

TRF - Kidney - Adult
Fields to be completed by members

Form Section	Field label	Notes	Form Section
Recipient Information	Organ Type	Display Only - Cascades from Database	Recipient Information
Recipient Information	Follow-up code	Display Only - Cascades from Database	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	Display Only - Cascades from TCR	Recipient Information
Recipient Information	SSN	Display Only - Cascades from TCR	Recipient Information
Recipient Information	HIC	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF	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 Date	Display Only - Cascades from Database	Recipient Information
Recipient Information	Previous Px Stat Date	Display Only - Cascades from prior TRF	Recipient Information
Recipient Information	Transplant Discharge Date		Recipient Information
Recipient Information	State of Permanent Residence		Recipient Information
Recipient Information	Zip Code		Recipient Information
Provider Information	Recipient Center	Display Only - Cascades from TCR	Provider Information
Provider Information	Recipient Center Type	Display Only - Cascades from TCR	Provider Information
Provider Information	Follow-up Center Code	Display Only - Cascades from Database	Provider Information
Provider Information	Follow-up Center Type	Display Only - Cascades from Database	Provider Information
Provider Information	Physician Name		Provider Information
Provider Information	NPI#		Provider Information
Provider Information	Follow-up Care Provided By		Provider Information
Provider Information	Follow-up Care Provided By//Specify		Provider Information
Donor Information	UNOS Donor ID #	Display Only - Cascades from Database	Donor Information
Donor Information	Donor Type	Display Only - Cascades from Database	Donor Information
Donor Information	OPO	Display Only - Cascades from feedback	Donor Information
Patient Status at Time of Follow-up	Date: Last Seen, Retransplanted or Death		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Patient Status		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Primary Cause of Death		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Primary Cause of Death//Specify		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Contributory Cause of Death	Not required	Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Contributory Cause of Death//Specify	Not required	Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Contributory Cause of Death	Not required	Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Contributory Cause of Death//Specify	Not required	Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Has the patient been hospitalized since the last patient status date		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Disease Recurrence		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Disease Recurrence	Display Only - Cascades from Database	Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Functional Status		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Working for income		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Primary Insurance at Follow-up		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Primary Source of Payment, Specify		Patient Status at Time of Follow-up
Clinical Information	HIV Serology		Patient Status at Time of Follow-up
Clinical Information	HIV NAT		Patient Status at Time of Follow-up
Clinical Information	HbsAg		Patient Status at Time of Follow-up
Clinical Information	HBV DNA		Patient Status at Time of Follow-up
Clinical Information	HBV Core Antibody		Clinical Information
Clinical Information	HCV Serology		Clinical Information
Clinical Information	HCV NAT		Clinical Information
Clinical Information	New diabetes onset between last follow-up to the current follow-up		Clinical Information

Clinical Information	If yes, insulin dependent	
Clinical Information	Graft Status	
	If Functioning, Most Recent Serum Creatinine	
Clinical Information	If Functioning, Most Recent Serum Creatinine/Status	Value or status is reported, not both
Clinical Information	Date of Graft Failure:	
Clinical Information	Primary Cause of Graft Failure:	
	Primary Cause of Graft Failure//Other, Specify:	
Clinical Information	Dialysis Since Last Follow-up	
Clinical Information	Date Maintenance Dialysis Resumed	
	Did patient have any acute rejection episodes during the follow-up period	
Clinical Information	CMV IgG	
Clinical Information	CMV IgM	
Clinical Information	Post Transplant Malignancy	
	Donor Related	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	Post Tx De Novo Solid Tumor	
	De Novo Lymphoproliferative disease and Lymphoma	
Immunosuppressive Information	Were any medications given during the follow-up period for maintenance	
Immunosuppressive Information	Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppressive Information	Immunosuppression medication	
Immunosuppressive Information	Immunosuppression medication indication	

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/20XX. 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.

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The private, non-profit Organ Pr the following OPTN functions: tc and to monitor compliance of m person is not required to respon OMB control number for this inf is required to obtain or retain a (Privacy Act System of Records # number of the Contractor's sect prescribed by OMB Circular A-1: Automated Information System:

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5600 Fishers Lane, Room 14N13

TRF - Kidney - Pediatric
Fields to be completed by members

Field label	Notes
Organ Type	Display Only - Cascades from Database
Follow-up code	Display Only - Cascades from Database
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Display Only - Cascades from TCR
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
Previous Follow-up	Display Only - Cascades from prior TRF
DOB	Display Only - Cascades from TCR
Gender	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from Database
Previous Px Stat Date	Display Only - Cascades from prior TRF
Transplant Discharge Date	
State of Permanent Residence	
Zip Code	
Recipient Center	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Follow-up Center Code	Display Only - Cascades from Database
Follow-up Center Type	Display Only - Cascades from Database
Physician Name	
NPI#	
Follow-up Care Provided By	
Follow-up Care Provided By//Specify	
UNOS Donor ID #	Display Only - Cascades from Database
Donor Type	Display Only - Cascades from Database
OPO	Display Only - Cascades from feedback
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
Primary 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
Has the patient been hospitalized since the last patient status date	
Disease Recurrence	
Disease Recurrence	Display Only - Cascades from Database
Functional Status	
Cognitive Development	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Insurance at Follow-up	
Primary Source of Payment, Specify	
Height Measurement Date	
Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only

Weight Measurement Date	
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI Percentile	Calculated for display only
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	
HCV NAT	
New diabetes onset between last follow-up to the current follow-up	
If yes, insulin dependent	
Graft Status	
Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
Dialysis Since Last Follow-up	
Date Maintenance Dialysis Resumed	
Did patient have any acute rejection episodes during the follow-up period	
Is growth hormone therapy used during this follow-up period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
Post Tx De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Fracture in the past year (or since last follow-up)	
Specify Location and number of fractures	
Spine-compression fracture	
Specify Location and number of fractures	
Extremity	
Specify Location and number of fractures	
Other	
AVN (avascular necrosis)	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppression medication	
Immunosuppression medication indication	

4/20XX

Measurement and Transplantation Network (OPTN) collects this information in order to perform an assessment to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; to assess member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person may not provide, 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 benefits per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (09-15-0055). Data collected by the private non-profit OPTN also are well protected by a variety of security features. The Contractor's security system meets or exceeds the requirements as set forth in 30, Appendix III, Security of Federal Automated Information Systems, and the Department of Health and Human Services Security Program Handbook. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering the data, reviewing the collected data, reviewing and reporting the results, reviewing the collection of information, 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 the burden, to Washington, DC 20503.

minutes per response, including the time for reviewing instructions, searching existing data sources, gathering 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, Room 6B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.