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 Gender	Display Only - Cascades from TCR
Recipient Information	Gender Tx Transplant Date	Display Only - Cascades from TCR Database
Recipient Information Recipient Information	Transplant Time	Database
Recipient Information	Transplant Time Transplant Time Zone	Database
Recipient Information	State of Permanent Residence	Database
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	Sisping Sing Suscinces from Fere
Provider Information	NPI#	
Donor Information	UNOS Donor ID #	feedback
Donor Information	Donor Type	feedback
Donor Information	OPO	feedback
Patient Status	Primary Diagnosis	
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	
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	Value or status is reported not both
Pretransplant Pretransplant	Height in Centimeters//Status Percentiles//%ile	Value or status is reported, not both Calculated for display only
Pretransplant	Weight	Calculated for display only
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	BMI	Database
Pretransplant	BMI://%ile	Calculated for display only
Pretransplant	Previous Transplant Organ	Database
Pretransplant	Previous Transplant Date	Database
Pretransplant	Previous Transplant Graft Fail Date	Database
Pretransplant	HIV Serostatus	
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	
	Did the recipient receive Hepatitis B	

Form Section
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
Pretransplant
Pretransplant
Pretransplant
Pretransplant
Pretransplant
Protranenlant
Pretransplant

Pretransplant	Total Bilirubin	
Pretransplant	Total Bilirubin//Status	Value or status is reported, not both
Pretransplant	Serum Albumin	
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	
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, and the Departments 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.

Pretransplant
Pretransplant
Pretransplant
- control pour
Pretransplant
Transplant Procedure
Transplant Procedure
Post Transplant
Post Transplant
Post Transplant
FOST Transplant
Post Transplant
Post Transplant
Immunosuppression Other
Immunosuppression Other
Immunosuppression Other
Immunosuppression Other
**

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 re number. The OMB control numb information collection is required 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 HRSA Reports Clearance Officer,

TRR - Intestine - Pediatric 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
Fx 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	Display Siny Suscasso from Database
Permanent Zip	
*	Display Only Cassadas from TCD
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	
Secondary Diagnosis	Not required
Secondary Diagnosis//Specify	Not required
Date: Last Seen, Retransplanted or Death	1.oc.required
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	Not required
Medical Condition at time of transplant	
Patient on Life Support	
Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, Specify	
Functional Status	
Academic Progress	
5	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
Date of Measurement	
Height Measurement Date	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Percentiles//%ile	Calculated for display only
Weight Measurement Date	
Weight	
8	Value or status is reported+ b-4
Weight in Kilograms//Status	Value or status is reported, not both
Percentiles//%ile	Calculated for display only
BMI	Display Only - Cascades from Database
=	Calculated for display only
BMI://%ile	Display Only - Cascades from Database
BMI://%ile Previous Transplant Organ	
BMI://%ile Previous Transplant Organ Previous Transplant Date	
BMI://%ile Previous Transplant Organ	Display Only - Cascades from Database
BMI://%ile Previous Transplant Organ Previous Transplant Date	Display Only - Cascades from Database
BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date	Display Only - Cascades from Database
BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus	Display Only - Cascades from Database Display Only - Cascades from Database
BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV	Display Only - Cascades from Database

HDV/C C A C	
HBV Surface Antigen	
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 or status is reported, not both
	37.1
Serum Albumin//Status	Value or status is reported, not both
Serum Creatinine	37.1
Serum Creatinine//Status	Value or status is reported, not both
Multiple Organ Recipient	Display Only - Cascades from feedback
procedure	Display Only - Cascades from feedback
Intestine Venous Drainage	
Native Viscera Venous Drainage	
Procedure Type	Display Only - Cascades from feedback
Stomach	
Small Intestine	
Duodenum	
Large Intestine	
and anastomotic time)	
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	
Check-In Time	
Check-In Time Zone	Display Only - Calculated
Related Organs	Display Only - Cascades from Database
Graft 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	
Are any medications given currently for maintenance or anti-rejection	
,	
Immunosuppression medication	
Immunosuppression medication indication	
Days of induction	

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ocurement and Transplantation Network (OPTN) collects this information in order to tions: to assess whether applicants meet OPTN Bylaw requirements for membership in the e of member organizations with OPTN Obligations. An agency may not conduct or sponsor, espond to, a collection of information unless it displays a currently valid OMB control er for this information collection is 0915-0157 and it is valid until XX/XX/202X. This 1 to obtain or retain a benefit per 42 CFR \$121.11(b)(2). All data collected will be subject to ct System of Records #09-15-0055). Data collected by the private non-profit OPTN also are ie Contractor's security seatures. The Contractor's security system meets or exceeds the MB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and ormation Systems Security Program Handbook. The public reporting burden for this ated to average 0.27 hours per response, including the time for reviewing instructions, and completing and reviewing the collection of information. Send comments regarding this sect of this collection of information, including suggestions for reducing this burden, to 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.