



Information collection is required  
Privacy Act protection (Privacy  
well protected by a number of  
requirements as prescribed by  
the Departments Automated In  
collection of information is esti  
searching existing data sources  
burden estimate or any other a  
HRSA Reports Clearance Officer

**TRF (Post 5-Year) - 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	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
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	
Functional Status	
Cognitive Development	
Motor Development	
<b>Date of Measurement</b>	
<b>Height Measurement Date</b>	
Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
<b>Weight Measurement Date</b>	
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
<b>BMI Percentile</b>	Calculated for display only
Graft Status	
Date of Failure	
Primary Cause of Failure	
Primary Cause of Failure//Other, Specify	
Most Recent Serum Creatinine	
If Functioning, Most Recent Serum Creatinine//Status	Value or status is reported, not both
Diabetes onset during the follow-up period	
Insulin dependent	
Coronary Artery Disease Since Last Follow-up	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	

01/20XX

Procurement and Transplantation Network (OPTN) collects this information in order to determine whether applicants meet OPTN Bylaw requirements for membership in the network of member organizations with OPTN Obligations. An agency may not conduct or sponsor, respond to, 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 XX/XX/202X. This information is required to obtain or retain a benefit per 42 CFR 61.211 (b)(2). All data collected will be subject to

ed to obtain or retain a benefit per 42 CFR §121.110(f)(2). All data collected will be subject to Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are the Contractor's security features. The Contractor's security system meets or exceeds the OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and information Systems Security Program Handbook. The public reporting burden for this mated to average 0.27 hours per response, including the time for reviewing instructions, , and completing and reviewing the collection of information. Send comments regarding this spect of this collection of information, including suggestions for reducing this burden, to r, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.