

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.

Clinical Information

Clinical Information

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Clinical Information

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Clinical Information

Immunosuppressive Information

Immunosuppressive Information

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OMB No. 0915-0157 Expiration Date: X

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TRF - Pancreas - 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 | |
| Functional Status | |
| Cognitive Development | |
| Motor Development | |
| Working for income | |
| Academic Progress | |
| Academic Activity Level | |
| Primary Insurance at Follow-up | |
| 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 | |
| Graft Status | |
| Patient using any method of blood sugar control? | |
| Patient on insulin? | New field if pancreas graft status is functioning. Modification to current label if graft status is failed. |
| Date insulin resumed | New field if pancreas graft status is functioning. Modification to current label if graft status is failed. |
| Date insulin resumed//ST= | 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 |
| Patient on oral medication to control blood sugar | New field if pancreas graft status is functioning. Modification to current label if graft status is failed. |
| Date oral medications resumed | New field if pancreas graft status is functioning. Modification to current 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. Modification to current 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 |
| Primary Cause of Graft Failure | |
| Primary Cause of Graft Failure//Other, Specify | |
| Graft/Vascular Thrombosis | |
| Infection | |
| Bleeding | |
| Anastomotic Leak | |
| Acute Rejection | |
| Chronic Rejection | |
| Biopsy Proven Isletitis | |
| Pancreatitis | |
| Patient Noncompliance | |
| Contributory Cause of Graft Failure//Other, Specify | |
| Conv. From Bladder to Enteric Drain Performed | |
| If Yes, Enteric Drainage Date | |
| Most Recent Serum Creatinine | |
| Most Recent Serum Creatinine//Status | Value or status is reported, not both |
| Pancreas Transplant Complications (Not leading to graft failure) | Display Only - Cascades from Database |
| Pancreatitis | |
| Anastomotic Leak | |
| Abscess or Local Infection | |

| | |
|---|---------------------------------------|
| Other Complications | |
| Did patient have any acute rejection episodes during the follow-up period | |
| Post Transplant Malignancy | |
| Donor Related | |
| Recurrence of Pre-Tx Tumor | |
| De Novo Solid Tumor | |
| De Novo Lymphoproliferative disease and Lymphoma | |
| 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 | |

XX/XX/20XX

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