

**TCR - Liver - Adult**  
**Fields to be completed by members**

| Form Section            | Field Label                               | Notes                                 | Form Section          |
|-------------------------|---|---------------------------------------|-----------------------|
| Provider Information    | Transplant Center Code                    | Display Only - Cascades from Waitlist | Provider Information  |
| Provider Information    | Transplant Center Type://Recipient Center | Display Only - Cascades from Waitlist | Provider Information  |
| Candidate Information   | Organ Registered:                         | Display Only - Cascades from Waitlist | Candidate Information |
| Candidate Information   | Date of Listing or Add:                   | Display Only - Cascades from Waitlist | Candidate Information |
| Candidate Information   | Last Name:                                | Cascades from Waitlist                | Candidate Information |
| Candidate Information   | First Name:                               | Cascades from Waitlist                | Candidate Information |
| Candidate Information   | Middle Initial://MI:                      | Not required                          | Candidate Information |
| Candidate Information   | Previous Surname:                         | Not required                          | Candidate Information |
| Candidate Information   | SSN:                                      | Display Only - Cascades from Waitlist | Candidate Information |
| Candidate Information   | Gender:                                   | Cascades from Waitlist                | Candidate Information |
| Candidate Information   | HIC:                                      | Not required                          | Candidate Information |
| Candidate Information   | Date of Birth://DOB:                      | Cascades from Waitlist                | Candidate Information |
| Candidate Information   | State of Permanent Residence:             | Cascades from Waitlist                | Candidate Information |
| Candidate Information   | Permanent ZIP Code:                       | Cascades from Waitlist                | Candidate Information |
| Candidate Information   | Ethnicity:                                | Cascades from Waitlist                | Candidate Information |
| Candidate Information   | Select all origins that apply:            | Cascades from Waitlist                | Candidate Information |
| Candidate Information   | Ethnicity/Race:                           | Cascades from Waitlist                | Candidate Information |
| Candidate Information   | Citizenship:                              |                                       | Candidate Information |
| Candidate Information   | Year of Entry to the U.S.                 |                                       | Candidate Information |
| Candidate Information   | Year of Entry to the U.S Status//ST=      | Value or status is reported, not both | Candidate Information |
| Candidate Information   | Country of Permanent Residence            |                                       | Candidate Information |
| Candidate Information   | Highest Education Level:                  |                                       | Candidate Information |
| Patient Status          | Patient on Life Support:                  |                                       | Patient Status        |
| Patient Status          | Life Support://Ventilator                 |                                       | Patient Status        |
| Patient Status          | Life Support://Artificial Liver           |                                       | Patient Status        |
| Patient Status          | Life Support://Other Mechanism, Specify   |                                       | Patient Status        |
| Patient Status          | Life Support:Other Mechanism//Specify:    |                                       | Patient Status        |
| Patient Status          | Functional Status:                        |                                       | Patient Status        |
| Patient Status          | Working for income:                       |                                       | Patient Status        |
| Patient Status          | Previous Transplant//Organ                | Display Only - Cascades from Database | Patient Status        |
| Patient Status          | Previous Transplant//Date                 | Display Only - Cascades from Database | Patient Status        |
| Patient Status          | Previous Transplant//Graft Fail Date      | Display Only - Cascades from Database | Patient Status        |
| Patient Status          | Previous Pancreas Islet Infusion:         |                                       | Patient Status        |
| Source of Payment       | Source of Payment//Primary:               |                                       | Patient Status        |
| Source of Payment       | Foreign Government//Specify:              |                                       | Patient Status        |
| Clinical Information    | Height in cm://Height:                    |                                       | Source of Payment     |
| Clinical Information    | Height Status//ST=                        | Value or status is reported, not both | Source of Payment     |
| Clinical Information    | Height Growth percentiles//%ile           | Calculated for display only           | Clinical Information  |
| Clinical Information    | Weight in kg://Weight:                    |                                       | Clinical Information  |
| Clinical Information    | Weight Status//ST=                        | Value or status is reported, not both | Clinical Information  |
| Clinical Information    | Weight Growth percentiles//%ile           | Calculated for display only           | Clinical Information  |
| Clinical Information    | BMI:                                      | Display Only - Cascades from Database | Clinical Information  |
| Clinical Information    | BMI://%ile                                | Calculated for display only           | Clinical Information  |
| Clinical Information    | ABO Blood Group:                          | Display Only - Cascades from Waitlist | Clinical Information  |
| Clinical Information    | Primary Diagnosis:                        |                                       | Clinical Information  |
| Clinical Information    | Primary Diagnosis//Specify:               |                                       | Clinical Information  |
| Clinical Information    | Secondary Diagnosis:                      | Not required                          | Clinical Information  |
| Clinical Information    | Secondary Diagnosis//Specify:             |                                       | Clinical Information  |
| General Medical Factors | Diabetes:                                 |                                       | Clinical Information  |
| General Medical Factors | Any previous Malignancy:                  |                                       | Clinical Information  |
| General Medical Factors | Any previous Malignancy//Specify Type:    |                                       | Clinical Information  |

|                         |  |  |
|-------------------------|--|--|
| General Medical Factors | Cholangiocarcinoma//Neoadjuvant Therapy        |  |
| General Medical Factors | Any previous Malignancy//Specify:              |  |
| Clinical Information    | Has the candidate ever had a diagnosis of HCC? |  |
| Liver Medical Factors   | Previous Upper Abdominal Surgery:              |  |
| Liver Medical Factors   | Spontaneous Bacterial Peritonitis:             |  |
| Liver Medical Factors   | History of Portal Vein Thrombosis:             |  |
| Liver Medical Factors   | History of TIPSS:                              |  |

