TRF (6 Month - 5 Year) - Liver - Adult Fields to be completed by members

Form Section	Field Label	Notes
Recipient Information	Organ Type	Display Only - Cascades from Database
Recipient Information	Follow-up code	Display Only - Cascades from Database
Recipient Information	Recipient First Name	Display Only - Cascades from TCR
Recipient Information	Recipient Last Name	Display Only - Cascades from TCR
Recipient Information	Recipient Middle Initial	Display Only - Cascades from TCR
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender	Display Only - Cascades from TCR
Recipient Information	Tx Date	Display Only - Cascades from Database
Recipient Information	Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Information	Transplant Discharge Date	
Recipient Information	State of Permanent Residence	
Recipient Information	Zip Code	
Provider Information	Recipient Center	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Follow-up Center Code	Display Only - Cascades from Database
Provider Information	Follow-up Center Type	Display Only - Cascades from Database
Provider Information	Physician Name	
Provider Information	NPI#	
Provider Information	Follow-up Care Provided By	
Provider Information	Follow-up Care Provided By//Specify	
Donor Information	UNOS Donor ID #	Display Only - Cascades from Database
Donor Information	Donor Type	Display Only - Cascades from Database
Donor Information	OPO	Display Only - Cascades from feedback
Patient Status	Date: Last Seen, Retransplanted or Death	
Patient Status	Patient Status	
Patient Status	Primary Cause of Death	
Patient Status	Primary Cause of Death//Specify	
Patient Status	Contributory Cause of Death	Not required
Patient Status	Contributory Cause of Death//Specify	Not required
Patient Status	Contributory Cause of Death	Not required
Patient Status	Contributory Cause of Death//Specify	Not required
	Has the patient been hospitalized since the last patient	
Patient Status	status date	
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Patient Status Patient Status Patient Status Clinical Information	Working for income Primary Insurance at Follow-up Primary Source of Payment, Specify Pathology confirmed liver diagnosis at hospital discharge	
Patient Status Patient Status Patient Status Clinical Information Clinical Information	Working for income Primary Insurance at Follow-up Primary Source of Payment, Specify Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge	
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Patient Status Patient Status Patient Status Clinical Information	Working for income Primary Insurance at Follow-up Primary Source of Payment, Specify Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Graft Status Date of Failure Primary Non-Function Hepatic Artery Thrombosis	
Patient Status Patient Status Patient Status Clinical Information	Working for income Primary Insurance at Follow-up Primary Source of Payment, Specify Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Graft Status Date of Failure Primary Non-Function Hepatic Artery Thrombosis Other Vascular Thrombosis	
Patient Status Patient Status Patient Status Clinical Information	Working for income Primary Insurance at Follow-up Primary Source of Payment, Specify Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Graft Status Date of Failure Primary Non-Function Hepatic Artery Thrombosis Other Vascular Thrombosis	
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Clinical Information	Lab Date	
Clinical Information	Total Bilirubin	
Clinical Information	Total Bilirubin://Status	Value or status is reported, not both
Clinical Information	Most Recent Serum Creatinine	
Clinical Information	Most Recent Serum Creatinine://Status	Value or status is reported, not both
Clinical Information	New diabetes onset between last follow-up to the current follow-up	
Clinical Information	Insulin dependent	
Clinical Information	Did patient have any acute rejection episodes during the follow-up period	
Clinical Information	Post Transplant Malignancy	
Clinical Information	Donor Related	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	De Novo Solid Tumor	
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	
Immunosuppressive Information	Were any medications given during the follow-up period for maintenance	
Immunosuppressive Information	Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppressive Information	Immunosuppression medication	
Immunosuppressive Information	Immunosuppression medication 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 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, 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.

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

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ PI the following OPTN functions: to to monitor compliance of meml not required to respond to, a cc control number for this informa required to obtain or retain a but (Privacy Act System of Records: number of the Contractor's seci prescribed by OMB Circular A-1 Automated Information System estimated to average 0.27 hour and completing and reviewing to of this collection of information Lane, Room 14N136B, Rockville

TRF (6 Month - 5 Year) - Liver - 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	
Cognitive Development	
Motor Development	
Working for income	
Academic Progress	
Academic Progress	
Academic Progress Academic Activity Level	
Academic Progress Academic Activity Level Primary Insurance at Follow-up	
Academic Progress Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify	
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Academic Progress Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Date of Measurement Height Measurement Date	
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Academic Progress Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Date of Measurement Height Measurement Date Height Percentile Weight Percentile Weight Measurement Date Weight Measurement Date Weight Wight Percentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge hospital discharge HIV Serology HIV NAT HbsAg	Value or status is reported, not both Calculated for display only Display Only - Cascades from Database
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HCV NAT	
Graft Status	
Date of Failure	
Primary Non-Function	
Hepatic Artery Thrombosis	
Other Vascular Thrombosis	
Hepatic Outflow Obstruction	
Portal Vein Thrombosis	
Diffuse Cholangiopathy	
Hepatitis: DeNovo	
Hepatitis: Recurrent	
Recurrent Disease (non-Hepatitis)	
Acute Rejection	
Infection	
intection	
Other, Specify	
Other, Specify	
Lab Date	
Total Bilirubin	
Total Bilirubin://Status	Value or status is reported, not both
Most Recent Serum Creatinine	Value or status is reported, not both
Most Recent Serum Creatinine://Status	Value or status is reported, not both
to the current follow-up	Value or status is reported, not both
Insulin dependent	•
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	Display Only - Cascades from Database
Immunosuppression medication indication	

:X/20XX

rocurement and Transplantation Network (OPTN) collects this information in order to perform o assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and per organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is illection of information unless it displays a currently valid OMB control number. The OMB ition collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is anefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a urity features. The Contractor's security system meets or exceeds the requirements as 30, Appendix III, Security of Federal Automated Information Systems, and the Departments security Program Handbook. The public reporting burden for this collection of information is sper response, including the time for reviewing instructions, searching existing data sources, he collection of information. Send comments regarding this burden estimate or any other aspect, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers, Maryland, 20857 or paperwork@hrsa.gov.