

TRR - Heart - Adult
Fields to be completed by members

Form Section	Field Label	Notes
Recipient Information	Organ	Display Only - Cascades from TCR
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	Not required
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender Birth Sex	Display Only - Cascades from TCR
Recipient Information	Transplant Date and Time	Display Only - Cascades from Database
Recipient Information	Transplant Time Zone	Display Only - Cascades from Database
Recipient Information	State of Permanent Residence	
Recipient Information	Permanent Zip	
Provider Information	Recipient Center Code	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Physician Name	
Provider Information	Physician NPI#	
Provider Information	Surgeon Name	
Provider Information	Surgeon NPI#	
Donor Information	UNOS Donor ID #	Display Only - Cascades from TCR
Donor Information	Donor Type	Display Only - Cascades from feedback
Donor Information	OPO	Display Only - Cascades from feedback
Patient Status	Primary Diagnosis	
Patient Status	Primary Diagnosis//Specify	
Patient Status	Date: Last Seen, Retransplanted or Death	
Patient Status	Patient Status	
Patient Status	Primary Cause of Death	
Patient Status	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	Date of Admission to Tx Center	
Patient Status	Date of Discharge from Tx Center	
Patient Status	Medical Condition at time of transplant	
Patient Status	Patient on Life Support	
Patient Status	Extra Corporeal Membrane Oxygenation	
Patient Status	Intra Aortic Balloon Pump	
Patient Status	Prostaglandins	
Patient Status	Intravenous Inotropes	
Patient Status	Inhaled NO	
Patient Status	Ventilator	
Patient Status	Other Mechanism	
Patient Status	Other Mechanism, Specify	
Patient Status	Patient on Ventricular Assist Device	
Patient Status	Life Support: VAD Brand1	
Patient Status	Life Support: VAD Brand1//Specify	
Patient Status	Life Support: VAD Brand2	

[illegible]

Immunosuppression Other	Immunosuppression medication indication	
Immunosuppression Other	Days of induction	

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.
--

Post Transplant
Post Transplant
Post Transplant
Post Transplant
Post Transplant
Post Transplant
Post Transplant
Post Transplant
Post Transplant
Post Transplant
Post Transplant
Post Transplant
Immunosuppression Other
Immunosuppression Other
Immunosuppression Other
Immunosuppression Other

OMB No. 0915-0157; Expiration I

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.
--

TRR - Heart - Pediatric
Fields to be completed by members

Field Label	Notes
Organ	Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Not required
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
DOB	Display Only - Cascades from TCR
Gender Birth Sex	Display Only - Cascades from TCR
Transplant Date and Time	Display Only - Cascades from Database
Transplant Time Zone	Display Only - Cascades from Database
State of Permanent Residence	
Permanent Zip	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Physician Name	
Physician NPI#	
Surgeon Name	
Surgeon NPI#	
UNOS Donor ID #	Display Only - Cascades from TCR
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Primary Diagnosis	
Primary Diagnosis//Specify	
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
Cause of Death//Specify	
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
Date of Admission to Tx Center	
Date of Discharge from Tx Center	
Medical Condition at time of transplant	
Patient on Life Support	
Extra Corporeal Membrane Oxygenation	
Intra Aortic Balloon Pump	
Prostaglandins	
Intravenous Inotropes	
Ventilator	
Inhaled NO	
Other Mechanism	
Other Mechanism, Specify	
Patient on Ventricular Assist Device	
Life Support: VAD Brand1	
Life Support: VAD Brand1//Specify	
Life Support: VAD Brand2	

Life Support: VAD Brand2//Specify	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
Height Measurement Date	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight Measurement Date	
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth Percentiles//%ile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
Previous Transplant Organ	Display Only - Cascades from Database
Previous Transplant Date	Display Only - Cascades from Database
Previous Transplant Graft Fail Date	Display Only - Cascades from Database
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
Did the recipient receive Hepatitis B vaccines prior to transplant?	
PA (sys)mm/Hg	
PA (sys)mm/Hg//Status	Value or status is reported, not both
PA(sys)mm/Hg Inotropes/VASODilators	
PA(dia) mm/Hg	
PA(dia) mm/HG//Status	Value or status is reported, not both
PA (dia) mm/Hg Inotropes/Vasodilators	
PA(mean) mm/Hg	
PA(mean) mm/Hg//Status	Value or status is reported, not both
PA (mean) mm/Hg Inotropes/Vasodilators	
PCWP mm/Hg	
PCWP mm/Hg//Status	Value or status is reported, not both
PCWP (mean) mm/Hg Inotropes/Vasodilators	
CO L/min	
CO L/min//Status	Value or status is reported, not both
CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators	
Cardiac Index	Display Only - Cascades from Database
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both

