TRR - Kidney - 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	Display Only - Cascades from Database
Recipient Information	Transplant Time	Display Only - Cascades from Database
Recipient Information	Transplant Time Zone	Display Only - Cascades from 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#	
Donor Information	UNOS Donor ID #	Display Only - Cascades from feedback
Donor Information	Donor Type	Display Only - Cascades from feedback
Donor Information	OPO Drimary Diagnosis	Display Only - Cascades from feedback
Patient Status	Primary Diagnosis	
Patient Status	Primary Diagnosis//Specify	
Patient Status	Date: Last Seen, Retransplanted or Death Patient Status	
Patient Status		
Patient Status	Primary Cause of Death	
Patient Status Patient Status	Cause of Death//Specify	Not up putting d
	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 Patient Status	Contributory Cause of Death//Specify Date of Admission to Tx Center	Not required
Patient Status		
	Date of Discharge from Tx Center Functional Status	
Pretransplant Pretransplant	Working for income	
Pretransplant	Primary Source of Payment	
Pretransplant	Specify Foreign Government//Specify	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
	Height Percentile//Growth	·
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	Weight	
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
	Weight Percentile//Growth	
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	BMI	Display Only - Cascades from Database Calculated for display only
Pretransplant	BMI://%ile	
Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database
Pretransplant Pretransplant	Previous Transplant Date Previous Transplant Graft Fail Date	Display Only - Cascades from Database Display Only - Cascades from Database
•	*	Display Only - Cascades from Database
Pretransplant	Pretransplant Dialysis	
	If Dialyzed, Date of Most Recent Initiation	
Pretransplant	of Chronic Maintenance Dialysis	
Pretransplant	Date First Dialyzed//Status	Value or status is reported, not both
Pretransplant	Serum Creatinine at Time of Tx	
Pretransplant	Serum Creatinine at Time of Tx//Status	Value or status is reported, not both
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	
Pretransplant	vaccines prior to transplant?	

Form Section
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Pretransplant	Previous Pregnancies	
	Malignancies between listing and	
Pretransplant	transplant	
Pretransplant	If yes, specify type	
	Malignancies between listing and	
Pretransplant	transplant//Specify	
Transplant Procedure	Multiple Organ Recipient	Display Only - Cascades from feedback
	Were extra vessels used in the transplant	
Transplant Procedure	procedure	Display Only - Cascades from feedback
Transplant Procedure	Procedure Type	Display Only - Cascades from feedback
	Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump	
Transplant Procedure	time)	
Transplant Procedure	Total Cold Ischemia Time//Status	Value or status is reported, not both
	Total Cold ischemia Time Left KI (if	
Transplant Procedure	pumped, include pump time)	
Transplant Procedure	Total Cold Ischemia Time//Status	Value or status is reported, not both
Transplant Procedure	Kidney(s) received on	
Transplant Procedure	Received on ice	
Transplant Procedure	Received on pump	
Transplant Procedure	Left Kidney Final resistance at transplant	
Transplant Procedure	Left Kidney Final resistance at tx//Status	Value or status is reported, not both
Transplant Procedure		value of status is reported, not sour
Transplant Procedure	Right Kidney Final resistance at transplant	
Transplant Procedure	Right Realey I mai resistance at transplant	
Transplant Procedure	Right Kidney Final resistance at tx//Status	Value or status is reported, not both
Transplant Procedure	Left Kidney Final flow rate at transplant	
Transplant Procedure	Left Kidney Final flow rate at tx//Status	Value or status is reported, not both
Transplant Procedure	Left Reality I had now rate at tx//status	value of status is reported, not both
Transplant Procedure	Right Kidney Final flow rate at transplant	
•		Value or status is reported not both
Transplant Procedure	Right Kidney Final flow rate at tx//Status	Value or status is reported, not both
Transplant Procedure	Organ Check-In Date	
Transplant Procedure	Check-In Time	
Transplant Procedure	Check-In Time Zone	Display Only - Calculated
	TransNet Organ Check-In Times for	
Transplant Procedure	Related Organs	Display Only - Cascades from Database
Post Transplant	Graft Status	
Post Transplant	Date of Graft Failure:	
Post Transplant	Primary Cause of Graft Failure:	
	Primary Cause of Graft Failure//Other,	
Post Transplant	Specify:	
Post Transplant	Resumed Maintenance Dialysis	
Post Transplant	Date Maintenance Dialysis Resumed	
	Most Recent Serum Creatinine Prior to	
Post Transplant	Discharge	
*	Most Recent Serum Creatinine Prior to	
Post Transplant	Disch.//Status	Value or status is reported, not both
Post Transplant	Patient Need Dialysis within First Week	······································
Post Transplant	Did patient have any acute rejection episodes between transplant and discharge	
	Are any medications given currently for	
Immunosuppression Other	maintenance or anti-rejection	
Immunosuppression Other	Immunosuppression medication	
	FF	
Immunosuppression Other	Immunosuppression medication indication	
Immunosuppression Other	Days of induction	
	23,5 of indiction	

