## TRF - Intestine - Adult Fields to be completed by members

Field label	Notes
	from Database
	from Database
1	from TCR
*	from TCR
	from TCR
SSN	from TCR
HIC	from TCR
Previous Follow-up	from prior TRF
DOB	from TCR
Gender	from TCR
Tx Date	from Database
Previous Px Stat Date	from prior TRF
Transplant Discharge Date	
*	
•	from TCR
	from TCR
•	from Database
	from Database
	from Database
	from Database from Database
	from Database from feedback
	Iroili leedback
1 3	Not required
patient status date	
Functional Status	
Working for income	
Deinson Issues at Falles on	
3 1 1	
Graft Status	
Graft Status TPN Dependent	
Graft Status TPN Dependent IV Dependent	
Graft Status TPN Dependent IV Dependent Oral Feeding	
Graft Status TPN Dependent IV Dependent	
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding	
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure	
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure Primary Cause of Failure	
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure Primary Cause of Failure Primary Cause of Failure/Other, Specify	
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure Primary Cause of Failure Primary Cause of Failure/Other, Specify New diabetes onset between last follow-up to the	
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure Primary Cause of Failure Primary Cause of Failure/Other, Specify New diabetes onset between last follow-up to the current follow-up	
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure Primary Cause of Failure Primary Cause of Failure//Other, Specify New diabetes onset between last follow-up to the current follow-up Insulin dependent Most Recent Lab date Serum Creatinine	
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure Primary Cause of Failure Primary Cause of Failure/Other, Specify New diabetes onset between last follow-up to the current follow-up Insulin dependent Most Recent Lab date	not both
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure Primary Cause of Failure Primary Cause of Failure//Other, Specify New diabetes onset between last follow-up to the current follow-up Insulin dependent Most Recent Lab date Serum Creatinine Creatinine://Status Did patient have any acute rejection episodes	not both
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure Primary Cause of Failure Primary Cause of Failure//Other, Specify New diabetes onset between last follow-up to the current follow-up Insulin dependent Most Recent Lab date Serum Creatinine Creatinine://Status Did patient have any acute rejection episodes during the follow-up period	not both
Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feeding Date of Failure Primary Cause of Failure Primary Cause of Failure//Other, Specify New diabetes onset between last follow-up to the current follow-up Insulin dependent Most Recent Lab date Serum Creatinine Creatinine://Status Did patient have any acute rejection episodes	not both
	HIC Previous Follow-up DOB Gender Tx Date Previous Px Stat Date Transplant Discharge Date State of Permanent Residence Zip Code Recipient Center Recipient Center Type Follow-up Center Code Follow-up Center Type Physician Name NPI# Follow-up Care Provided By Contributory Care Provided By Primary Cause of Death Patient Status Primary Cause of Death Primary Cause of Death Contributory Cause of Death Functional Status

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Recipient Information
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Donor Information
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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 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 estimate or any other aspect of this collection of information, including suggestions for reducing this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden estimate or any other aspect of this collection of information, including suggestions for reducing this purden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Clinical Information
Clinical Information
Immunosuppressive Information
Immunosuppressive Information
Immunosuppressive Information
Immunosuppressive Information

OMB No. 0915-0157 Expiration Date: XX/

## PUBLIC BURDEN STATEMENT:

The private, non-profit Organ | perform the following OPTN ft OPTN ft OPTN ft, and to monitor complia and a person is not required to number. The OMB control nur information collection is requii Privacy Act protection (Privacy well protected by a number of requirements as prescribed by the Departments Automated I collection of information is est searching existing data source burden estimate or any other HRSA Reports Clearance Office.

## TRF - Intestine - 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 SSN	Display Only - Cascades from TCR 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
ОРО	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	
Functional Status	
Cognitive Development	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Insurance at Follow-up	
Primary Source of Payment, Specify	
Date of Measurement	
Height Measurement Date	
Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
Weight Measurement Date	
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI Percentile	Calculated for display only
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV/Caralaga	
HCV Serology HCV NAT Graft Status	

IV Dependent	
Oral Feeding	
Tube Feeding	
Date of Failure	
Primary Cause of Failure	
Primary Cause of Failure//Other, Specify	
to the current follow-up	
Insulin dependent	
Most Recent Lab date	
Total Bilirubin	
Total Bilirubin://Status	Value or status is reported, not both
Serum Creatinine	•
Creatinine://Status	Value or status is reported, not both
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	
Coronary Artery Disease Since Last Follow-up	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow- up Medications	Display Only - Cascades from Database
Immunosuppression medication	•
Immunosuppression medication indication	

/XX/20XX

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