TCR - Heart - Adult Fields to be completed by members

Form Section	Field Label	Notes
Provider Information	Transplant Center Code	Display Only - Cascades from Waitlist
Provider Information	Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist
Candidate Information	Organ Registered:	Display Only - Cascades from Waitlist
Candidate Information	Date of Listing or Add:	Display Only - Cascades from Waitlist
Candidate Information Candidate Information	Last Name: First Name:	Cascades from Waitlist Cascades from Waitlist
Candidate Information	Middle Initial://MI:	Not required
Candidate Information	Previous Surname:	Not required
Candidate Information	SSN:	Display Only - Cascades from Waitlist
Candidate Information	Birth Sex:	Cascades from Waitlist
Candidate Information	HIC:	Not required
Candidate Information	Date of Birth://DOB:	Cascades from Waitlist
Candidate Information	State of Permanent Residence:	Cascades from Waitlist
Candidate Information	Permanent ZIP Code:	Cascades from Waitlist
Candidate Information	Ethnicity:	Cascades from Waitlist Cascades from Waitlist
Candidate Information Candidate Information	Race: Citizenship:	Cascades from Waltiist
Candidate Information	Year of Entry to the U.S.	
Candidate Information	Year of Entry to the U.S Status//ST=	Value or status is reported, not both
Candidate Information	Country of Permanent Residence	1
Candidate Information	Highest Education Level:	
Patient Status	Patient on Life Support:	
Patient Status	Oxygenation	
Patient Status	Life Support://Intra Aortic Balloon Pump	
Patient Status	Life Support://Prostaglandins	
Patient Status Patient Status	Life Support://Intravenous Inotropes Life Support://Inhaled NO	
Patient Status Patient Status	Life Support://Innaled NO Life Support://Ventilator	
Patient Status	Life Support://Other Mechanism, Specify	
Patient Status	Life Support: Other Mechanism/Specify:	
Patient Status	Device:	
Patient Status	Life Support://VAD Brand1:	
Patient Status	Life Support://VAD Brand2:	
Patient Status	Life Support:VAD Brand1//Specify:	
Patient Status	Life Support:VAD Brand2//Specify:	
Patient Status	Functional Status:	
Patient Status	Working for income:	Disales Only County from Detales
Patient Status Patient Status	Previous Transplant//Organ Previous Transplant//Date	Display Only - Cascades from Database Display Only - Cascades from Database
Patient Status	Previous Transplant//Graft Fail Date	Display Only - Cascades from Database Display Only - Cascades from Database
Source of Payment	Source of Payment//Primary:	Display Only Gascades from Batabase
Source of Payment	Foreign Government//Specify:	
Clinical Information	Height in cm://Height:	
Clinical Information	Height Status//ST=	Value or status is reported, not both
Clinical Information	Height Growth percentiles//%ile	Calculated for display only
Clinical Information	Weight in kg://Weight:	
Clinical Information	Weight Status//ST=	Value or status is reported, not both
Clinical Information Clinical Information	Weight Growth percentiles//%ile BMI:	Calculated for display only Display Only - Cascades from Database
Clinical Information	BMI://%ile	Calculated for display only
Clinical Information	ABO Blood Group:	Display Only - Cascades from Waitlist
Clinical Information	Primary Diagnosis:	Display only Gascades from Waldist
Clinical Information	Primary Diagnosis//Specify:	
General Medical Factors	Diabetes:	
General Medical Factors	Dialysis:	
General Medical Factors	Symptomatic Cerebrovascular Disease:	
General Medical Factors	Any previous Malignancy:	
General Medical Factors	Any previous Malignancy//Specify Type:	
General Medical Factors General Medical Factors	Any previous Malignancy//Specify: Most Recent Serum Creatinine:	
General Medical Factors	Most Recent Serum Creatinine.//ST=	Value or status is reported, not both
Heart Medical Factors	Implantable Defibrillator:	variae of status is reported, not both
Heart Medical Factors	Exercise Oxygen Consumption:	
Heart Medical Factors	Exercise Oxygen Consumption//ST=	Value or status is reported, not both
Heart Medical Factors	PA (sys) mm/Hg:	
Heart Medical Factors	PA (sys) mm/Hg//ST=	Value or status is reported, not both
Heart Medical Factors	PA (sys) mm/Hg Inotropes/Vasodilators	
Heart Medical Factors	PA (dia) mm/Hg:	
Heart Medical Factors	PA (dia) mm/Hg//ST=	Value or status is reported, not both