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 XXXX/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

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Post Transplant

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.

Post Transplant	
Pretransplant	
Immunosuppression Other	
OMB No. 0915-0157 Expiration Date: X	

PUBLIC BURDEN STATEMENT The private, non-profit Organ the following OPTN functions to monitor compliance of me is not required to respond to, control number for this inforr required to obtain or retain a (Privacy Act System of Recorc number of the Contractor's s prescribed by OMB Circular A Automated Information Syste estimated to average 0.27 hc and completing and reviewin aspect of this collection of int 5600 Fishers Lane, Room 14h

TRR - Kidney - Pediatric Fields to be completed by members

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NATHDY	
NAT HBV HCV Serostatus	
NAT HCV EBV Serostatus	
Did the recipient receive Hepatitis B vaccines	
prior to transplant?	
Malignancies between listing and transplant	
If yes, specify type	
Malignancies between listing and transplant//Specify	
Fracture in the past year (or since last follow-	
up) Spine-compression fracture	
Spine-compression fracture//# of fractures	
Extremity	
Extremity//# of fractures Other	
Other//# of fractures	
AVN (avacular perfecte)	
AVN (avascular necrosis)	
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Procedure Type	Display Only - Cascades from feedback
Total Cold ischemia Time Right KI(OR EN-	
BLOC): (if pumped, include pump time) Total Cold Ischemia Time//Status	Value or status is reported, not both
Total Cold ischemia Time Left KI (if pumped,	· · · · · · · · · · · · · · · · ·
include pump time) Total Cold Ischemia Time//Status	Value or status is reported not both
Kidney(s) received on	Value or status is reported, not both
Received on ice Received on pump	
Left Kidney Final resistance at transplant	
Left Kidney Final resistance at tx//Status	Value or status is reported, not both
Right Kidney Final resistance at transplant	
Right Kidney Final resistance at tx//Status	Value or status is reported, not both
Left Kidney Final flow rate at transplant	
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Craft Status	
Graft Status Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
Resumed Maintenance Dialysis	
Date Maintenance Dialysis Resumed	
Most Recent Serum Creatinine Prior to Discharge	
Most Recent Serum Creatinine Prior to	
Disch.//Status	Value or status is reported, not both
Patient Need Dialysis within First Week	

Did patient have any acute rejection episodes between transplant and discharge	
Is growth hormone therapy used between listing and transplant	
Are any medications given currently for maintenance or anti-rejection	
Immunosuppression medication	
Immunosuppression medication indication	
Days of induction	

X/XX/20XX

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F: Procurement and Transplantation Network (OPTN) collects this information in order to perform is to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and imber organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person , a collection of information unless it displays a currently valid OMB control number. The OMB mation collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is i benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection 1s #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a ecurity features. The Contractor's security system meets or exceeds the requirements as v-130, Appendix III, Security of Federal Automated Information Systems, and the Departments is urs per response, including the time for reviewing instructions, searching existing data sources, g the collection of information. Send comments regarding this burden estimate or any other formation, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 1136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.