

**TRF - VCA - Adult/Pediatric
Fields to be completed by members**

| Form Section | Field Label |
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| Recipient Information | Recipient First Name |
| Recipient Information | Recipient Last Name |
| Recipient Information | Recipient Middle Initial |
| Recipient Information | DOB |
| Recipient Information | SSN |
| Recipient Information | Gender |
| Recipient Information | HIC |
| Recipient Information | Transplant Date |
| Recipient Information | State of Permanent Residence |
| Recipient Information | Permanent zip code |
| Provider Information | Treating Reconstructive Surgeon Name |
| Provider Information | Treating Reconstructive Surgeon NPI# |
| Provider Information | Treating Transplant Physician Name |
| Provider Information | Treating Transplant Physician NPI# |
| Provider Information | Follow-up Care Provided By: |
| Donor Information | UNOS Donor ID # |
| Donor Information | Donor Type |
| Donor Information | OPO |
| Patient Status | Date Last Seen, Retransplanted, or Death |
| Patient Status | Patient Status |
| Patient Status | Primary Cause of Death |
| Patient Status | Primary Cause of Death - Other Specify |
| Patient Status | Has patient been hospitalized since the Last Patient Status Date |
| Patient Status | Number of Hospitalizations |
| Socio-Demographic Information | Working for income |
| Socio-Demographic Information | Working for income - If Yes, indicate the recipient's working status |
| Socio-Demographic Information | Working for income - If No, Not Working Due To |
| Socio-Demographic Information - Source of Payment | Grant funding |
| Socio-Demographic Information - Source of Payment | Institutional funding |
| Socio-Demographic Information - Source of Payment | Primary Source of Payment |
| Socio-Demographic Information - Source of Payment | Primary Source of Payment - Foreign Government, Specify |
| Socio-Demographic Information - Source of Payment | Secondary Source of Payment |
| Functional Status | Cognitive Development |
| Functional Status | Motor Development |
| Functional Status | Psychosocial consult performed |
| Functional Status: Pre-transplant - SF-36 score - Physical Health | Physical Functioning (PF) score |
| Functional Status: Pre-transplant - SF-36 score - Physical Health | Role-Physical (RP) score |
| Functional Status: Pre-transplant - SF-36 score - Physical Health | Bodily Pain (BP) score |
| Functional Status: Pre-transplant - SF-36 score - Physical Health | General Health (GH) score |
| Functional Status: Pre-transplant - SF-36 score - Mental Health | Vitality (VT) score |
| Functional Status: Pre-transplant - SF-36 score - Mental Health | Social Functioning (SF) score |
| Functional Status: Pre-transplant - SF-36 score - Mental Health | Role-Emotional (RE) score |
| Functional Status: Pre-transplant - SF-36 score - Mental Health | Mental Health (MH) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Physical Functioning (PF) score |

