TRF - Kidney - 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	
Recipient 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
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 at Time of Follow-up	Date: Last Seen, Retransplanted or Death	
Patient Status at Time of Follow-up	Patient Status	
Patient Status at Time of Follow-up	Primary Cause of Death	
Patient Status at Time of Follow-up	Primary Cause of Death//Specify	
Follow-up	Fillinary Cause of Death//Specify	
Clinical Information	Graft Status	
Clinical Information	If Functioning, Most Recent Serum Creatinine	
Clinical Information	If Functioning, Most Recent Serum Creatinine//Status	Value or status is reported, not both
Clinical Information	Date of Graft Failure:	-
Clinical Information	Primary Cause of Graft Failure:	
Clinical Information	Primary Cause of Graft Failure//Other, Specify:	
Clinical Information	Post Transplant Malignancy	
Clinical Information	Donor Related	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	Post Tx De Novo Solid Tumor	
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	

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.

Form Section **Recipient Information Recipient Information** Recipient Information **Recipient Information Recipient Information Recipient Information** Provider Information Provider Information Provider Information **Provider Information** Donor Information Donor Information Donor Information Patient Status at Time of Follow-up Clinical Information Clinical Information

Clinical Information

OMB No. 0915-0157 Expiration Date: XX

PUBLIC BURDEN STATEMENT

PUBLIC BURDEN STATEMENT The private, non-profit Organ perform the following OPTN fi OPTN; and to monitor compli: and a person is not required to number. The OMB control nui information collection is requi Privacy Act protection (Privacy well protected by a number of requirements as prescribed by the Departments Automated collection of information is est searching existing data source burden estimate or any other HRSA Reports Clearance Offici

TRF - Kidney - Pediatric Fields to be completed by members

Field label	Notos	
Field label Organ Type	Notes 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		
Timary Cause of Death		
Primary Cause of Death//Specify		
Timaly Gause of Dealay opening		
Functional Status		
Cognitive Development		
Motor Development		
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	
Vide and County Status		
Kidney Graft Status		
If Functioning, Most Recent Serum Creatinine		
If Functioning, Most Recent Serum Creatinine//Status	Value or status is reported, not both	
Kidney Date of Graft Failure:	·	
Primary Cause of Graft Failure:		
Primary Cause of Graft Failure//Other,		
Specify:		
New diabetes onset between last follow-up		
to the current follow-up		
If yes, insulin dependent		
Coronary Artery Disease Since Last Follow		
up Post Transplant Malignancy		
Donor Related		
Recurrence of Pre-Tx Tumor		
Post Tx De Novo Solid Tumor		

De Novo Lymphoproliferative disease and Lymphoma

(/XX/20XX

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