F.	orm Section
Provider Inf	
Provider Inf	
Candidate Ir	
Candidate Ir	nformation
Patient Statu	IS
Patient Statu	
Patient Statu	
Source of Pa	
Source of Pa	yment
Clinical Info	rmation
General Med	dical Factors
General Med	
General Med General Med	
Ocheral Mig	arcar r actors

Heart Medical Factors	PA (dia) mm/Hg Inotropes/Vasodilators	
Heart Medical Factors	PA (mean) mm/Hg:	
Heart Medical Factors	PA (mean) mm/Hg//ST=	Value or status is reported, not both
Heart Medical Factors	PA (mean) mm/Hg Inotropes/Vasodilators	
Heart Medical Factors	PCW (mean) mm/Hg:	
Heart Medical Factors	PCW (mean) mm/Hg//ST=	Value or status is reported, not both
Heart Medical Factors	Inotropes/Vasodilators	
Heart Medical Factors	CO L/min:	
Heart Medical Factors	CO L/min//ST=	Value or status is reported, not both
Heart Medical Factors	CO L/min Inotropes/Vasodilators	
Heart Medical Factors	History of Cigarette Use:	
Heart Medical Condition	Duration of Abstinence:	
Heart Medical Condition	Prior Cardiac Surgery (non-transplant):	
Heart Medical Condition	If yes, check all that apply:	
Heart Medical Condition	Prior Cardiac Surgery type//Specify:	

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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Heart Medical Factors
Heart Medical Factors
Heart Medical Condition
Hand Madical Condition
Heart Medical Condition
Heart Medical Condition
Tieart Medical Colldition
Heart Medical Condition
Treat incured condition
Heart Medical Condition

OMB No. 0915-0157; Expiration Date:

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procure following OPTN functions: to assess w monitor compliance of member orgar required to respond to, a collection of number for this information collection obtain or retain a benefit per 42 CFR & fRecords #09-15-0055). Data collect security features. The Contractor's se Appendix III, Security of Federal Autor Program Handbook. The public report response, including the time for revie collection of information. Send commiculuting suggestions for reducing this Rockville, Maryland, 20857 or paperw

