TRF - Pancreas - Adult Fields to be completed by members

Form Section	Field label	Notes
Recipient Information Recipient Information	Organ Type Follow-up code	Display Only - Cascades from Database 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
Detient Status	Has the patient been hospitalized since the	
Patient Status Patient Status	last patient status date Functional Status	
	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Insurance at Follow-up	
Patient Status	Primary Source of Payment, Specify	
Clinical Information	Weight	
Clinical Information	Weight//Status	Value or status is reported, not both
Clinical Information	HIV Serology	· · · · · · · · · · · · · · · · ·
Clinical Information	HIV NAT	
Clinical Information	HbsAg	
Clinical Information	HBV DNA	
Clinical Information	HBV Core Antibody	
Clinical Information	HCV Serology	
Clinical Information	HCV NAT	
Clinical Information	Graft Status	
	Patient using any method of blood sugar	
Clinical Information	control?	
		New field if pancreas graft status is
		functioning. Modification to current label if
Clinical Information	Patient on insulin?	graft status is failed.
		New field if pancreas graft status is
	Dete in a lin an and a	functioning. Modification to current label if
Clinical Information	Date insulin resumed	graft status is failed.
Clinical Information	Date insulin resumed//ST=	Value or status is reported, not both
Clinical Information	Total insulin dosage units	
Clinical Information	Total insulin dosage units//ST	Value or status is reported, not both
Clinical Information	Insulin duration of use	
Clinical Information	Insulin duration of use//ST	Value or status is reported, not both

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

Clinical Information

Clinical Information

Clinical Information	Data and mediantian-	New field if pancreas graft status is functioning. Modification to current label if	Cl:-:1 I- (
Clinical Information	Date oral medications resumed	graft status is failed.	Clinical Inform
Clinical Information	Date oral medications resumed//ST=	Value or status is reported, not both	Clinical Inform
		New field if pancreas graft status is	
		functioning. Modification to current label if	
Clinical Information	Patient using diet to control blood sugar	graft status is failed.	Clinical Inform
Clinical Information	Date of Graft Failure		Clinical Inform
Clinical Information	C-Peptide Value		Clinical Inform
Clinical Information	C-Peptide Value://ST=	Value or status is reported, not both	Clinical Inform
Clinical Information	Hba1c (%)	value of status is reported, not both	Clinical Inform
Clinical Information	Hba1c (%)//Status	Value or status is reported, not both	Clinical Inform
Clinical Information	Primary Cause of Graft Failure	value of status is reported, not both	Clinical Inform
chinear information	Primary Cause of Graft Failure//Other,		Chinical Inform
Clinical Information	Specify		Clinical Inform
Clinical Information	Graft/Vascular Thrombosis		Clinical Inform
Clinical Information	Infection		Clinical Inform
Clinical Information	Bleeding		Clinical Inform
Clinical Information	Anastomotic Leak		Clinical Inform
Clinical Information	Acute Rejection		Clinical Inform
Clinical Information	Chronic Rejection		Clinical Inform
Clinical Information	Biopsy Proven Isletitis		Clinical Inform
Clinical Information	Pancreatitis		Clinical Inform
Clinical Information	Patient Noncompliance		Clinical Inform
Clinical Information	Contributory Cause of Graft Failure//Other, Specify		Clinical Inform
Clinical Information	Conv. From Bladder to Enteric Drain Performed		Clinical Inform
Clinical Information	If Yes, Enteric Drainage Date		Clinical Inform
Clinical Information	Most Recent Serum Creatinine		Clinical Inform
Clinical Information	Most Recent Serum Creatinine//Status	Value or status is reported, not both	Clinical Inform
	Pancreas Transplant Complications (Not	F	
Clinical Information	leading to graft failure)	Display Only - Cascades from Database	Clinical Inform
Clinical Information	Pancreatitis		Clinical Inform
Clinical Information	Anastomotic Leak		Clinical Inform
Clinical Information	Abscess or Local Infection		Clinical Inform
Clinical Information	Other Complications Did patient have any acute rejection episodes		Clinical Inform
Clinical Information	during the follow-up period		Clinical Inform
Clinical Information	Post Transplant Malignancy		Clinical Inform
Clinical Information	Donor Related		Clinical Inform
Clinical Information	Recurrence of Pre-Tx Tumor		Clinical Inform
Clinical Information	De Novo Solid Tumor		Clinical Inform
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma		Clinical Inform
Immunosuppressive Information	Were any medications given during the follow-up period for maintenance		Clinical Inform
Immunosuppressive Information	Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database	Clinical Inform
Immunosuppressive Information	Immunosuppression medication		Clinical Inform
Immunosuppressive			
Information	Immunosuppression medication indication		Clinical Inform

