## TRF (6 Month - 5 Year) - Kidney/Pancreas - Adult Fields to be completed by members

	T: 111 1 1	NT (
Form Section Recipient Information	Field label Organ Type	Notes 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	
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	If Retransplanted, choose organ(s)	
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
Patient Status	Has the patient been hospitalized since the	
Patient Status	last patient status date Functional Status	
ratient Status	Functional Status	
Patient Status	Working for income	
	Primary Insurance at Follow-up	
Patient Status	Finnary insurance at Fonow-up	
Patient Status Patient Status	Primary Source of Payment, Specify	
	Primary Source of Payment, Specify Weight	
Patient Status	Primary Source of Payment, Specify	Value or status is reported, not both
Patient Status <del>Clinical Information</del>	Primary Source of Payment, Specify Weight Weight//Status HIV Serology	Value or status is reported, not both
Patient Status Clinical Information Clinical Information	Primary Source of Payment, Specify Weight Weight//Status	Value or status is reported, not both
Patient Status Clinical Information Clinical Information Clinical Information	Primary Source of Payment, Specify Weight/Status HIV Serology HIV NAT HbsAg	<del>Value or status is reported, not both</del>
Patient Status Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information	Primary Source of Payment, Specify Weight/Status HIV Serology HIV NAT HbsAg HBV DNA	Value or status is reported, not both
Patient Status Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information	Primary Source of Payment, Specify Weight/Status HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody	<del>Value or status is reported, not both</del>
Patient Status Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information	Primary Source of Payment, Specify Weight/Status HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology	Value or status is reported, not both
Patient Status Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information	Primary Source of Payment, Specify Weight/Status HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT	Value or status is reported, not both
Patient Status Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information	Primary Source of Payment, Specify Weight/Status HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology HCV NAT Graft Status	Value or status is reported, not both
Patient Status Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information	Primary Source of Payment, Specify         Weight//Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV NAT         Graft Status         If Functioning, Most Recent Serum	Value or status is reported, not both
Patient Status Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information	Primary Source of Payment, Specify         Weight//Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV NAT         Graft Status         If Functioning, Most Recent Serum         Creatinine	Value or status is reported, not both
Patient Status Clinical Information Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV NAT         Graft Status         If Functioning, Most Recent Serum         Creatinine         If Functioning, Most Recent Serum	
Patient Status Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV NAT         Graft Status         If Functioning, Most Recent Serum         Creatinine         If Functioning, Most Recent Serum         Creatinine://Status	Value or status is reported, not both
Patient Status         Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV Sacology         HCV Sacology         HCV Sacology         HCV NAT         Graft Status         If Functioning, Most Recent Serum         Creatinine         If Functioning, Most Recent Serum         Creatinine://Status         Date of Graft Failure:	
Patient Status Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV NAT         Graft Status         If Functioning, Most Recent Serum         Creatinine         If Functioning, Most Recent Serum         Creatinine://Status         Date of Graft Failure:         Primary Cause of Graft Failure:	
Patient Status Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV NAT         Graft Status         If Functioning, Most Recent Serum         Creatinine         If Functioning, Most Recent Serum         Creatinine://Status         Date of Graft Failure:         Primary Cause of Graft Failure//Other,	
Patient Status         Clinical Information	Primary Source of Payment, Specify         Weight//Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV Sarology         HCV NAT         Graft Status         If Functioning, Most Recent Serum Creatinine         If Functioning, Most Recent Serum Creatinine://Status         Date of Graft Failure:         Primary Cause of Graft Failure:         Primary Cause of Graft Failure, Other, Specify:	
Patient Status         Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV NAT         Graft Status         If Functioning, Most Recent Serum         Creatinine         If Functioning, Most Recent Serum         Creatinine://Status         Date of Graft Failure:         Primary Cause of Graft Failure//Other,	
Patient Status         Clinical Information	Primary Source of Payment, Specify         Weight//Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV Sarology         HCV NAT         Graft Status         If Functioning, Most Recent Serum Creatinine         If Functioning, Most Recent Serum Creatinine://Status         Date of Graft Failure:         Primary Cause of Graft Failure:         Primary Cause of Graft Failure, Other, Specify:	
Patient Status Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV RAT         Graft Status         If Functioning, Most Recent Serum         Creatinine         If Primary Cause of Graft Failure:         Primary Cause of Graft Failure         Primary Cause of Graft Failure         Primary Since Last Follow-up	
Patient Status Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV RAT         Graft Status         If Functioning, Most Recent Serum         Creatinine         If Primary Cause of Graft Failure:         Primary Cause of Graft Failure         Primary Cause of Graft Failure         Primary Since Last Follow-up	
Patient Status         Clinical Information         Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV Serology         HCV Serology         HCV Serology         HCV Serology         HCV RAT         Graft Status         If Functioning, Most Recent Serum         Creatinine://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	Value or status is reported, not both
Patient Status         Clinical Information         Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV Serology         HCV Serology         HCV Serology         HCV NAT         Graft Status         If Functioning, Most Recent Serum         Creatinine         If Functioning, Most Recent Serum         Creatinine         Primary Cause of Graft Failure:         Primary Cause of Graft Failure//Other,         Specify:         Dialysis Since Last Follow-up         Date Maintenance Dialysis Resumed         Pancreas Graft Status	Value or status is reported, not both
Patient Status Clinical Information	Primary Source of Payment, Specify         Weight/Status         HIV Serology         HIV NAT         HbsAg         HBV DNA         HBV Core Antibody         HCV Serology         HCV Serology         HCV Serology         HCV Serology         HCV Serology         HCV RAT         Graft Status         If Functioning, Most Recent Serum         Creatinine://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	Value or status is reported, not both

