

**TRF - VCA - Adult/Pediatric  
Fields to be completed by members**

Form Section	Field Label
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	Treating Reconstructive Surgeon Name
Provider Information	Treating Reconstructive Surgeon NPI#
Provider Information	Treating Transplant Physician Name
Provider Information	Treating Transplant Physician NPI#
Provider Information	Follow-up Care Provided By:
Donor Information	UNOS Donor ID #
Donor Information	Donor Type
Donor Information	OPO
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
Patient Status	Has patient been hospitalized since the Last Patient Status Date
Patient Status	Number of Hospitalizations
Socio-Demographic Information	Working for income
Socio-Demographic Information	Working for income - If Yes, indicate the recipient's working status
Socio-Demographic Information	Working for income - If No, Not Working Due To
Socio-Demographic Information - Source of Payment	Grant funding
Socio-Demographic Information - Source of Payment	Institutional funding
Socio-Demographic Information - Source of Payment	Primary Source of Payment
Socio-Demographic Information - Source of Payment	Primary Source of Payment - Foreign Government, Specify
Socio-Demographic Information - Source of Payment	Secondary Source of Payment
Functional Status	Motor Development
Functional Status	Psychosocial consult performed
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 - Upper Limb	DASH Score
Functional Status - Upper limb	Hot and cold sensation
Functional Status - Upper limb	Two-point discrimination test
Functional Status - Upper limb	Grip strength and pinch test
Functional Status - Upper limb	Is the patient able to make a fist?
Functional Status - Upper limb	Can the patient comb their hair?
Functional Status - Upper limb	Can the patient open a door?
Functional Status - Upper limb	Can the patient write on a piece of paper?
Functional Status - Upper limb	Can the patient hold a cup?
Functional Status - Head and Neck	Smile restoration
Functional Status - Head and Neck	Ability to open and close eyelids
Functional Status - Craniofacial	Olfactory function restored
Functional Status - Craniofacial - Sensory Testing	Two-point discrimination test
Functional Status - Craniofacial - Sensory Testing	Hot and cold sensation
Functional Status - Craniofacial - Motor function	Oral competence
Functional Status - Craniofacial - Motor function	Corneal protection
Functional Status - Craniofacial	Functional occlusion restored
Functional Status - Craniofacial	Decannulation (if the patient had a tracheostomy)
Functional Status - Craniofacial	Feeding Tube Removed (if the patient had a feeding tube to start with)
Functional Status - Craniofacial - Speech Intelligibility Tests	Speaking rate
Functional Status - Craniofacial - Speech Intelligibility Tests	Percent Intelligibility
Functional Status - Uterus	Number of embryo transfers during this follow-up period
Functional Status - Uterus	{For each transfer} Number of embryo transfers// Embryo transfer date
Functional Status - Uterus	{For each transfer} Number of embryo transfers// Reason if no embryo transfer date
Functional Status - Uterus	Number of pregnancies post-transplant of uterus during this follow-up period (which may or may not have resulted in a live birth)
Functional Status - Uterus	{For each pregnancy} Date of positive pregnancy test result post-transplant
Functional Status - Uterus	{For each pregnancy} Date of positive pregnancy test result post-transplant//Reason if no date of positive pregnancy test result
Functional Status - Uterus	{For each pregnancy} Date embryonic heartbeat first detected by ultrasound
Functional Status - Uterus	{For each pregnancy} Date embryonic heartbeat first detected by ultrasound// Reason if no date of embryonic heartbeat first detected by ultrasound
Functional Status - Uterus	{For each pregnancy} Estimated delivery date
Functional Status - Uterus	{For each pregnancy} Estimated delivery date// Reason if no estimated delivery date
Functional Status - Uterus	{For each pregnancy} Pregnancy complications
Functional Status - Uterus	{For each pregnancy} Pregnancy complications// If yes, specify
Functional Status - Uterus	{For each pregnancy} Did pregnancy result in a miscarriage?
Functional Status - Uterus	{For each pregnancy} Did pregnancy result in a miscarriage?// If yes, date of miscarriage
Functional Status - Uterus	{For each pregnancy} Date of admission to Transplant Center for delivery
Functional Status - Uterus	{For each pregnancy} Date of admission to Transplant Center for delivery// Reason if no date of admission to Transplant Center for delivery
Functional Status - Uterus	{For each pregnancy} Delivery type
Functional Status - Uterus	{For each pregnancy} Delivery type// Delivery date
Functional Status - Uterus	{For each pregnancy} Maternal complications at delivery
Functional Status - Uterus	{For each pregnancy} Maternal complications at delivery// If yes, specify
Functional Status - Uterus	{For each pregnancy} Blood transfusions required following delivery
Functional Status - Uterus	{For each pregnancy} Date of discharge from Transplant Center post-delivery

