure	Check-In Time Zone	Display Only - Calculated
Transplant Procedure	Related Organs	Database
Post Transplant	Graft Status	
Post Transplant	TPN Dependent	
Post Transplant	IV Dependent	
Post Transplant	Oral Feeding	
Post Transplant	Tube Feed	
Post Transplant	Date of Graft Failure	
Post Transplant	Primary Cause of Graft Failure	
Post Transplant	Primary Cause of Graft Failure//Specify	
Post Transplant	episodes between transplant and discharge	
Immunosuppression Other	maintenance or anti-rejection	
Immunosuppression Other	Immunosuppression medication	
FF	· · · ·	
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 op15-0157 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.

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Immunosuppression Other
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OMB No. 0915-0157 Expiration Date: XX/XX/

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Prc perform the following OPTN func OPTN; and to monitor complianc and a person is not required to rc number. The OMB control numb information collection is requirec Privacy Act protection (Privacy Awell protected by a number of th requirements as prescribed by Othe Departments Automated Infic collection of information is estim searching existing data sources, aburden estimate or any other asp. HRSA Reports Clearance Officer,

TRR - Intestine - Pediatric Fields to be completed by members

	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
Гransplant Date	Display Only - Cascades from Database
Fransplant Time	Display Only - Cascades from Database
Гransplant 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	Display Only Gascades from recubact
Primary Diagnosis//Specify	
Secondary Diagnosis	Not required
Secondary Diagnosis//Specify	•
Date: Last Seen, Retransplanted or Death	Not required
Patient Status	
Primary Cause of Death	
Cause of Death//Specify	NT
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	Not required
Medical Condition at time of transplant	
Patient on Life Support	
Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, Specify	
Functional Status	
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
Percentiles//%ile	Calculated for display only
Weight Measurement Date	Carcalacca for display only
Weight	Value or status is reported not beth
Moight in Kilograme/Status	Value or status is reported, not both
	Calculated for display only
Percentiles//%ile	
Percentiles//%ile BMI	
Percentiles//%ile BMI BMI://%ile	Calculated for display only
Percentiles//%ile BMI BMI://%ile Previous Transplant Organ	Calculated for display only Display Only - Cascades from Database
Percentiles//%ile BMI BMI://%ile Previous Transplant Organ Previous Transplant Date	Calculated for display only Display Only - Cascades from Database Display Only - Cascades from Database
Weight in Kilograms//Status Percentiles//%ile BMI BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date	Calculated for display only Display Only - Cascades from Database Display Only - Cascades from Database
Percentiles//%ile BMI://%ile BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus	Calculated for display only Display Only - Cascades from Database Display Only - Cascades from Database
Percentiles//%ile BMI BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV	Calculated for display only Display Only - Cascades from Database Display Only - Cascades from Database
Percentiles//%ile BMI BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus	Display Only - Cascades from Database Calculated for display only Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database
Percentiles//%ile BMI BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV	Calculated for display only Display Only - Cascades from Database Display Only - Cascades from Database

NAT HDV	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
vaccines prior to transplant?	
Total Bilirubin	
Total Bilirubin//Status	Value or status is reported, not both
Serum Albumin	value of status is reported, not both
Serum Albumin//Status	Value or status is reported, not both
Serum Creatinine	value of status is reported, not both
Serum Creatinine//Status	Value or status is reported, not both
Multiple Organ Recipient	Display Only - Cascades from feedback
	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Intestine Venous Drainage	Display Only - Cascades Holli feedback
Native Viscera Venous Drainage	
	Display Only Cassadas from foodback
Procedure Type Stomach	Display Only - Cascades from feedback
Small Intestine	
Duodenum	
Large Intestine	
and anastomotic time)	Value or status is reported not both
warm and anastomotic time)//Status	Value or status is reported, not both
Recent Septicemia	
Exhausted Vascular Access	
Previous Abdominal Surgery	
Dilated/Non-Functional Bowel Segments	
Other risk factors	Not required
Organ Check-In Date	rotrequired
Check-In Time	
Check-In Time Zone	Display Only - Calculated
Related Organs	Display Only - Cascades from Database
Graft Status	Display Giffy Guscades from Batabase
Grant Status	
TPN Dependent	
IV Dependent	
Oral Feeding	
Tube Feed	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure//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	

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