

Liver Transplant Candidate Registration (TCR) Record Field Descriptions

The Transplant Candidate Registration (TCR) record is generated when a candidate for transplant is added to the OPTN/UNOS waiting list. A TCR will also be generated in the case of a living donor transplant, where the recipient was not added to the WaitlistSM, and was added through the living donor feedback process.

If the candidate is already on the waiting list for a transplant, another TCR record will not be generated unless listed by a different center or for another organ type.

The TCR record must be completed within 90 days from the record generation date. See [OPTN Policy](#) for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed on an electronic record, call the UNetSM Help Desk at 1-800-978-4334.

Provider Information

Recipient Center: The Recipient Center information reported in Waitlist displays. Verify that the center information is the hospital where the transplant operation will be performed. The Provider Number is the 6-character Medicare identification number of the hospital. This is followed by the Center Code and Center Name.

Candidate Information

Organ Registered: Verify the organ(s) displayed is/are the organ(s) listed for this candidate. If the candidate is listed for more than one type of transplant, both organs should be displayed. Separate records exist for certain multi-organ transplant candidates (e.g. Heart/Lung and Kidney/Pancreas).

Date of Listing or Add: The date the candidate was listed or added in Waitlist will display.

Name: The waitlisted candidate's last name, first name and middle initial will be displayed. If it is incorrect, corrections must be completed on the active waitlist. For a candidate who has been removed from the waitlist, the **Last Name**, **First Name** and **MI** fields will display. Corrections may be made directly in the record. These fields are **required**.

Previous Surname: If the candidate had a previous surname that is different from the Name entered, enter the previous surname.

SSN: Verify the candidate's social security number. If the information is incorrect and the candidate is waitlisted, contact the UNOS Organ Center at 1-800-292-9537.

Gender: Report candidate sex (Male or Female), based on biologic and physiologic traits at birth. If sex at birth is unknown, report sex at time of registration as reported by candidate or documented in medical record. The intent of this data collection field is to capture physiologic

characteristics that may have an impact on recipient size matching or graft outcome. This field is **required**.

HIC: Enter the 9 to 11 character Health Insurance Claim number for the candidate. If the candidate does not have a HIC number, you may leave this field blank.

DOB: Verify the displayed date is the candidate's date of birth. If the information is incorrect, correction must be completed on the active waitlist. If the candidate has been removed, reenter the correct date using the 8-digit numeric format of MM/DD/YYYY. Corrections may be made directly in the record. This field is **required**.

State of Permanent Residence: Select the name of the state of the candidate's permanent address at the time of listing (location of full-time residence, not where the candidate is currently waiting). This field is **required**. (**List of State codes – See Appendix A**)

Permanent Zip Code: Enter the candidate's permanent zip code (location of full-time residence, not where the candidate is currently waiting). This field is **required**.

Ethnicity: The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) [Statistical Policy Directive No. 15](#)) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of ethnicity is aligned to this standard.

OMB defines ethnicity to be whether or not a person self-identifies as Hispanic or Latino. For this reason, ethnicity is broken out into two categories, (1) Hispanic or Latino or (2) Not Hispanic or Latino. Select one ethnicity category or select 'Ethnicity Not Reported' if a category was not self-identified by the person.

This field is **required**.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino

Ethnicity Not Reported – Select if person did not self-identify an ethnicity category.

Race: The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) [Statistical Policy Directive No. 15](#)) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of race is aligned to this standard. OMB defines race as a person's self-identification with one or more social groups.

An individual can select one or more race categories (1) White, (2) Black or African American, (3) Asian, (4) American Indian or Alaska Native, (5) Native Hawaiian or Other Pacific Islander, or Race Not Reported.

This field is **required**.

Select one or more race sub-categories or origins. Select 'Other Origin' if origin is not listed. Select 'Origin Not Reported' if the origin was not self-identified by the person.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

European Descent
Arab or Middle Eastern
North African (non-Black)
Other Origin
Origin Not Reported

Black or African American – A person having origins in any of the Black racial groups of Africa.