	{For each pregnancy} Date of discharge from Transplant Center post-delivery// Reason if no date of discharge from Transplant Center post-delivery
Functional Status - Uterus	{For each pregnancy} Post-delivery complications
Functional Status - Uterus	{For each pregnancy} Post-delivery complications// If yes, specify
Functional Status - Uterus	{For each pregnancy} Subsequent surgeries since delivery
Functional Status - Uterus	{For each surgical procedure} Subsequent surgeries since delivery// If yes, enter each surgical procedure
Functional Status - Uterus	{For each surgical procedure} Subsequent surgeries since delivery// Surgical date
Functional Status - Uterus	Readmitted to the hospital
Functional Status - Uterus	{For each readmission} Readmitted to the hospital// If yes, reason for readmission
Functional Status - Uterus	{For each readmission} Readmitted to the hospital// If yes, readmission date
Functional Status - Uterus	Hysterectomy performed following successful delivery or due to complication
Functional Status - Uterus	Hysterectomy performed following successful delivery or due to complication // Hysterectomy date
Functional Status - Uterus	Hysterectomy performed following successful delivery or due to complication // If yes, then specify reason
Functional Status - Uterus	Hysterectomy performed following successful delivery or due to complication // If yes and reason is other // Other specify
Functional Status - Uterus	Surgical, medical, or psychiatric complications after hysterectomy
Functional Status - Uterus	{For each complication} Surgical, medical, or psychiatric complications after hysterectomy// If yes, specify each complication
Functional Status - Uterus	{For each complication} Surgical, medical, or psychiatric complications after hysterectomy// If yes, date
Functional Status - Uterus	New onset diagnosed psychiatric condition(s)
Functional Status - Uterus	New onset diagnosed psychiatric condition(s)// If yes, specify
Functional Status - Uterus	Visual changes noted on cervical examination
Functional Status - Uterus	Visual changes noted on cervical examination// If yes, specify
Clinical Information	Height (inches)
Clinical Information	Weight (lbs.)
Clinical Information	BMI (Body Mass Index)
Clinical Information - Noncompliance	Immunosuppression
Clinical Information - Noncompliance	Rehabilitation
Clinical Information - Noncompliance	Level of Activity
Clinical Information - Noncompliance	Other
Clinical Information - Noncompliance	Other - Other Specify
Clinical Information	Graft Status
Clinical Information	Date of Graft Failure
Clinical Information	{If Graft Status = Planned Removal} Date of Removal
Clinical Information - Causes of Graft Failure	Acute Rejection
Clinical Information - Causes of Graft Failure	Acute Rejection - Banff score
Clinical Information - Causes of Graft Failure	Acute Rejection - Visual skin changes
Clinical Information - Causes of Graft Failure	Chronic Rejection
Clinical Information - Causes of Graft Failure	Chronic Rejection - Visual skin changes
Clinical Information - Causes of Graft Failure	Vascular complications
Clinical Information - Causes of Graft Failure	Sepsis / Infection
Clinical Information - Causes of Graft Failure	Trauma
Clinical Information - Causes of Graft Failure	Patient requested removal
Clinical Information - Causes of Graft Failure	Non-adherence
Clinical Information - Causes of Graft Failure	Other
Clinical Information - Causes of Graft Failure	Other - Other Specify
Clinical Information - Most Recent Lab Data	Serum Creatinine (mg/dL)
Clinical Information - Most Recent Lab Data	Hemoglobin A1c (%)
Clinical Information - Most Recent Lab Data	Donor Specific Antibodies (DSA)

