TRR - Pancreas - Adult Fields to be completed by members

| Form Section | Field Label | Notes Top |
|---|---|--|
| Recipient Information | Organ | Display Only - Cascades from TCR |
| Recipient Information | Recipient First Name | Display Only - Cascades from TCR |
| Recipient Information Recipient Information | Recipient Last Name Recipient Middle Initial | Display Only - Cascades from TCR 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 | Display Only - Cascades from feedback |
| Patient Status 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 | |
| Patient Status | 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 | Contributory Cause of Death//Specify | Not required |
| Patient Status | Date of Admission to Tx Center | • |
| Patient Status | Date of Discharge from Tx Center | |
| Pretransplant | Functional Status | |
| 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 William (Co.) | 77.1 |
| Pretransplant | Weight in Kilograms//Status | Value or status is reported, not both |
| Dystyanoplant | Weight Percentile//Growth Percentiles//%ile | Calculated for display only |
| Pretransplant | Percentiles//7one | 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 | 1 3 3 |
| • | 1 3 | |
| | If Dialyzed, Date of Most Recent | |
| Pretransplant | Initiation of Chronic Maintenance Dialysis | |
| Pretransplant | If Yes, Date First Dialyzed//Status | Value or status is reported, not both |
| Pretransplant | Average Daily Insulin Units | |
| Pretransplant | Average Daily Insulin Units//Status | Value or status is reported, not both |
| Pretransplant | Serum Creatinine at Time of Tx | |
| | | |
| | | L. |
| 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 | |

| Form Section |
|-----------------------|
| Recipient Information |
| Provider Information |
| Provider Information |
| Provider Information |
| Provider Information |
| Donor Information |
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| Patient Status |
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| Pretransplant | NAT HBV | |
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| Pretransplant | HCV Serostatus | |
| Pretransplant | NAT HCV | |
| Pretransplant | EBV Serostatus | |
| | Did the recipient receive Hepatitis B | |
| Pretransplant | vaccines prior to transplant? Malignancies between listing and | |
| Pretransplant | transplant | |
| * | If yes, specify type | |
| Pretransplant | | |
| | Malignancies between listing and | |
| Pretransplant | transplant//Specify | |
| Fransplant Procedure | Multiple Organ Recipient | Display Only - Cascades from feedback |
| | Were extra vessels used in the transplant | |
| Fransplant Procedure | procedure | Display Only - Cascades from feedback |
| Transplant Procedure | Procedure Type | Display Only - Cascades from feedback |
| Fransplant Procedure | Graft Placement | |
| • | | |
| Fransplant Procedure | Operative Technique | |
| Transplant Procedure | Duct Management | |
| | | |
| Fransplant Procedure | Duct Management//Specify | |
| Transplant Procedure | Venous Vascular Management | |
| Fransplant Procedure | Arterial Reconstruction | |
| Fransplant Procedure | Arterial Reconstruction//Specify | |
| | 1 0 | |
| Transplant Procedure | Venous Extension Graft | |
| Transplant Procedure | Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time) | |
| | | |
| | Total Pancreas Preservation Time (include | |
| Fransplant Procedure | Cold, Warm, Anastomotic time)//Status | Value or status is reported, not both |
| Γransplant Procedure | Organ Check-In Date | |
| Fransplant Procedure | Check-In Time | |
| Fransplant Procedure | Check-In Time Zone | Display Only - Calculated |
| Transpiane Procedure | | Display only carculated |
| Transplant Procedure | TransNet Organ Check-In Times for Related Organs | Display Only - Cascades from Database |
| Post Transplant | Pancreas Graft Status | |
| · · · | Patient using any method of blood sugar | |
| Post Transplant | control? | |
| ost Transplant | Control | |
| | | New field if pancreas graft status is functioning. Modified label if graft status is |
| Post Transplant | Patient on insulin? | failed |
| Post Transplant | Date insulin resumed | New field if pancreas graft status is functioning. Modified label if graft status is failed |
| D (T) | D | 771 |
| Post Transplant | Date insulin resumed//ST= | Value or status is reported, not both |
| Post Transplant | Total insulin dosage units | |
| Post Transplant | Total insulin dosage units//ST | Value or status is reported, not both |
| | | |
| Post Transplant | Insulin duration of use | |
| | | |
| Post Transplant | Insulin duration of use//ST | Value or status is reported, not both New field if pancreas graft status is |
| Post Transplant | Patient on oral medication to control blood sugar | functioning. Modified label if graft status is failed |
| Post Transplant | Date oral medications resumed | New field if pancreas graft status is functioning. Modified label if graft status is failed |
| Post Transplant | Date oral medications resumed//ST= | Value or status is reported, not both |
| • | | New field if pancreas graft status is functioning. Modified label if graft status is |
| Post Transplant | Patient using diet to control blood sugar | failed |
| • | | IGHEU |
| Post Transplant | Date of Graft Failure | |
| | | |
| Post Transplant | C-Peptide Value | |