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| Functional Status: Pre-transplant - SF-12 score - Physical Health | Role-Physical (RP) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Bodily Pain (BP) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | General Health (GH) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Physical Component Summary (PCS) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Vitality (VT) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Social Functioning (SF) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Role-Emotional (RE) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Mental Health (MH) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Mental Component Summary (MCS) score |
| Functional Status - Upper Limb | DASH Score |
| Functional Status - Upper Limb | Carroll Test Score - Left |
| Functional Status - Upper Limb | Carroll Test Score - Right |
| Functional Status - Upper Limb | Sensibility Test - Semmes-Weinstein - Left |
| Functional Status - Upper Limb | Sensibility Test - Semmes-Weinstein - Right |
| Functional Status - Upper limb | Hot and cold sensation |
| Functional Status - Upper limb | Two-point discrimination test |
| Functional Status - Upper limb | Grip strength and pinch test |
| Functional Status - Upper limb | Is the patient able to make a fist? |
| Functional Status - Upper limb | Can the patient comb their hair? |
| Functional Status - Upper limb | Can the patient open a door? |
| Functional Status - Upper limb | Can the patient write on a piece of paper? |
| Functional Status - Upper limb | Can the patient hold a cup? |
| Functional Status - Head and Neck | Smile restoration |
| Functional Status - Head and Neck | Ability to open and close eyelids |
| Functional Status - Craniofacial | Olfactory function restored |
| Functional Status - Craniofacial - Sensory Testing | 2-point discrimination (mm)-Two-point discrimination test |
| Functional Status - Craniofacial - Sensory Testing - Hot/cold testing | Can feel heat Hot and cold sensation |
| Functional Status - Craniofacial - Sensory Testing - Hot/cold testing | Can feel cold |
| Functional Status - Craniofacial - Motor function | Oral competence |
| Functional Status - Craniofacial - Motor function | Corneal protection |
| Functional Status - Craniofacial | Functional occlusion restored |
| Functional Status - Craniofacial | Decannulation (if the patient had a tracheostomy) |
| Functional Status - Craniofacial | Feeding Tube Removed (if the patient had a feeding tube to start with) |
| Functional Status - Craniofacial - Speech Intelligibility Tests | Speaking rate |
| Functional Status - Craniofacial - Speech Intelligibility Tests | Percent Intelligibility |
| Functional Status - Uterus | Number of embryo transfers during this follow-up period |
| Functional Status - Uterus | {For each transfer} Number of embryo transfers// Embryo transfer date |
| Functional Status - Uterus | {For each transfer} Number of embryo transfers// Reason if no embryo transfer date |
| Functional Status - Uterus | Number of pregnancies post-transplant of uterus during this follow-up period (which may or may not have resulted in a live birth) |
| Functional Status - Uterus | {For each pregnancy} Date of positive pregnancy test result post-transplant |
| Functional Status - Uterus | {For each pregnancy} Date of positive pregnancy test result post-transplant//Reason if no date of positive pregnancy test result |
| Functional Status - Uterus | {For each pregnancy} Date embryonic heartbeat first detected by ultrasound |
| Functional Status - Uterus | {For each pregnancy} Date embryonic heartbeat first detected by ultrasound// Reason if no date of embryonic heartbeat first detected by ultrasound |
| Functional Status - Uterus | {For each pregnancy} Estimated delivery date |

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| Functional Status - Uterus | {For each pregnancy} Estimated delivery date// Reason if no estimated delivery date |
| Functional Status - Uterus | {For each pregnancy} Pregnancy complications |
| Functional Status - Uterus | {For each pregnancy} Pregnancy complications// If yes, specify |
| Functional Status - Uterus | {For each pregnancy} Did pregnancy result in a miscarriage? |
| Functional Status - Uterus | {For each pregnancy} Did pregnancy result in a miscarriage?// If yes, date of miscarriage |
| Functional Status - Uterus | {For each pregnancy} Date of admission to Transplant Center for delivery |
| Functional Status - Uterus | {For each pregnancy} Date of admission to Transplant Center for delivery// Reason if no date of admission to Transplant Center for delivery |
| Functional Status - Uterus | {For each pregnancy} Delivery type |
| Functional Status - Uterus | {For each pregnancy} Delivery type// Delivery date |
| Functional Status - Uterus | {For each pregnancy} Maternal complications at delivery |
| Functional Status - Uterus | {For each pregnancy} Maternal complications at delivery// If yes, specify |
| Functional Status - Uterus | {For each pregnancy} Blood transfusions required following delivery |
| Functional Status - Uterus | {For each pregnancy} Date of discharge from Transplant Center post-delivery |
| Functional Status - Uterus | {For each pregnancy} Date of discharge from Transplant Center post-delivery// Reason if no date of discharge from Transplant Center post-delivery |
| Functional Status - Uterus | {For each pregnancy} Post-delivery complications |
| Functional Status - Uterus | {For each pregnancy} Post-delivery complications// If yes, specify |
| Functional Status - Uterus | {For each pregnancy} Subsequent surgeries since delivery |
| Functional Status - Uterus | {For each surgical procedure} Subsequent surgeries since delivery// If yes, enter each surgical procedure |
| Functional Status - Uterus | {For each surgical procedure} Subsequent surgeries since delivery// Surgical date |
| Functional Status - Uterus | Readmitted to the hospital |
| Functional Status - Uterus | {For each readmission} Readmitted to the hospital// If yes, reason for readmission |
| Functional Status - Uterus | {For each readmission} Readmitted to the hospital// If yes, readmission date |
| Functional Status - Uterus | Hysterectomy performed following successful delivery or due to complication |
| Functional Status - Uterus | Hysterectomy performed following successful delivery or due to complication // Hysterectomy date |
| Functional Status - Uterus | Hysterectomy performed following successful delivery or due to complication // Other specify |
| Functional Status - Uterus | Hysterectomy performed following successful delivery or due to complication // If yes, then specify reason |
| Functional Status - Uterus | Hysterectomy performed following successful delivery or due to complication // If yes and reason is other // Other specify |
| Functional Status - Uterus | Surgical, medical, or psychiatric complications after hysterectomy |
| Functional Status - Uterus | {For each complication} Surgical, medical, or psychiatric complications after hysterectomy// If yes, specify each complication |
| Functional Status - Uterus | {For each complication} Surgical, medical, or psychiatric complications after hysterectomy// If yes, date |
| Functional Status - Uterus | New onset diagnosed psychiatric condition(s) |
| Functional Status - Uterus | New onset diagnosed psychiatric condition(s)// If yes, specify |
| Functional Status - Uterus | Visual changes noted on cervical examination |

