

**TRF - Kidney - Adult**  
**Fields to be completed by members**

Form Section	Field label	Notes	Form Section
Recipient Information	Organ Type	Display Only - Cascades from Database	Recipient Information
Recipient Information	Follow-up code	Display Only - Cascades from Database	Recipient Information
Recipient Information	Recipient First Name	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Recipient Last Name	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Recipient Middle Initial	Display Only - Cascades from TCR	Recipient Information
Recipient Information	SSN	Display Only - Cascades from TCR	Recipient Information
Recipient Information	HIC	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF	Recipient Information
Recipient Information	DOB	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Gender	Display Only - Cascades from TCR	Recipient Information
Recipient Information	Tx Date	Display Only - Cascades from Database	Recipient Information
Recipient Information	Previous Px Stat Date	Display Only - Cascades from prior TRF	Recipient Information
Recipient Information	Transplant Discharge Date		Recipient Information
Recipient Information	State of Permanent Residence		Recipient Information
Recipient Information	Zip Code		Recipient Information
Provider Information	Recipient Center	Display Only - Cascades from TCR	Provider Information
Provider Information	Recipient Center Type	Display Only - Cascades from TCR	Provider Information
Provider Information	Follow-up Center Code	Display Only - Cascades from Database	Provider Information
Provider Information	Follow-up Center Type	Display Only - Cascades from Database	Provider Information
Provider Information	Physician Name		Provider Information
Provider Information	NPI#		Provider Information
Provider Information	Follow-up Care Provided By		Provider Information
Provider Information	Follow-up Care Provided By//Specify		Provider Information
Donor Information	UNOS Donor ID #	Display Only - Cascades from Database	Donor Information
Donor Information	Donor Type	Display Only - Cascades from Database	Donor Information
Donor Information	OPO	Display Only - Cascades from feedback	Donor Information
Patient Status at Time of Follow-up	Date: Last Seen, Retransplanted or Death		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Patient Status		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Primary Cause of Death		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Primary Cause of Death//Specify		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Contributory Cause of Death	Not required	Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Contributory Cause of Death//Specify	Not required	Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Contributory Cause of Death	Not required	Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Contributory Cause of Death//Specify	Not required	Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Has the patient been hospitalized since the last patient status date		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Disease Recurrence		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Disease Recurrence	Display Only - Cascades from Database	Patient Status at Time of Follow-up
<b>Clinical Information</b>	<b>Confirmed Biopsy from Previous Follow-up</b>	<b>Display Only - Cascades from Database</b>	<b>Clinical Information</b>
Patient Status at Time of Follow-up	Functional Status		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Working for income		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Primary Insurance at Follow-up		Patient Status at Time of Follow-up
Patient Status at Time of Follow-up	Primary Source of Payment, Specify		Patient Status at Time of Follow-up
Clinical Information	HIV Serology		Patient Status at Time of Follow-up
Clinical Information	HIV NAT		Patient Status at Time of Follow-up
Clinical Information	HbsAg		Patient Status at Time of Follow-up
Clinical Information	HBV DNA		Patient Status at Time of Follow-up
Clinical Information	HBV Core Antibody		Clinical Information
Clinical Information	HCV Serology		Clinical Information
Clinical Information	HCV NAT		Clinical Information



is required to obtain or retain a  
(Privacy Act System of Records #  
number of the Contractor's sect  
prescribed by OMB Circular A-11:  
Automated Information System:  
estimated to average 0.27 hours;  
and completing and reviewing tl  
aspect of this collection of infor  
5600 Fishers Lane, Room 14N13

**TRF - Kidney - 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	
Disease Recurrence	
Disease Recurrence	Display Only - Cascades from Database
<del>Confirmed Biopsy from Previous Follow-up</del>	<del>Display Only - Cascades from Database</del>
Functional Status	
Cognitive Development	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Insurance at Follow-up	
Primary Source of Payment, Specify	
<del>Date of Measurement</del>	
<del>Height Measurement Date</del>	
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 Serology	
HCV NAT	
New diabetes onset between last follow-up to the current follow-up	
If yes, insulin dependent	
Graft Status	
Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
Dialysis Since Last Follow-up	
Date Maintenance Dialysis Resumed	
Did patient have any acute rejection episodes during the follow-up period	
Is growth hormone therapy used during this follow-up period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
Post Tx De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Fracture in the past year (or since last follow-up)	
Specify Location and number of fractures	
Spine-compression fracture	
Specify Location and number of fractures	
Extremity	
Specify Location and number of fractures	
Other	
AVN (avascular necrosis)	
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	

4/20XX

Measurement and Transplantation Network (OPTN) collects this information in order to perform  
to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN;  
member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a  
id to, a collection of information unless it displays a currently valid OMB control number. The  
ormation collection is 0915-0157 and it is valid until XX/XX/202X. This information collection  
benefit per 42 CFR 81.211 (b)(2). All data collected will be subject to Privacy Act protection.

GENERAL POLICY STATEMENT: 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 variety of features. The Contractor's security system meets or exceeds the requirements as set forth in the Department of Health and Human Services Security Program Handbook, Appendix III, Security of Federal Automated Information Systems, and the Department of Health and Human Services Security Program Handbook. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and collecting the data, and reviewing and collecting the data. 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 5804, Rockville, Maryland, 20857 or paperwork@hrsa.gov.