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| Post Transplant | C-Peptide Value://ST= | Value or status is reported, not both |
|-------------------------|--|---------------------------------------|
| Post Transplant | Hba1c (%) | value of status is reported, not both |
| r ost Transplant | 110410 (70) | |
| | | |
| Post Transplant | Hba1c (%)//Status | Value or status is reported, not both |
| Post Transplant | Pancreas Primary Cause of Graft Failure | |
| Post Transplant | Pancreas Primary Cause of Graft Failure//Specify | |
| Post Transplant | Pancreas Graft/Vascular Thrombosis | |
| Post Transplant | Pancreas Infection | |
| Post Transplant | Bleeding | |
| Post Transplant | Anastomotic Leak | |
| | | |
| Post Transplant | Hyperacute Rejection | |
| Post Transplant | Pancreas Acute Rejection | |
| Post Transplant | Biopsy Proven Isletitis | |
| Post Transplant | Pancreatitis | |
| Post Transplant | Other, Specify | |
| Post Transplant | Pancreatitis | |
| Post Transplant | Anastomotic Leak | |
| Post Transplant | Abscess or Local Infection | |
| Post Transplant | Danguage Transplant Complications, Other | Not required |
| Post Transplant | Pancreas Transplant Complications: Other | Not required |
| 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 | |
| Immunocupproceion Oth | Immunosuppression medication :- 1:: | |
| Immunosuppression Other | Immunosuppression medication indication | |
| Immunosuppression Other | Days of induction | |

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/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 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 estimate or any other aspect of this collection of 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

| Post Transplant |
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| OMB No. 0915-0157 Expiration Date: X |

PUBLIC BURDEN STATEMENT

The private, non-profit Organ perform the following OPTN I the OPTN; and to monitor con sponsor, and a person is not control number. The OMB control number. The OMB control number are usually as the protected optn also are well protected or exceeds the requirements information systems, and the reporting burden for this collifor reviewing instructions, se. Send comments regarding this suggestions for reducing this Maryland, 20857 or paperwo

TRR - Pancreas - 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 | Disalas Onlas Casadas from TCD |
| Recipient Center Code Recipient Center Type | Display Only - Cascades from TCR Display Only - Cascades from TCR |
| Surgeon Name | Display Offiy - Cascades from TCR |
| 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 Contributory Cause of Death//Specify | Not required |
| Date of Admission to Tx Center | Not required |
| Date of Discharge from Tx Center | |
| Functional Status | |
| Cognitive Development | |
| Motor Development | |
| Academic Progress | |
| Academic Activity Level | |
| Primary Source of Payment | |
| | |
| Specify Foreign Government//Specify | |
| Height Measurement Date | |
| Height | |
| II-i-cht in Continent on //Ctatur | 17-l b |
| Height in Centimeters//Status | Value or status is reported, not both |
| Height Percentile//Growth Percentiles//%ile | Calculated for display only |
| Weight Measurement Date | Carculated for display offly |
| Weight Weastrement Date | |
| Weight in Kilograms//Status | Value or status is reported, not both |
| Weight Percentile//Growth | 22 22 22 22 22 22 22 22 22 22 22 22 22 |
| Percentiles//%ile | Calculated for display only |
| BMI | Display Only - Cascades from Database |
| | 1 5 5 |
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| | Calculated for display only |
| Previous Transplant Organ | Display Only - Cascades from Database |
| Previous Transplant Organ Previous Transplant Date | Display Only - Cascades from Database Display Only - Cascades from Database |
| Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date | Display Only - Cascades from Database Display Only - Cascades from Database |
| Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date | Display Only - Cascades from Database Display Only - Cascades from Database |
| Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiatior of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status Average Daily Insulin Units | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database Value or status is reported, not both |
| Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status Average Daily Insulin Units Average Daily Insulin Units//Status | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database |
| BMI://%ile Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date Pretransplant Dialysis If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis If Yes, Date First Dialyzed//Status Average Daily Insulin Units Average Daily Insulin Units/Status Serum Creatinine at Time of Tx Serum Creatinine at Time of Tx//Status | Display Only - Cascades from Database Display Only - Cascades from Database Display Only - Cascades from Database Value or status is reported, not both |