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| | Visual changes noted on cervical examination// If yes, specify |
| Functional Status - Uterus | |
| Clinical Information | Height (inches) |
| Clinical Information | Weight (lbs.) |
| Clinical Information | BMI (Body Mass Index) |
| Clinical Information - Noncompliance | Immunosuppression |
| Clinical Information - Noncompliance | Rehabilitation |
| Clinical Information - Noncompliance | Level of Activity |
| Clinical Information - Noncompliance | Other |
| Clinical Information - Noncompliance | Other - Other Specify |
| Clinical Information | Graft Status |
| Clinical Information | Date of Graft Failure |
| | {If Graft Status = Planned Removal} Date of Removal |
| Clinical Information | Acute Rejection |
| Clinical Information - Causes of Graft Failure | Acute Rejection - Banff score |
| Clinical Information - Causes of Graft Failure | Acute Rejection - Visual skin changes |
| Clinical Information - Causes of Graft Failure | Chronic Rejection |
| Clinical Information - Causes of Graft Failure | Chronic Rejection - Visual skin changes |
| Clinical Information - Causes of Graft Failure | Ischemia |
| Clinical Information - Causes of Graft Failure | Vascular complications |
| Clinical Information - Causes of Graft Failure | Sepsis / Infection |
| Clinical Information - Causes of Graft Failure | Trauma |
| Clinical Information - Causes of Graft Failure | Patient requested removal |
| Clinical Information - Causes of Graft Failure | Non-compliance: immunosuppression |
| Clinical Information - Causes of Graft Failure | Non-compliance: rehabilitation |
| Clinical Information - Causes of Graft Failure | Non-compliance: level of activity |
| Clinical Information - Causes of Graft Failure | Non-adherence |
| Clinical Information - Causes of Graft Failure | Other |
| Clinical Information - Causes of Graft Failure | Other - Other Specify |
| Clinical Information - Most Recent Lab Data | Serum Creatinine (mg/dL) |
| Clinical Information - Most Recent Lab Data | Hemoglobin A1c (%) |
| Clinical Information - Most Recent Lab Data | Donor Specific Antibodies (DSA) |
| Clinical Information - Post Transplant | Did patient have any acute rejection episodes during the follow-up period |
| | Did patient have any acute rejection episodes during the follow-up period - Number of episodes |
| Clinical Information - Post Transplant | {For each episode} Date of acute rejection diagnosis |
| Clinical Information | {For each episode} Acute rejection was treated |
| Clinical Information | {For each episode} Visual skin changes |
| | {For each episode} Biopsy was done to confirm acute rejection |
| Clinical Information | {For each episode} Banff Score |
| Clinical Information - Complications | New onset diabetes |
| Clinical Information - Complications | Metabolic Complications |
| Clinical Information - Complications | Infectious Complications |
| Clinical Information - Complications | Other Complications |
| Clinical Information - Complications | Other Complications - Other Specify |
| Clinical Information - Upper limb | Subsequent surgeries required |
| | {For each surgical procedure} Subsequent surgeries required// If yes, enter each surgical procedure |
| Clinical Information - Upper limb | {For each surgical procedure} Subsequent surgeries required// Surgical date |
| Clinical Information | Post Transplant Malignancy |
| Clinical Information - Post-transplant Malignancy | Donor Related |
| Clinical Information - Post-transplant Malignancy - Donor Related | Diagnosis date: |
| Clinical Information - Post-transplant Malignancy - Donor Related | Tumor type |
| Clinical Information - Post-transplant Malignancy | Recurrence of Pre-Tx Tumor |
| Clinical Information - Post-transplant Malignancy - Recurrence of Pretransplant Malignancy | Date of recurrence |
| Clinical Information - Post-transplant Malignancy - Recurrence of Pretransplant Malignancy | Type of pre-existing tumor |
| Clinical Information - Post-transplant Malignancy - Recurrence of Pretransplant Malignancy | Type of pre-existing tumor - Other, Specify |
| Clinical Information - Post-transplant Malignancy | De Novo Solid Tumor |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Diagnosis date |

