

PUBLIC BURDEN STATEMENT

The private, non-profit Organ perform the following OPTN f OPTN; and to monitor compli; and a person is not required t number. The OMB control nu information collection is requi Privacy Act protection (Privac well protected by a number o requirements as prescribed b the Departments Automated l collection of information is es searching existing data source burden estimate or any other HRSA Reports Clearance Offic

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
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	
Functional Status	
Cognitive Development	
Motor Development	
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
Kidney Graft Status	
If Functioning, Most Recent Serum Creatinine	
If Functioning, Most Recent Serum Creatinine//Status	Value or status is reported, not both
Kidney Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
New diabetes onset between last follow-up to the current follow-up	
If yes, insulin dependent	
Coronary Artery Disease Since Last Follow up	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
Post Tx De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	

Procurement 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, or respond to, a collection of information unless it displays a currently valid OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This information is collected to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to the Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are subject to the Contractor's security features. The Contractor's security system meets or exceeds the requirements of OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and 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, gathering and maintaining the data needed, reviewing instructions, and completing and reviewing the collection of information. Send comments regarding this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Project Director, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.