| NIATE LUNZ | |
|---|---|
| NAT HIV CMV Status | |
| HBV Core Antibody | |
| HBV Surface Antibody Total | |
| | |
| HBV Surface Antigen | |
| NATION | |
| NAT HBV HCV Serostatus | |
| nc v Serostatus | |
| NAT HCV | |
| EBV Serostatus | |
| Did the recipient receive Hepatitis B | |
| vaccines prior to transplant? | |
| Malignancies between listing and transplant | |
| Malignancies between listing and | |
| transplant//Specify | |
| If yes, specify type | |
| Multiple Organ Recipient | Display Only - Cascades from feedback |
| Were extra vessels used in the transplant | Displace Only Coast 1 ft ft 7 |
| procedure Procedure Type | Display Only - Cascades from feedback Display Only - Cascades from feedback |
| Graft Placement | Display Only - Cascades Holli feedudck |
| Operative Technique | |
| Duct Management | |
| | |
| Duct Management//Specify | |
| | |
| Venous Vascular Management | |
| Arterial Reconstruction | |
| Arterial Reconstruction//Specify | |
| Venous Extension Graft | |
| Total Pancreas Preservation Time (include | |
| Cold, Warm, Anastomotic time) | |
| Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)//Status | Value or status is reported, not both |
| Organ Check-In Date | |
| Organ Check-in Date | |
| | |
| Check-In Time | |
| | |
| Check-In Time Zone | Diaplay Only Calculated |
| TransNet Organ Check-In Times for | Display Only - Calculated |
| Related Organs | Display Only - Cascades from Database |
| Pancreas Graft Status | |
| Patient using any method of blood sugar | |
| control? | |
| | New field if pancreas graft status is |
| Patient on insulin? | functioning. Modified label if graft status is failed |
| | New field if pancreas graft status is |
| | functioning. Modified label if graft status |
| Date insulin resumed | is failed |
| | |
| Date insulin resumed//ST= | Value or status is reported not both |
| Date mount resumed//51- | Value or status is reported, not both |
| | |
| Total insulin dosage units | |
| Total insulin dosage units//ST | Value or status is reported, not both |
| | |
| Insulin duration of use | |
| Insulin duration of use//ST | Value or status is reported, not both |
| | New field if pancreas graft status is |
| Patient on oral medication to control blood | functioning. Modified label if graft status |
| sugar | is failed |

| Date oral medications resumed | New field if pancreas graft status is functioning. Modified label if graft status is failed |
|--|---|
| Date oral medications resumed//ST= | Value or status is reported, not both |
| Patient using diet to control blood sugar | New field if pancreas graft status is functioning. Modified label if graft status is failed |
| Date of Graft Failure | |
| C-Peptide Value | |
| C-Peptide Value://ST= | Value or status is reported, not both |
| Hba1c (%) | |
| Hba1c (%)//Status | Value or status is reported, not both |
| Pancreas Primary Cause of Graft Failure | |
| Pancreas Primary Cause of Graft Failure//Specify | |
| Pancreas Graft/Vascular Thrombosis | |
| Pancreas Infection | |
| Bleeding | |
| Anastomotic Leak | |
| Hyperacute Rejection | |
| Pancreas Acute Rejection | |
| Biopsy Proven Isletitis | |
| Pancreatitis | |
| Other, Specify | |
| Pancreatitis | |
| Anastomotic Leak | |
| Abscess or Local Infection | |
| Pancreas Transplant Complications: Other | Not required |
| Did patient have any acute rejection episodes between transplant and discharge | |
| 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 functions: to assess whether applicants meet OPTN Bylaw requirements for membership in mpliance of member organizations with OPTN Obligations. An agency may not conduct or required to respond to, a collection of information unless it displays a currently valid OMB ntrol number for this information collection is 0915-0157 and it is valid until XX/XX/202X required to obtain or retain a benefit per 42 CFR \$121.11(b)(2). All data collected will be ion (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit by a number of the Contractor's security features. The Contractor's security system meets as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Departments Automated Information Systems Security Program Handbook. The public ection of information is estimated to average 0.27 hours per response, including the time arching existing data sources, and completing and reviewing the collection of information. is burden estimate or any other aspect of this collection of information, including burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, rk@hrsa.gov.