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| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: Skin: //squamous cell: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: Skin: //basal cell: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: Skin: //melanoma: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Kaposi's sarcoma: cutaneous: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Kaposi's sarcoma: visceral: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Brain: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: Brain: //Other specify: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Renal carcinoma - specify site(s): |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Carcinoma of the uterus: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Ovarian: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Testicular: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Esophagus: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Stomach: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Small intestine: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Pancreas: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Larynx: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Tongue, throat: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Thyroid: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Bladder: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Breast: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Prostate: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Colo-rectal: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Primary hepatic tumor: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Metastatic liver tumor: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Lung: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types://Leukemia: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Sarcomas: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Other cancers: |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Other Cancers: //Site(s): |
| Clinical Information - Post-transplant Malignancy - Post Transplant De Novo Solid Tumor | Tumor Types: //Primary unknown: |
| Clinical Information - Post-transplant Malignancy | De Novo Lymphoproliferative disease and Lymphoma |
| Clinical Information - Post-transplant Malignancy - Post Transplant Lymphoproliferative Disease and Lymphoma | PTLD: //Diagnosis date: |
| Clinical Information - Post-transplant Malignancy - Post Transplant Lymphoproliferative Disease and Lymphoma | PTLD: //Pathology: |
| Clinical Information - Post-transplant Malignancy - Post Transplant Lymphoproliferative Disease and Lymphoma | PTLD: Pathology: //Other Specify: |
| Treatment | Antiviral |
| Treatment | Antibiotic |

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| Treatment | Antifungal |
| Topical Immunosuppressive Medications | Immunosuppression medications |
| Topical Immunosuppressive Medications | Immunosuppression medications - Other Specify |
| Topical Immunosuppressive Medications | Previous maintenance indication |
| Topical Immunosuppressive Medications | Current maintenance indication |
| Topical Immunosuppressive Medications | Anti-rejection indication |
| Non-Topical Immunosuppressive Medications | Immunosuppression medications |
| Non-Topical Immunosuppressive Medications | Immunosuppression medications - Other Specify |
| Non-Topical Immunosuppressive Medications | Previous maintenance indication |
| Non-Topical Immunosuppressive Medications | Current maintenance indication |
| Non-Topical Immunosuppressive Medications | Anti-rejection indication |

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

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Date or reason is reported, not both

Date or reason is reported, not both

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| Not applicable for Uterus |
| Not applicable for Uterus |
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perform the following OPTN functions: to assess
ber organizations with OPTN Obligations. An agency
currently valid OMB control number. The OMB
i is required to obtain or retain a benefit per 42 CFR
Data collected by the private non-profit OPTN also are
ne requirements as prescribed by OMB Circular A-130,
ns Security Program Handbook. The public reporting
ving instructions, searching existing data sources, and
spect of this collection of information, including
Maryland, 20857 or paperwork@hrsa.gov.