African American
African (Continental)
West Indian
Haitian
Other Origin
Origin Not Reported

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

American Indian
Eskimo
Aleutian
Alaska Indian
Other Origin
Origin Not Reported

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Asian Indian/Indian Sub-Continent
Chinese
Filipino
Japanese
Korean
Vietnamese
Other Origin
Origin Not Reported

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Native Hawaiian
Guamanian or Chamorro
Samoaan
Other Origin
Origin Not Reported

Race Not Reported – Select if person did not self-identify a race category or origin.

Citizenship: Select as appropriate to indicate the candidate's citizenship. This field is **required**.

U.S. Citizen: A United States citizen by birth or naturalization.

Non-U.S. Citizen/U.S. Resident: A non-citizen of the United States for whom the United States is the primary place of residence.

Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Reason Other Than Transplant: A non-citizen of the United States for whom the United States is not the primary place of residence, and who came to the U.S. for a reason other than transplant.

Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Transplant: A non-citizen of the United States for whom the United States is not the primary place of residence, and who came to the U.S. for the purpose of transplant.

Country of Permanent Residence: This field will display and be required if the recipient's citizenship is one of the two values of Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Reason Other Than Transplant or Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Transplant.

Year of Entry to the U.S.: If the candidate is a Non-U.S. Citizen/Non-U.S. Resident, enter the year the candidate entered the United States. If unknown, select **UNK**. This field is **required**.

Highest Education Level: Select the choice which best describes the candidate's highest level of education. This field is **required**.

None
Grade School (0-8)
High School (9-12) or GED
Attended College/Technical School
Associate/Bachelor Degree
Post-College Graduate Degree
N/A (< 5 Yrs Old)
Unknown

Patient on Life Support: If the candidate was on life support at the time of listing, select **Yes**. If not, select **No**. If **Yes**, select life support types that apply. If **Other Mechanism, Specify** is selected, enter the type of mechanism in the space provided. This field is **required**.

Ventilator - select only if the candidate was on continuous invasive ventilation
Artificial Liver
Other Mechanism, Specify

Functional Status: Select the choice that best describes the candidate's functional status at the time of listing. This field is **required**.

Note: The Karnofsky Index will display for adults aged 18 and older.

100% - Normal, no complaints, no evidence of disease
90% - Able to carry on normal activity: minor symptoms of disease
80% - Normal activity with effort: some symptoms of disease
70% - Cares for self: unable to carry on normal activity or active work
60% - Requires occasional assistance but is able to care for needs
50% - Requires considerable assistance and frequent medical care
40% - Disabled: requires special care and assistance
30% - Severely disabled: hospitalization is indicated, death not imminent
20% - Very sick, hospitalization necessary: active treatment necessary
10% - Moribund, fatal processes progressing rapidly
Unknown

Note: The Lansky Score will display for pediatrics aged less than 18.

- 100% - Fully active, normal
- 90% - Minor restrictions in physically strenuous activity
- 80% - Active, but tires more quickly
- 70% - Both greater restriction of and less time spent in play activity
- 60% - Up and around, but minimal active play; keeps busy with quieter activities
- 50% - Can dress but lies around much of day; no active play; can take part in quiet play/activities
- 40% - Mostly in bed; participates in quiet activities
- 30% - In bed; needs assistance even for quiet play
- 20% - Often sleeping; play entirely limited to very passive activities
- 10% - No play; does not get out of bed
- Not Applicable (patient < 1 year old)
- Unknown

Note: This evaluation should be in comparison to the person's normal function, indicating how the patient's disease has affected their normal function.

Cognitive Development: (Complete for candidates 18 years of age or younger.) Select the choice that best describes the candidate's cognitive development at the time of listing.