Clinical Information	Date insulin resumed	New field if pancreas graft status is functioning. Modified label if graft status is failed
	Date insumi resumed	
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
Clinical Information	Patient on oral medication to control blood sugar	New field if pancreas graft status is functioning. Modified label if graft status is failed
Clinical Information	Date oral medications resumed	New field if pancreas graft status is functioning. Modified label if graft status is failed
		New field if pancreas graft status is functioning. Modified label if graft status
Clinical Information	Patient using diet to control blood sugar	is failed
Clinical Information	Pancreas Date of Failure	
Clinical Information	C-Peptide Value	
Clinical Information	C-Peptide Value://ST=	Value or status is reported, not both
Clinical Information	Hba1c (%)	
Clinical Information	Hba1c (%)//Status	Value or status is reported, not both
Clinical Information	Dangroos Drimow, Courses of Craft Foilure	
Clinical Information	Pancreas Primary Causes of Graft Failure Specify	
Clinical Information	Pancreas Graft/Vascular Thrombosis	
Clinical Information	Pancreas Infection	
Clinical Information	Pancreas Bleeding	
Clinical Information	Anastomotic Leak	
Clinical Information	Pancreas Rejection: Acute	
Clinical Information	Pancreas Chronic Rejection	
Clinical Information Clinical Information	Biopsy Proven Isletitis Pancreatitis	
Clinical Information	Patient Noncompliance	
Clinical Information	Other, Specify	
Clinical Information	Conv. From Bladder to Enteric Drain Performed	
Clinical Information	Enteric Drain Date	
Clinical Information	Pancreas Transplant Complications (Not leading to graft failure)	Display Only - Cascades from Database
Clinical Information	Pancreatitis	
Clinical Information Clinical Information	Anastomotic Leak Abscess or Local Infection	
Clinical Information	Did patient have any kidney acute rejection episodes during the follow-up period	
	Did patient have any pancreas acute rejection episodes during the follow-up	
Clinical Information	period:	
Clinical Information	Post Transplant Malignancy	
Clinical Information	Donor Related	
Clinical Information Clinical Information	Recurrence of Pre-Tx Tumor De Novo Solid Tumor	
Clinical Information	De Novo Sona Tanioi De Novo Lymphoproliferative disease and Lymphoma	
Clinical Information	Were any medications given during the follow-up period for maintenance	
	Previous Validated Maintenance Follow-	
Immunosuppressive Information	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, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