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

mation rmation rmation rmation mation rmation mation rmation rmation mation rmation rmation mation rmation rmation rmation rmation rmation rmation rmation rmation mation rmation Clinical Information Clinical Information Clinical Information Clinical Information Ine 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 0915-09157 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, acoust for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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

OMB No. 0915-0157 Expiration Date: >

PUBLIC BURDEN STATEMEN

The private, non-profit Orgal perform the following OPTH the OPTN; and to monitor cc sponsor, and a person is not control number. The OMB cc This information collection is subject to Privacy Act protec OPTN also are well protecter or exceeds the requirements Information Systems, and th reporting burden for this col reviewing instructions, searc comments regarding this buu reducing this burden, to HRS or paperwork@hrsa.gov.

TRF - Pancreas - Pediatric Fields to be completed by members

T: 1111 1	DT -
Field label	Notes
Organ Type Follow-up code	Display Only - Cascades from Database 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
	Display Only - Cascades from prior TRF
Previous Follow-up	
DOB	Display Only - Cascades from TCR Display Only - Cascades from TCR
Gender	Display Only - Cascades from Database
Tx Date Previous Px Stat Date	1 0 0
	Display Only - Cascades from prior TRF
Transplant Discharge Date State of Permanent Residence	
Zip Code	
•	Display Only Cassadas from TCD
Recipient Center	Display Only - Cascades from TCR Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR Display Only - Cascades from Database
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	Diaplay Only Consider to Divid
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	NT / J
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 Activity Level	
Primary Insurance at Follow-up	
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	calculated for display only
Weight	
Weight//Status	Value or status is reported, not both
Weight/outus	value of status is reported, not boar
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	
Graft Status	
Patient using any method of blood sugar	
control?	
	New field if pancreas graft status is
	functioning. Modification to current label
Patient on insulin?	if graft status is failed.
	New field if pancreas graft status is
	functioning. Modification to current label
Date insulin resumed	if graft status is failed.
Date insulin resumed//ST=	Value or status is reported, not both
Total insulin dosage units	
Total insulin dosage units//ST	Value or status is reported, not both
Insulin duration of use	
Insulin duration of use//ST	Value or status is reported, not both
	-
Patient on oral medication to control blood	New field if pancreas graft status is functioning. Modification to current label
sugar	if graft status is failed.
	0
	New field if pancreas graft status is functioning. Modification to current label
Date oral medications resumed	if graft status is failed.
Date oral medications resumed//ST=	Value or status is reported, not both
	New field if pancreas graft status is
	functioning. Modification to current label
Patient using diet to control blood sugar	if graft status is failed.
Date of Graft Failure	
C-Peptide Value	
C-Peptide Value://ST= Hba1c (%)	Value or status is reported, not both
110410 (70)	
Hba1c (%)//Status	Value or status is reported, not both
	·
Primary Cause of Graft Failure	
Primary Cause of Graft Failure//Other,	
Specify	
Graft/Vascular Thrombosis	
Infection	
Bleeding	
Anastomotic Leak Acute Rejection	
Chronic Rejection	
Biopsy Proven Isletitis	
F0_F0_F0_F0_F0_F0_F0_F0_F0_F0_F0_F0_	
Pancreatitis	
Patient Noncompliance	
Contributory Cause of Graft Failure//Other,	
Specify	
Conv. From Bladder to Enteric Drain Performed	
If Yes, Enteric Drainage Date	
Il Tes, Eliteric Dialitage Date	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
Pancreas Transplant Complications (Not	
leading to graft failure)	Display Only - Cascades from Database
Pancreatitis	
Anastomotic Leak	
Abscess or Local Infection	
Other Complications	
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	

Immunosuppression medication indication

(X/XX/20XX

T:

T: n Procurement and Transplantation Network (OPTN) collects this information in order to functions: to assess whether applicants meet OPTN Bylaw requirements for membership in mpliance of member organizations with OPTN Obligations. An agency may not conduct or required to respond to, a collection of information unless it displays a currently valid OMB ontrol number for this information collection is 0915-0157 and it is valid until XX/XX/202X. ; required to obtain or retain a benefit per 42 CFR \$121.11(b)(2). All data collected will be tion (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit d by a number of the Contractor's security features. The Contractor's security system meets is as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated e Departments Automated Information Systems Security Program Handbook. The public lection of information is estimated to average 0.27 hours per response, including the time for hing existing data sources, and completing and reviewing the collection of information. Send rden estimate or any other aspect of this collection of information, including suggestions for iA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857