Definite Cognitive Delay/Impairment (verified by IQ score <70 or unambiguous behavioral observation)

Probable Cognitive Delay/Impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)

Questionable Cognitive Delay/Impairment (not judged to be more likely than not, but with some indication of cognitive delay/impairment such as expressive/receptive language and/or learning difficulties)

No Cognitive Delay/Impairment (no obvious indicators of cognitive delay/impairment)

Not Assessed

Motor Development: (Complete for candidates 18 years of age or younger.) Select the choice that best describes the candidate's motor development at the time of listing

Definite Motor Delay/Impairment (verified by physical exam or unambiguous behavioral observation)

Probable Motor Delay/Impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)

Questionable Motor Delay/Impairment (not judged to be more likely than not, but with some indication of motor delay/impairment)

No Motor Delay/Impairment (no obvious indicators of motor delay/impairment)

Not Assessed

Working for Income: (Complete for candidates 18 years of age or older.) If the candidate is working for income, select **Yes**. If not, select **No**. If unknown, select **UNK**.

Academic Progress: (This field is required for candidates less than 18 years of age.) Select the choice that best describes the candidate's academic progress at the time of listing. If the candidate is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED**.

Within One Grade Level of Peers
Delayed Grade Level
Special Education
Not Applicable < 5 years old/High School graduate or GED
Status Unknown

Academic Activity Level: (This field is required for candidates less than 18 years of age.)
Select the choice that best describes the candidate's academic activity level at the time of listing. If the candidate is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED**.

Full academic load
Reduced academic load
Unable to participate in academics due to disease or condition
Not Applicable < 5 years old/High School graduate or GED
Status Unknown

Previous Transplants: The three most recent transplant(s), indicated on the candidate's validated Transplant Recipient Registration (TRR) record(s), will display. Verify all previous transplants listed by organ type, transplant date and graft failure date.

Note: The three most recent transplants on record for this candidate will be displayed for verification. If there are any prior transplants that are not listed here, contact the UNet Help Desk at 1-800-978-4334 or unethelpdesk@unos.org to determine if the transplant event is in the database.

Previous Pancreas Islet Infusion: If the candidate received a previous pancreas islet infusion, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required** for candidates 18 years of age and older.

Source of Payment:

Primary: Select as appropriate to indicate the candidate's source of primary payment (largest contributor) for the transplant. If the source of payment is not yet determined, select **Pending**. This field is **required**. (

Private insurance refers to funds from agencies such as Blue Cross/Blue Shield, etc. It also refers to any worker's compensation that is covered by a private insurer.

Public insurance - Medicaid refers to state Medicaid funds.

Public insurance - Medicare FFS (Fee-for-Service) refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate. For additional information about Medicare, see <http://www.medicare.gov/Choices/Overview.asp>.

Public insurance - Medicare & Choice (also known as Medicare Managed Care) refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate, along with additional benefits such as coordination of care or reducing-out-of-pocket expenses. Sometimes a candidate may receive additional benefits such as prescription drugs. For additional information about Medicare, see <http://www.medicare.gov/Choices/Overview.asp>.

Public insurance - CHIP (Children's Health Insurance Program)

Public insurance - Department of VA refers to funds from the Veterans Administration.

Public insurance - Other government refers to funds from another government agency.

Self indicates that the candidate will pay for the cost of transplant.

Donation indicates that a company, institution, or individual(s) donated funds to pay for the transplant and care of the candidate.

Free Care indicates that the transplant hospital will not charge candidate for the costs of the transplant operation.

Pending is used if the source of payment is not yet determined (Primary only).

Foreign Government, Specify refers to funds provided by a foreign government (Primary only) Specify the foreign country in the space provided. (List of Foreign Country codes – See **Appendix E**)

Clinical Information: At Listing

Height Date of Measurement: (Complete for candidates 18 years of age or younger.) Enter the date, using the 8-digit format of MM/DD/YYYY, the candidate's height was measured.

Height: Enter the height of the candidate at the time of listing in the appropriate space, in feet and inches or centimeters. If the candidate's height is unavailable, select the appropriate status from the **ST** field (**Missing, Unknown, N/A, Not Done**). This field is **required**. For candidates 18 years old or younger at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

Weight Date of Measurement: (Complete for candidates 18 years of age or younger.) Enter the date, using the 8-digit format of MM/DD/YYYY, the candidate's weight was measured.

