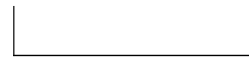


TRR - Intestine - Adult
Fields to be completed by members

Form Section	Field Label	Notes	Form Section
Recipient Information	Organ	Display Only - Cascades from TCR	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	Not required	Recipient Information
Recipient Information	SSN	Display Only - Cascades from TCR	Recipient Information
Recipient Information	HIC	Display Only - Cascades from TCR	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 Transplant Date	Database	Recipient Information
Recipient Information	Transplant Time	Database	Recipient Information
Recipient Information	Transplant Time Zone	Database	Recipient Information
Recipient Information	State of Permanent Residence		Recipient Information
Recipient Information	Permanent Zip		Recipient Information
Provider Information	Recipient Center Code	Display Only - Cascades from TCR	Provider Information
Provider Information	Recipient Center Type	Display Only - Cascades from TCR	Provider Information
Provider Information	Surgeon Name		Provider Information
Provider Information	NPI#		Provider Information
Donor Information	UNOS Donor ID #	feedback	Donor Information
Donor Information	Donor Type	feedback	Donor Information
Donor Information	OPO	feedback	Donor Information
Patient Status	Primary Diagnosis		Patient Status
Patient Status	Primary Diagnosis//Specify		Patient Status
Patient Status	Secondary Diagnosis	Not required	Patient Status
Patient Status	Secondary Diagnosis//Specify	Not required	Patient Status
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	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	Date of Admission to Tx Center		Patient Status
Patient Status	Date of Discharge from Tx Center	Not required	Patient Status
Patient Status	Medical Condition at time of transplant		Patient Status
Patient Status	Patient on Life Support		Patient Status
Patient Status	Ventilator		Patient Status
Patient Status	Artificial Liver		Patient Status
Patient Status	Other Mechanism		Patient Status
Patient Status	Other Mechanism, Specify		Patient Status
Patient Status	Functional Status		Patient Status
Patient Status	Working for income		Patient Status
Patient Status	Primary Source of Payment		Patient Status
Patient Status	Primary Source of Payment, Specify		Patient Status
Pretransplant	Height		Patient Status
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both	Patient Status
Pretransplant	Percentiles//%ile	Calculated for display only	Patient Status
Pretransplant	Weight		Pretransplant
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both	Pretransplant
Pretransplant	Percentiles//%ile	Calculated for display only	Pretransplant
Pretransplant	BMI	Database	Pretransplant
Pretransplant	BMI://%ile	Calculated for display only	Pretransplant
Pretransplant	Previous Transplant Organ	Database	Pretransplant
Pretransplant	Previous Transplant Date	Database	Pretransplant
Pretransplant	Previous Transplant Graft Fail Date	Database	Pretransplant
Pretransplant	HIV Serostatus		Pretransplant
Pretransplant	NAT HIV		Pretransplant
Pretransplant	CMV Status		Pretransplant
Pretransplant	HBV Core Antibody		Pretransplant
Pretransplant	HBV Surface Antibody Total		Pretransplant
Pretransplant	HBV Surface Antigen		Pretransplant
Pretransplant	NAT HBV		Pretransplant
Pretransplant	HCV Serostatus		Pretransplant
Pretransplant	NAT HCV		Pretransplant
Pretransplant	EBV Serostatus		Pretransplant
Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?		Pretransplant



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
Tx 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	
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	
Primary Diagnosis//Specify	
Secondary Diagnosis	Not required
Secondary Diagnosis//Specify	Not required
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	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	
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	
Weight in Kilograms//Status	Value or status is reported, not both
Percentiles//%ile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
Previous Transplant Organ	Display Only - Cascades from Database
Previous Transplant Date	Display Only - Cascades from Database
Previous Transplant Graft Fail Date	Display Only - Cascades from Database
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	

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	
Serum Albumin//Status	Value or status is reported, not both
Serum Creatinine	
Serum Creatinine//Status	Value or status is reported, not both
Multiple Organ Recipient 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 maintenance or anti-rejection	
Immunosuppression medication	
Immunosuppression medication indication	
Days of induction	

/20XX

Measurement 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 be required to respond to, a collection of information unless it displays a currently valid OMB control number. For this information collection, the OMB control number 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 System of Records #09-15-0055. Data collected by the private non-profit OPTN also are protected by the Contractor's security features. The Contractor's security system meets or exceeds the requirements of the NIST SP 800-53, 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, gathering the data, reviewing the collection of information, sending comments regarding this collection of information, including suggestions for reducing this burden, to Washington, DC 20503, and to the Office of Management and Budget, Paperwork Project Director, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

