## 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	<del>Tx</del> 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	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	Cause of Death//Specify	Not required
Patient Status	Contributory Cause of Death	Not required
Patient Status	Contributory Cause of Death//Specify Contributory Cause of Death	Not required
Patient Status		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	
Patient Status Pretransplant	Functional Status	
Patient Status Pretransplant	Working for income	
Patient Status Pretransplant	Primary Source of Payment	
Patient Status Pretransplant	Specify Foreign Government//Specify	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
Pretransplant	Height Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	Weight	Carculated for display Olly
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
recomptant	Weight Percentile//Growth	, and or status is reported, not both
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	BMI	Display Only - Cascades from Database
Pretransplant	BMI://%ile	Calculated for display only
Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database
Pretransplant	Previous Transplant Organ Previous Transplant Date	Display Only - Cascades from Database
Pretransplant	Previous Transplant Graft Fail Date	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	
Desterononlant	CMM Status	
Pretransplant	CMV Status HBV Core Antibody	
Pretransplant Pretransplant	HBV Core Antibody HBV Surface Antibody Total	
Pretransplant	HBV Surface Antigen	

Form Section		
Recipient Information		
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Donor Information		
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Donor Information		
Patient Status		
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Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus	
Pretransplant	NAT HCV	
Pretransplant	EBV Serostatus	
retunsplant		
Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?	
Pretransplant	Previous Pregnancies	
retunsplant	Malignancies between listing and	
Pretransplant	transplant	
Pretransplant	If yes, specify type	
retansplant		
Pretransplant	Malignancies between listing and transplant//Specify	
Transplant Procedure	Multiple Organ Recipient	Display Only - Cascades from feedback
Transplant Procedure		Display Only - Cascades from recuback
Transplant Procedure	Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Transplant Procedure	procedure	Display Only - Cascades from recuback
Transplant Procedure	Procedure Type	Display Only - Cascades from feedback
Transplant Procedure		Display Only - Cascades from recuback
	Total Cold ischemia Time Right KI(OR	
Transplant Procedure	EN-BLOC): (if pumped, include pump time)	
Transplant Procedure	Total Cold Ischemia Time//Status	Value or status is reported, not both
Transplant Procedure		value of status is reported, not both
Transplant Procedure	Total Cold ischemia Time Left KI (if pumped, include pump time)	
maisplaint riocedule	pumpeu, menuue pump ume)	
Transplant Procedure	Total Cold Ischemia Time//Status	Value or status is reported, not both
Transplant Procedure	Kidney(s) received on	value of status is reported, not both
Transplant Procedure	Received on ice	
Transplant Procedure		
	Received on pump	
Transplant Procedure	Left Kidney Final resistance at transplant	Value an effective is mercented, and beth
Transplant Procedure	Left Kidney Final resistance at tx//Status	Value or status is reported, not both
Transplant Procedure	Right Kidney Final resistance at transplant	
Turner land Due of dum	Diskt Kidana Final maintains at the //Status	Value an effective is mercented wheth
Transplant Procedure Transplant Procedure	Right Kidney Final resistance at tx//Status Left Kidney Final flow rate at transplant	Value or status is reported, not both
Transplant Procedure	Left Klulley Fillal flow fate at transplant	
Transplant Dragodura	L of Widney Final flow rate at ty//Status	Value or status is reported, not both
Transplant Procedure	Left Kidney Final flow rate at tx//Status	Value or status is reported, not both
Transplant Procedure	Right Kidney Final flow rate at transplant	
Trancolout Dro orduro	Right Kidney Final flow rate at tx//Status	Value or status is reported, not both
Transplant Procedure Transplant Procedure	Organ Check-In Date	Value or status is reported, not both
	Organ Check-In Date	
Turner land Due of dour	Check-In Time	
Transplant Procedure	Check-In Time Zone	Dieplay Oply Calculated
Transplant Procedure		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	
Post Transplant	Most Recent Serum Creatinine Prior to Disch.//Status	Value or status is reported, not both
Post Transplant	Patient Need Dialysis within First Week	
	Did patient have any acute rejection	
Post Transplant	episodes between transplant and discharge	
	Are any medications given currently for	
Immunosuppression Other	maintenance or anti-rejection	
Immunosuppression Other	Immunosuppression medication	
**	**	
Immunosuppression Other	Immunosuppression medication indication	
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Immunosuppression Other	Days of induction	
OMB No. 0915-0157 Expiration Date: XX	/XX/20XX	

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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 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		
Post Transplant		
Post Transplant		
Post Transplant		
Post Transplant		
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Post Transplant		
Pretransplant		
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Immunosuppression Other		

Immunosuppression Other

Immunosuppression Other

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 inforn required to obtain or retain a (Privacy Act System of Recorc number of the Contractor's sprescribed by OMB Circular A Automated Information Syste estimated to average 0.27 hc and completing and reviewin aspect of this collection of inf 5600 Fishers Lane, Room 14N

## TRR - Kidney - Pediatric Fields to be completed by members

Field Label	Notes
Organ Recipient First Name	Display Only - Cascades from TCR Display Only - Cascades from TCR
Recipient First Name 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
<del>Tx</del> 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	
Academic Activity Level	
Primary Source of Payment	
Specify Foreign Government//Specify	
Cognitive Development	
Motor Development	
Date of Measurement	
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	Value or status is an entry of the
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 BMI://%ile	Calculated for display only
Previous Transplant Organ	Display Only - Cascades from Database
Previous Transplant Organ 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	
IIB V Cole Allabody	
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	
Othern//# of fire strongs	
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
Right Runey Final resistance at tx//status	value of 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
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Organ Check-In Date	
Check-In Time	
Check-In Time Zone TransNet Organ Check-In Times for Related	Display Only - Calculated
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

## Г:

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