## TRF (6 Month - 5 Year) - Kidney/Pancreas - Pediatric Fields to be completed by members

Form Section	Field label	Notes
Recipient Information	Organ Type Follow-up code	Display Only - Cascades from Database Display Only - Cascades from Database
Recipient Information 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 Provider Information	Follow-up Care Provided By 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	Display Only - Cascades from recuback
Patient Status	Patient Status	
Patient Status	If Retransplanted, choose organ(s)	
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
Patient Status	Has the patient been hospitalized since the last patient status date	•
Patient Status	Functional Status	
Patient Status at Time of Follow-up	Cognitive Development	
Patient Status at Time of Follow-up	Motor Development	
Patient Status	Working for income	
Patient Status	Academic Progress	
Patient Status	Academic Activity Level	
Patient Status	Primary Insurance at Follow-up	
Patient Status	Primary Source of Payment, Specify	
Clinical Information	Date of Measurement	
Clinical Information	Height Measurement Date	
Clinical Information	Height	
Clinical Information	Height//Status	Value or status is reported, not both
Clinical Information	Height Percentile	Calculated for display only
Clinical Information	Weight Measurement Date	
Clinical Information	Weight	
Clinical Information	Weight//Status	Value or status is reported, not both
Clinical Information	Weight Percentile	Calculated for display only
Clinical Information	BMI	Display Only - Cascades from Database
Clinical Information	BMI Percentile	Calculated for display only
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:	
	Primary Cause of Graft Failure//Other,	
Clinical Information	Specify:	
Clinical Information	Dialysis Since Last Follow-up	
Clinical Information Clinical Information	Date Maintenance Dialysis Resumed Pancreas Graft Status	
	Fancieas Gran Status	
Clinical Information	Patient on insulin?	New field if pancreas graft status is functioning. Modified label if graft status is failed
Clinical Information	Date insulin resumed	New field if pancreas graft status is functioning. Modified label if graft status is failed
Clinical Information	Total insulin dosage units	
Clinical Information	Total insulin dosage units//ST	Value or status is reported, not both
Clinical Information Clinical Information	Insulin duration of use Insulin duration of use//ST	Value or status is reported, not both
		• •
Clinical Information	Patient on oral medication to control blood sugar	New field if pancreas graft status is functioning. Modified label if graft status is failed
Clinical Information	Date oral medications resumed	New field if pancreas graft status is functioning. Modified label if graft status is failed
Clinical Information	Patient using diet to control blood sugar	New field if pancreas graft status is functioning. Modified label if graft status is failed
Clinical Information	Pancreas Date of Failure	
Clinical Information	C-Peptide Value	
Clinical Information	C-Peptide Value://ST=	Value or status is reported, not both
Clinical Information	Hba1c (%)	• · · ·
Clinical Information	Hba1c (%)//Status	Value or status is reported, not both
Clinical Information	Pancreas Primary Causes of Graft Failure	
Clinical Information	Specify	
Clinical Information	Pancreas Graft/Vascular Thrombosis	
Clinical Information	Pancreas Infection	
Clinical Information Clinical Information	Pancreas Bleeding Anastomotic Leak	
	Allastomotic Leak	
Clinical Information	Pancreas Rejection: Acute	
Clinical Information	Pancreas Chronic Rejection	
Clinical Information	Biopsy Proven Isletitis	
Clinical Information	Pancreatitis	
Clinical Information	Patient Noncompliance	
Clinical Information	Other, Specify	
Clinical Information	HIV Serology	
Clinical Information	HIV NAT	
Clinical Information	HIV NAT HbsAg	
Clinical Information	HBV DNA	
Clinical Information	HBV Core Antibody	
Clinical Information	HCV Serology	
Clinical Information	HCV NAT Conv. From Bladder to Enteric Drain	
Clinical Information	Performed	
Clinical Information	Enteric Drain Date	
Clinical Information	Pancreas Transplant Complications (Not leading to graft failure)	
Clinical Information	Pancreatitis	
Clinical Information	Anastomotic Leak	
Clinical Information	Abscess or Local Infection	

Clinical Information	Did patient have any kidney acute rejection episodes during the follow-up period	Value or status is reported, not both
Clinical Information	Did patient have any pancreas acute rejection episodes during the follow-up period:	
Clinical Information	Is growth hormone therapy used during this follow-up period	
Clinical Information	Post Transplant Malignancy	
Clinical Information	Donor Related	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	De Novo Solid Tumor	
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	
Clinical Information	Fracture in the past year (or since last follow-up)	
Clinical Information	Specify Location and number of fractures	
Clinical Information	Spine-compression fracture	
Clinical Information	Specify Location and number of fractures	
Clinical Information	Extremity	
Clinical Information	Specify Location and number of fractures	
Clinical Information	Other	
Clinical Information	AVN (avascular necrosis)	Display Only - Cascades from Database
Immunosuppressive Information	Were any medications given during the follow-up period for maintenance	Display Only - Cascades from Database
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:

Probable BORDEN 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 oublic reporting burden for this the Departments as prescribed by OMB Circular A-130, Appendix in, Security of rederal 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.