

**TRR - VCA - Adult/Pediatric
Fields to be completed by meml**

| Form Section | Field Label |
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| Recipient Information | Recipient First Name |
| Recipient Information | Recipient Last Name |
| Recipient Information | Recipient Middle Initial |
| Recipient Information | DOB |
| Recipient Information | SSN |
| Recipient Information | Gender |
| Recipient Information | HIC |
| Recipient Information | Transplant Date |
| Recipient Information | State of Permanent Residence |
| Recipient Information | Permanent Zip Code |
| Provider Information | Recipient Center |
| Provider Information | Lead Reconstructive Surgeon Name |
| Provider Information | Lead Reconstructive Surgeon NPI# |
| Donor Information | UNOS Donor ID # |
| Donor Information | Donor Type |
| Donor Information | OPO |
| Patient Status - Transplant hospitalization | Date of Admission to Transplant Center |
| Patient Status - Transplant hospitalization | Date of Discharge from Hospital |
| Patient Status | Date Last Seen, Retransplanted, or Death |
| Patient Status | Patient Status |
| Patient Status | Primary Cause of Death |
| Patient Status | Primary Cause of Death - Other Specify |
| Socio-Demographic Information: Pre-Transplant | Highest Education Level |
| Socio-Demographic Information: Pre-Transplant | Working for income |
| Socio-Demographic Information: Pre-Transplant | Working for income - If Yes, indicate the recipient's working status |
| Socio-Demographic Information: Pre-Transplant | Working for income - If No, Not Working Due To |
| Socio-Demographic Information: Pre-Transplant - Source of Payment | Grant Funding |
| Socio-Demographic Information: Pre-Transplant - Source of Payment | Institutional Funding |
| Socio-Demographic Information: Pre-Transplant - Source of Payment | Primary Source of Payment |
| Socio-Demographic Information: Pre-Transplant - Source of Payment | Primary Source of Payment - Foreign Government, Specify |
| Socio-Demographic Information: Pre-Transplant - Source of Payment | Secondary Source of Payment |
| Clinical Information: Pre-transplant | Height (inches) |
| Clinical Information: Pre-transplant | Weight (lbs.) |
| Clinical Information: Pre-transplant | BMI (Body Mass Index) |
| Clinical Information: Pre-transplant | Primary Diagnosis for Transplant |
| Clinical Information: Pre-transplant | Primary Diagnosis for Transplant - Other Specify |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Craniofacial |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Craniofacial - Partial Face - Specify anatomic structures missing |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Craniofacial - Other Specify |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Abdominal Wall (cm2) |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Other VCA Organ Type - Other Specify |
| Clinical Information: Pre-transplant - Level of Amputation | Upper Limb, Left |
| Clinical Information: Pre-transplant - Level of Amputation | Upper Limb, Left - Other Specify |
| Clinical Information: Pre-transplant - Level of Amputation | Upper Limb, Right |
| Clinical Information: Pre-transplant - Level of Amputation | Upper Limb, Right - Other Specify |
| Clinical Information: Pre-transplant - Level of Amputation | Lower Limb, Left |

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| Clinical Information: Pre-transplant - Level of Amputation | Lower Limb, Left - Other Specify |
| Clinical Information: Pre-transplant - Level of Amputation | Lower Limb, Right |
| Clinical Information: Pre-transplant - Level of Amputation | Lower Limb, Right - Other Specify |
| Clinical Information: Pre-transplant | Previous Transplants (VCA or non-VCA organs) |
| Clinical Information: Pre-transplant | Previous skin graft(s) |
| Clinical Information: Pre-transplant | Was patient hospitalized during the last 90 days prior to the transplant admission |
| Clinical Information: Pre-transplant | Medical condition at time of transplant |
| Clinical Information: Pre-transplant - Viral Detection | HIV Serostatus |
| Clinical Information: Pre-transplant - Viral Detection | CMV Status |
| Clinical Information: Pre-transplant - Viral Detection | HBV Core Antibody |
| Clinical Information: Pre-transplant - Viral Detection | HBV Surface Antigen |
| Clinical Information: Pre-transplant - Viral Detection | HCV Serostatus |
| Clinical Information: Pre-transplant - Viral Detection | EBV Serostatus |
| Clinical Information: Pre-transplant - Viral Detection | Did the recipient receive Hepatitis B vaccines prior to transplant? |
| Clinical Information: Pre-transplant | Any tolerance induction technique used |
| Clinical Information: Pre-transplant | Pre-transplant blood transfusions |
| Clinical Information: Pre-transplant | Number of pre-transplant pregnancies (which may or may not have resulted in a live birth) |
| Clinical Information: Pre-transplant | Malignancies prior to transplant |
| Clinical Information: Pre-transplant | Malignancies prior to transplant - If Yes, Specify Type (select all that apply) |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Serum Creatinine (mg/dL) |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Hemoglobin A1c (%) |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Calculated PRA (CPRA) at transplant (%) |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Donor Crossmatch Result |
| Functional Status: Pre-transplant | Motor Development |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Physical Functioning (PF) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Role-Physical (RP) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Bodily Pain (BP) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | General Health (GH) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Physical Component Summary (PCS) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Vitality (VT) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Social Functioning (SF) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Role-Emotional (RE) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Mental Health (MH) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Mental Component Summary (MCS) score |
| Functional Status: Pre-transplant - Upper Limb - Pre-Transplant | DASH Score |
| Clinical Information: Transplant Procedure | Multiple Graft Recipient |
| Clinical Information: Transplant Procedure | Were extra allograft vessels/nerve/tissue from outside the donated graft used in the transplant procedure |
| Clinical Information: Transplant Procedure | Surgical Procedure |
| Clinical Information: Transplant Procedure - Preservation Information | Warm Ischemia Time (include anastomotic time) |