Weight: Enter the weight of the candidate at the time of listing in the appropriate space, in pounds or kilograms. If the candidate's weight is unavailable, select the appropriate status from the **ST** field (**Missing, Unknown, N/A, Not Done**). This field is **required**. For candidates 18 years old or younger at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

BMI (Body Mass Index): The candidate's BMI will display. For candidates less than 20 years of age at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

Percentiles are the most commonly used clinical indicator to assess the size and growth patterns of individual children in the United States. Percentiles rank the position of an individual by indicating what percent of the reference population the individual would equal or exceed (i.e. on the weight-for-age growth charts, a 5 year-old girl whose weight is at the 25th percentile, weighs the same or more than 25 percent of the reference population of 5-year-old girls, and weighs less than 75 percent of the 5-year-old girls in the reference population). For additional information about CDC growth charts, see <http://www.cdc.gov/>.

Note: Users who check the BMI percentiles against the CDC calculator may notice a discrepancy that is caused by the CDC calculator using 1 decimal place for height and weight and UNetsm using 4 decimal places for weight and 2 for height.

ABO Blood Group: The candidate's blood type will be displayed. If the blood type is incorrect, correction must be completed on the active waitlist. If the candidate has been removed from the active waitlist, you may select the candidate's correct blood type directly in the record.

A
A1
A1B
A2
A2B
AB
B
O
Z (In Utero Only)

Primary Diagnosis: Select the primary diagnosis **for the disease requiring a transplant** at the time of listing for this candidate. If an **Other** code is selected, use the blank provided to specify the **Other** diagnosis. This field is **required**. (List of Liver Diagnosis codes – See Appendix P)

Secondary Diagnosis: If there is a secondary diagnosis for this candidate, select the applicable diagnosis code. If an **Other** code is entered, enter the **Other** diagnosis in the blank provided. (List of Liver Diagnosis codes – See Appendix P)

General Medical Factors: For each of the medical factors listed, select the appropriate responses to indicate if the candidate has a history of the factor prior to listing.

Diabetes: If the candidate does not have a history of diabetes, select **No**. If the candidate has diabetes, select **Type I** or **Type II**. If the candidate has any type of induced diabetes, select **Type Other**. If the candidate has a history of diabetes but the type is unknown, select **Type Unknown**. If this information is unknown, select **Diabetes Status Unknown**. This field is **required**

No

Type I is defined as a disease in which the body does not produce any insulin, most often occurring in children and young adults. People with Type 1 diabetes must take daily insulin injections to stay alive.

Type II is defined as a metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. It is the most common form of the disease.

Type Other

Type Unknown

Diabetes Status Unknown

Any previous malignancy: Any previous malignancy: If the candidate currently has malignant cancer or has a history of any previous malignant cancer, select **Yes**. If the candidate does not currently have malignant cancer and has not had a history of any previous malignant cancer, select **No**. If **Yes** is selected, select the type(s) of malignancy. If **Other, specify** is selected, indicate the type of tumor in the space provided. This field is **required**.

Cholangiocarcinoma (If cholangiocarcinoma is checked, answer Yes/No to neoadjuvant therapy. Unknown not allowed.)

Skin Melanoma

Skin Non-Melanoma

CNS Tumor

Genitourinary

Breast

Thyroid

Tongue/Throat/Larynx

Lung
Leukemia/Lymphoma
Liver
Hepatoblastoma
Hepatocellular Carcinoma (This selection is available for **pediatric** candidates only.)
Other, specify

Has the candidate ever had a diagnosis of HCC?: If the candidate has ever had a diagnosis of HCC, select **Yes**. If not, select **No**.

Liver Medical Factors

Previous Upper Abdominal Surgery: If the candidate had any previous upper abdominal surgery prior to listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

Spontaneous Bacterial Peritonitis: If the candidate was being treated for signs and symptoms of bacterial peritonitis at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

History of Portal Vein Thrombosis: If the candidate has a history of portal vein thrombosis at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

History of TIPSS: If the candidate has a history of TIPSS (Transjugular intrahepatic portosystemic shunt) at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.