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, 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    |
| General Medical Factors |
| General Medical Factors |
| General Medical Factors |
| General Medical Factors |
| General Medical Factors |
| General Medical Factors |
| General Medical Factors |
| Liver Medical Factors   |
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**TCR - Liver - Pediatric**  
**Fields to be completed by members**

| Field Label                               | Notes                                 |
|---|---------------------------------------|
| Transplant Center Code                    | Display Only - Cascades from Waitlist |
| Transplant Center Type://Recipient Center | Display Only - Cascades from Waitlist |
| Organ Registered:                         | Display Only - Cascades from Waitlist |
| Date of Listing or Add:                   | Display Only - Cascades from Waitlist |
| Last Name:                                | Cascades from Waitlist                |
| First Name:                               | Cascades from Waitlist                |
| Middle Initial://MI:                      | Not required                          |
| Previous Surname:                         | Not required                          |
| SSN:                                      | Display Only - Cascades from Waitlist |
| Gender:                                   | Cascades from Waitlist                |
| HIC:                                      | Not required                          |
| Date of Birth://DOB:                      | Cascades from Waitlist                |
| State of Permanent Residence:             | Cascades from Waitlist                |
| Permanent ZIP Code:                       | Cascades from Waitlist                |
| Ethnicity:                                | Cascades from Waitlist                |
| Select all origins that apply:            | Cascades from Waitlist                |
| Ethnicity/Race:                           | Cascades from Waitlist                |
| Citizenship:                              |                                       |
| Year of Entry to the U.S.                 |                                       |
| Year of Entry to the U.S Status//ST=      | Value or status is reported, not both |
| Country of Permanent Residence            |                                       |
| Highest Education Level:                  |                                       |
| Patient on Life Support:                  |                                       |
| Life Support://Ventilator                 |                                       |
| Life Support://Artificial Liver           |                                       |
| Life Support://Other Mechanism, Specify   |                                       |
| Life Support:Other Mechanism//Specify:    |                                       |
| Functional Status:                        |                                       |
| Cognitive Development:                    |                                       |
| Motor Development:                        |                                       |
| Academic Progress:                        |                                       |
| Academic Activity Level:                  |                                       |
| Previous Transplant//Organ                | Display Only - Cascades from Database |
| Previous Transplant//Date                 | Display Only - Cascades from Database |
| Previous Transplant//Graft Fail Date      | Display Only - Cascades from Database |
| Source of Payment//Primary:               |                                       |
| Foreign Government//Specify:              |                                       |
| Date of Measurement:                      |                                       |
| Height Measurement Date                   |                                       |
| Height in cm://Height:                    |                                       |
| Height Status//ST=                        | Value or status is reported, not both |
| Height Growth percentiles//%ile           | Calculated for display only           |
| Weight Measurement Date                   |                                       |
| Weight in kg://Weight:                    |                                       |
| Weight Status//ST=                        | Value or status is reported, not both |
| Weight Growth percentiles//%ile           | Calculated for display only           |
| BMI:                                      | Display Only - Cascades from Database |
| BMI://%ile                                | Calculated for display only           |
| ABO Blood Group:                          | Display Only - Cascades from Waitlist |
| Primary Diagnosis:                        |                                       |
| Primary Diagnosis//Specify:               |                                       |

|  |              |
|--|--------------|
| Secondary Diagnosis:                           | Not required |
| Secondary Diagnosis//Specify:                  |              |
| Diabetes:                                      |              |
| Any previous Malignancy:                       |              |
| Any previous Malignancy//Specify Type:         |              |
| Cholangiocarcinoma//Neoadjuvant Therapy        |              |
| Any previous Malignancy//Specify:              |              |
| Has the candidate ever had a diagnosis of HCC? |              |
| Previous Upper Abdominal Surgery:              |              |
| Spontaneous Bacterial Peritonitis:             |              |
| History of Portal Vein Thrombosis:             |              |
| History of TIPSS:                              |              |

xx/20xx

Procurement and Transplantation Network (OPTN) collects this information in order to determine whether applicants meet OPTN Bylaw requirements for membership and compliance of member organizations with OPTN Obligations. An agency may not conduct a collection of information unless it displays a currently valid OMB control number for this information collection is 0915-0157 and it is valid until 12/31/2015. A collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected is protected by the Privacy Act System of Records #09-15-0055. Data collected by the Contractor is well protected by a number of the Contractor's security features. The Contractor's collection meets the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Information Systems, and the Department's Automated Information Systems Security Program. The burden for this collection of information is estimated to average 0.27 hours per response 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, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).