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| Clinical Information: Transplant Procedure - Preservation Information | Cold Ischemia Time |
| Clinical Information: Post Transplant | Graft Status |
| Clinical Information: Post Transplant | Date of Graft Failure |
| Clinical Information: Post Transplant - Causes of Graft Failure | {If Graft Status = Planned Removal} Date of Removal |
| Clinical Information: Post Transplant - Causes of Graft Failure | Acute Rejection |
| Clinical Information: Post Transplant - Causes of Graft Failure | Acute Rejection - Banff score |
| Clinical Information: Post Transplant - Causes of Graft Failure | Acute Rejection - Visual skin changes |
| Clinical Information: Post Transplant - Causes of Graft Failure | Chronic Rejection |
| Clinical Information: Post Transplant - Causes of Graft Failure | Chronic Rejection - Visual skin changes |
| Clinical Information: Post Transplant - Causes of Graft Failure | Vascular complications |
| Clinical Information: Post Transplant - Causes of Graft Failure | Sepsis / Infection |
| Clinical Information: Post Transplant - Causes of Graft Failure | Trauma |
| Clinical Information: Post Transplant - Causes of Graft Failure | Patient requested removal |
| Clinical Information: Post Transplant - Causes of Graft Failure | Non-adherence |
| Clinical Information: Post Transplant - Causes of Graft Failure | Other |
| Clinical Information: Post Transplant - Causes of Graft Failure | Other - Other Specify |
| Clinical Information: Post Transplant - Discharge Lab Data | Serum Creatinine (mg/dL) |
| Clinical Information: Post Transplant - Discharge Lab Data | Hemoglobin A1c (%) |
| Clinical Information: Post Transplant - Major Transplant Complication | Arterial Thrombosis |
| Clinical Information: Post Transplant - Major Transplant Complication | Venous Thrombosis |
| Clinical Information: Post Transplant - Major Transplant Complication | More than 5 pRBC (packed red blood cells) units |
| Clinical Information: Post Transplant - Major Transplant Complication | Cardiac arrest |
| Clinical Information: Post Transplant - Major Transplant Complication | DIC (Disseminated intravascular coagulation) |
| Clinical Information: Post Transplant - Major Transplant Complication | Graft/reperfusion syndrome |
| Clinical Information: Post Transplant - Major Transplant Complication | Other Major Transplant Complications |
| Clinical Information: Post Transplant - Major Transplant Complication | Other Major Transplant Complications - Other Specify |
| Clinical Information: Post Transplant | Did patient have any acute rejection episodes between transplant and discharge |
| Clinical Information: Post Transplant | Did patient have any acute rejection episodes between transplant and discharge - Number of episodes |
| Clinical Information: Post Transplant | {For each episode} Date of acute rejection diagnosis |
| Clinical Information: Post Transplant | {For each episode} Acute rejection was treated |
| Clinical Information: Post Transplant | {For each episode} Visual skin changes |

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| Clinical Information: Post Transplant | {For each episode} Biopsy was done to confirm acute rejection |
| Clinical Information: Post Transplant | {For each episode} Banff Score |
| Clinical Information: Post-transplant - Upper Limb | Subsequent surgeries required |
| Clinical Information: Post-transplant - Upper Limb | {For each surgical procedure} Subsequent surgeries required// If yes, enter each surgical procedure |
| Clinical Information: Post-transplant - Upper Limb | {For each surgical procedure} Subsequent surgeries required// Surgical date |
| Functional Status: Post-transplant - Head and Neck | Smile restoration |
| Functional Status: Post-transplant - Head and Neck | Ability to open and close eyelids |
| Functional Status: Post-transplant - Uterus | Prior reconstructive gynecological procedures |
| Functional Status: Post-transplant - Uterus | Prior reconstructive gynecological procedures// If yes, specify procedure(s) |
| Functional Status: Post-transplant - Uterus | Prior pregnancies |
| Functional Status: Post-transplant - Uterus | Diagnosed psychiatric condition(s) pre-transplant |
| Functional Status: Post-transplant - Uterus | Diagnosed psychiatric condition(s) pre-transplant// If yes, specify condition(s) |
| Functional Status: Post-transplant - Uterus | Subsequent surgeries required during admission |
| Functional Status: Post-transplant - Uterus | {For each surgical procedure}Subsequent surgeries required during admission// If yes, enter each surgical procedure |
| Functional Status: Post-transplant - Uterus | {For each surgical procedure}Subsequent surgeries required during admission// Surgical date |
| Functional Status: Post-transplant - Uterus | Visual changes noted on cervical examination |
| Functional Status: Post-transplant - Uterus | Visual changes noted on cervical examination// If yes, specify |
| Treatment | Antiviral Prophylaxis |
| Treatment | Antibacterial Prophylaxis |
| Treatment | Antifungal Prophylaxis |
| Treatment | Peri-operative anticoagulation |
| Topical Immunosuppressive Medications | Immunosuppression medications |
| Topical Immunosuppressive Medications | Immunosuppression medications - Other Specify |
| Topical Immunosuppressive Medications | Maintenance indication |
| Topical Immunosuppressive Medications | Anti-rejection indication |
| Non-Topical Immunosuppressive Medications | Immunosuppression medications |
| Non-Topical Immunosuppressive Medications | Immunosuppression medications - Other Specify |
| Non-Topical Immunosuppressive Medications | Induction indication |
| Non-Topical Immunosuppressive Medications | Number of days of induction |
| Non-Topical Immunosuppressive Medications | Maintenance indication |
| Non-Topical Immunosuppressive Medications | Anti-rejection indication |

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

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