TCR - Heart - Pediatric Fields to be completed by members

Field Label	Notes
Transplant Center Code	Display Only - Cascades from Waitlist
Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist Display Only - Cascades from Waitlist
Organ Registered: Date of Listing or Add:	Display Only - Cascades from Waitlist
Last Name:	Cascades from Waitlist
First Name:	Cascades from Waitlist
Middle Initial://MI:	Not required
Previous Surname:	Not required
SSN:	Display Only - Cascades from Waitlist
Birth Sex:	Cascades from Waitlist
HIC:	Not required
Date of Birth://DOB:	Cascades from Waitlist
State of Permanent Residence:	Cascades from Waitlist
Permanent ZIP Code:	Cascades from Waitlist
Ethnicity:	Cascades from Waitlist
Race:	Cascades from Waitlist
Citizenship:	
Year of Entry to the U.S.	
Year of Entry to the U.S Status//ST=	Value or status is reported, not both
Country of Permanent Residence	
Highest Education Level:	
Patient on Life Support:	
Oxygenation	
Life Support://Intra Aortic Balloon Pump Life Support://Prostaglandins	
Life Support://Prostagiandins Life Support://Intravenous Inotropes	
Life Support://Inhaled NO	
Life Support://Ventilator	
Life Support://Other Mechanism, Specify	
Life Support: Other Mechanism, Specify:	
Device:	
Life Support://VAD Brand1:	
Life Support://VAD Brand2:	
Life Support:VAD Brand1//Specify:	
Life Support:VAD Brand2//Specify:	
Functional Status:	
Cognitive Development:	
Motor Development:	
Working for income:	
Academic Progress:	
Academic Activity Level:	
Previous Transplant//Organ	Display Only - Cascades from Databas
Previous Transplant//Date	Display Only - Cascades from Database
Previous Transplant//Graft Fail Date	Display Only - Cascades from Database
Source of Payment//Primary:	
Foreign Government//Specify:	
Height Measurement Date	
Height in cm://Height:	Y-1
Height Status//ST=	Value or status is reported, not both
Height Growth percentiles//%ile	Calculated for display only
Weight Measurement Date	
Weight in kg://Weight: Weight Status//ST=	Value or status is reported, not both
Weight Growth percentiles//%ile	Calculated for display only
BMI:	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
ABO Blood Group:	Display Only - Cascades for Waitlist
Primary Diagnosis:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Primary Diagnosis//Specify:	
Diabetes:	
Dialysis:	
Symptomatic Cerebrovascular Disease:	
Any previous Malignancy:	
Any previous Malignancy: Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify Type: Any previous Malignancy//Specify:	
Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify Type: Any previous Malignancy//Specify:	Value or status is reported, not both
Any previous Malignancy//Specify Type: Any previous Malignancy//Specify: Most Recent Serum Creatinine:	Value or status is reported, not both

Sudden Death:	
Implantable Defibrillator:	
Exercise Oxygen Consumption:	
Exercise Oxygen Consumption//ST=	Value or status is reported, not both
PA (sys) mm/Hg:	
PA (sys) mm/Hg//ST=	Value or status is reported, not both
PA (sys) mm/Hg Inotropes/Vasodilators	
PA (dia) mm/Hg:	
PA (dia) mm/Hg//ST=	Value or status is reported, not both
PA (dia) mm/Hg Inotropes/Vasodilators	
PA (mean) mm/Hg:	
PA (mean) mm/Hg//ST=	Value or status is reported, not both
PA (mean) mm/Hg Inotropes/Vasodilators	
PCW (mean) mm/Hg:	
PCW (mean) mm/Hg//ST=	Value or status is reported, not both
Inotropes/Vasodilators	
CO L/min:	
CO L/min//ST=	Value or status is reported, not both
CO L/min Inotropes/Vasodilators	
History of Cigarette Use:	
Duration of Abstinence:	
Prior Thoracic Surgery other than prior transplant:	
Prior Thoracic Surgery//If yes, number of prior sternotomies:	
Prior Thoracic Surgery//If yes, number of prior thoracotomies:	
Prior Thoracic Surgery//Prior congenital cardiac surgery:	
Prior congenital cardiac surgery//If yes, palliative surgery:	
Prior congenital cardiac surgery//If yes, corrective surgery:	
Prior congenital cardiac surgery//If yes, single ventricular physiology:	

XX/XX/20XX

ement and Transplantation Network (OPTN) collects this information in order to perform the thether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to nizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not finformation unless it displays a currently valid OMB control number. The OMB control is 0915-0157 and it is valid until XXXX/202X. This information collection is required to \$121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System ed by the private non-profit OPTN also are well protected by a number of the Contractor's curity system meets or exceeds the requirements as prescribed by OMB Circular A-130, mated Information Systems, and the Departments Automated Information Systems Security ting burden for this collection of information is estimated to average 0.27 hours per wing instructions, searching existing data sources, and completing and reviewing the ients regarding this burden estimate or any other aspect of this collection of information, sourden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, ork@hrsa.gov.