Clinical Information - Post Transplant	Did patient have any acute rejection episodes during the follow-up period
Clinical Information - Post Transplant	Did patient have any acute rejection episodes during the follow-up period - Number of episodes
Clinical Information	{For each episode} Date of acute rejection diagnosis
Clinical Information	{For each episode} Acute rejection was treated
Clinical Information	{For each episode} Visual skin changes
Clinical Information	{For each episode} Biopsy was done to confirm acute rejection
Clinical Information	{For each episode} Banff Score
Clinical Information - Complications	New onset diabetes
Clinical Information - Complications	Metabolic Complications
Clinical Information - Complications	Infectious Complications
Clinical Information - Complications	Other Complications
Clinical Information - Complications	Other Complications - Other Specify
Clinical Information - Upper limb	Subsequent surgeries required
Clinical Information - Upper limb	{For each surgical procedure} Subsequent surgeries required// If yes, enter each surgical procedure
Clinical Information - Upper limb	{For each surgical procedure} Subsequent surgeries required// Surgical date
Clinical Information	Post Transplant Malignancy
Clinical Information - Post-transplant Malignancy	Donor Related
Clinical Information - Post-transplant Malignancy - Donor Related	Diagnosis date:
Clinical Information - Post-transplant Malignancy - Donor Related	Tumor type
Clinical Information - Post-transplant Malignancy	Recurrence of Pre-Tx Tumor
Clinical Information - Post-transplant Malignancy - Recurrence of Pretransplant Malignancy	Date of recurrence
Clinical Information - Post-transplant Malignancy - Recurrence of Pretransplant Malignancy	Type of pre-existing tumor
Clinical Information - Post-transplant Malignancy - Recurrence of Pretransplant Malignancy	Type of pre-existing tumor - Other, Specify
Clinical Information - Post-transplant Malignancy	De Novo Solid Tumor
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Diagnosis date
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: Skin: //squamous cell:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: Skin: //basal cell:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: Skin: //melanoma:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Kaposi's sarcoma: cutaneous:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Kaposi's sarcoma: visceral:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Brain:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: Brain: //Other specify:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Renal carcinoma - specify site(s):
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Carcinoma of the uterus:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Ovarian:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Testicular:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Esophagus:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Stomach:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Small intestine:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Pancreas:

Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Larynx:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Tongue, throat:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Thyroid:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Bladder:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Breast:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Prostate:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Colo-rectal:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Primary hepatic tumor:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Metastatic liver tumor:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Lung:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types://Leukemia:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Sarcomas:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Other cancers:
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Other Cancers: //Site(s):
Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor	Tumor Types: //Primary unknown:
Clinical Information - Post-transplant Malignancy	De Novo Lymphoproliferative disease and Lymphoma
Clinical Information - Post-transplant Malignancy - Post Transplant Lymphoproliferative Disease and Lymphoma	PTLD: //Diagnosis date:
Clinical Information - Post-transplant Malignancy - Post Transplant Lymphoproliferative Disease and Lymphoma	PTLD: //Pathology:
Clinical Information - Post-transplant Malignancy - Post Transplant Lymphoproliferative Disease and Lymphoma	PTLD: Pathology: //Other Specify:
Treatment	Antiviral
Treatment	Antibiotic
Treatment	Antifungal
Topical Immunosuppressive Medications	Immunosuppression medications
Topical Immunosuppressive Medications	Immunosuppression medications - Other Specify
Topical Immunosuppressive Medications	Previous maintenance indication
Topical Immunosuppressive Medications	Current 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	Previous maintenance indication
Non-Topical Immunosuppressive Medications	Current maintenance indication
Non-Topical Immunosuppressive Medications	Anti-rejection 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 p whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of meml may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This information collection §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds tl Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information System burden for this collection of information is estimated to average 0.27 hours per response, including the time for review completing and reviewing the collection of information. Send comments regarding this burden estimate or any other a suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville,











