

**TRR - Kidney - 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	Transplant Date	Display Only - Cascades from Database	Recipient Information
Recipient Information	Transplant Time	Display Only - Cascades from Database	Recipient Information
Recipient Information	Transplant Time Zone	Display Only - Cascades from 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 #	Display Only - Cascades from feedback	Donor Information
Donor Information	Donor Type	Display Only - Cascades from feedback	Donor Information
Donor Information	OPO	Display Only - Cascades from feedback	Donor Information
Patient Status	Primary Diagnosis		Patient Status
Patient Status	Primary Diagnosis//Specify		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		Patient Status
Pretransplant	Functional Status		Pretransplant
Pretransplant	Working for income		Pretransplant
Pretransplant	Primary Source of Payment		Pretransplant
Pretransplant	Specify Foreign Government//Specify		Pretransplant
Pretransplant	Height		Pretransplant
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both	Pretransplant
Pretransplant	Height Percentile//Growth Percentiles//%ile	Calculated for display only	Pretransplant
Pretransplant	Weight		Pretransplant
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both	Pretransplant
Pretransplant	Weight Percentile//Growth Percentiles//%ile	Calculated for display only	Pretransplant
Pretransplant	BMI	Display Only - Cascades from Database	Pretransplant
Pretransplant	BMI://%ile	Calculated for display only	Pretransplant
Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database	Pretransplant
Pretransplant	Previous Transplant Date	Display Only - Cascades from Database	Pretransplant
Pretransplant	Previous Transplant Graft Fail Date	Display Only - Cascades from Database	Pretransplant
Pretransplant	Pretransplant Dialysis		Pretransplant
Pretransplant	If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis		Pretransplant
Pretransplant	Date First Dialyzed//Status	Value or status is reported, not both	Pretransplant
Pretransplant	Serum Creatinine at Time of Tx		Pretransplant
Pretransplant	Serum Creatinine at Time of Tx//Status	Value or status is reported, not both	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



prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Department's 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
Immunosuppression Other
Immunosuppression Other
Immunosuppression Other

OMB No. 0915-0157 Expiration Date: X

**PUBLIC BURDEN STATEMENT**

The private, non-profit Organization performing the following OPTN functions to monitor compliance of medical records is not required to respond to, control number for this information required to obtain or retain a (Privacy Act System of Record) number of the Contractor's system prescribed by OMB Circular A Automated Information System estimated to average 0.27 hours per response and completing and reviewing the aspect of this collection of information at 5600 Fishers Lane, Room 14N

**TRR - Kidney - 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
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	
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	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Specify Foreign Government//Specify	
Cognitive Development	
Motor Development	
Height Measurement Date	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight Measurement Date	
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth 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
Pretransplant Dialysis	
If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis	
Date First Dialyzed//Status	Value or status is reported, not both
Serum Creatinine at Time of Tx	
Serum Creatinine at Time of Tx//Status	Value or status is reported, not both
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Core Antibody	

HBV Surface Antigen	
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 (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	
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	
Left Kidney Final flow rate at tx//Status	Value or status is reported, not both
Right Kidney Final flow rate at transplant	
Right Kidney Final flow rate at tx//Status	Value or status is reported, not both
Organ Check-In Date	
Check-In Time	
Check-In Time Zone	Display Only - Calculated
TransNet Organ Check-In Times for Related Organs	Display Only - Cascades from Database
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

f:

Procurement and Transplantation Network (OPTN) collects this information in order to perform ; to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and mber 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 benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection ds #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 ems Security Program Handbook. The public reporting burden for this collection of information 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, 136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.