Most Recent Total Bilirubin	
Most Recent Total Bilirubin//Status	Value or status is reported, not both
Chronic Steroid Use	
Transfusions	
Infection Requiring IV Therapy within 2 wks prior to Tx	
Dialysis	
Episode of Ventilatory Support	
If yes, indicate most recent timeframe	
Prior Thoracic Surgery other than prior transplant	
If yes, number of prior sternotomies	
If yes, number of prior thoracotomies	
Prior congenital cardiac surgery	
If yes, palliative surgery	
If yes, corrective surgery	
If yes, single ventricular physiology	
If yes, specify type	
Most Recent Anti-A Titer	
Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer//Sample Date	
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Procedure Type	Display Only - Cascades from feedback
Heart Procedure	
Total ischemia Time: Heart, Heart-Lung	
Total ischemia Time: Heart, Heart-Lung//Status	Value or status is reported, not both
Organ Check-In Date and Time	
Check-In Time Zone	Display Only - Calculated
TransNet Organ Check-In Times for Related Organs	Display Only - Cascades from Database
Heart Graft Status	
Heart Date of Graft Failure	
Heart Primary Cause of Graft Failure	
Heart Primary Cause of Graft Failure//Other Specify	
Is Primary Graft Dysfunction (PGD) present? (24 hours)	
Is Primary Graft Dysfunction (PGD) present? (72 hours)	
PGD - Left Ventricular Dysfunction (PGD-LV) (24 hours)	
PGD - Left Ventricular Dysfunction (PGD-LV) (72 hours)	
PGD - Right Ventricular Dysfunction (PGD-RV) (24 hours)	
PGD - Right Ventricular Dysfunction (PGD-RV) (72 hours)	
Post Transplant Left Ventricular Ejection Fraction (LVEF) (24 hours)	
Post Transplant Left Ventricular Ejection Fraction (LVEF) (72 hours)	
Post Transplant Right Atrial (RA) Pressure (24 hours)	
Post Transplant Right Atrial (RA) Pressure (72 hours)	
Post Transplant Right Atrial (RA) Pressure Status (24 hours)	
Post Transplant Right Atrial (RA) Pressure Status (72 hours)	
Post Transplant Pulmonary Capillary Wedge Pressure (PWCP) (24 hours)	
Post Transplant Pulmonary Capillary Wedge Pressure (PWCP) (72 hours)	
Post Transplant Pulmonary Capillary Wedge Pressure (PWCP) Status (24 hours)	
Post Transplant Pulmonary Capillary Wedge Pressure (PWCP) Status (72 hours)	
Post Transplant Left Atrial (LA) Pressure (24 hours)	
Post Transplant Left Atrial (LA) Pressure (72 hours)	

Post Transplant Left Atrial (LA) Pressure Status (24 hours)	
Post Transplant Left Atrial (LA) Pressure Status (72 hours)	
Post Transplant Pulmonary Artery (PA) Systolic Pressure (24 hours)	
Post Transplant Pulmonary Artery (PA) Systolic Pressure (72 hours)	
Post Transplant Pulmonary Artery (PA) Systolic Pressure Status (24 hours)	
Post Transplant Pulmonary Artery (PA) Systolic Pressure Status (72 hours)	
Post Transplant Pulmonary Artery Diastolic Pressure (24 hours)	
Post Transplant Pulmonary Artery Diastolic Pressure (72 hours)	
Post Transplant Pulmonary Artery Diastolic Pressure Status (24 hours)	
Post Transplant Pulmonary Artery Diastolic Pressure Status (72 hours)	
Post Transplant Cardiac Output (CO) (24 hours)	
Post Transplant Cardiac Output (CO) (72 hours)	
Post Transplant Cardiac Output (CO) Status (24 hours)	
Post Transplant Cardiac Output (CO) Status (72 hours)	
Post Transplant Patient on Life Support (24 hours)	
Post Transplant Patient on Life Support (72 hours)	
Post Transplant Life Support: ECMO (24 hours)	
Post Transplant Life Support: ECMO (72 hours)	
Post Transplant Life Support: IABP (24 hours)	
Post Transplant Life Support: IABP (72 hours)	
Post Transplant Life Support: Inhaled NO (24 hours)	
Post Transplant Life Support: Inhaled NO (72 hours)	
Post Transplant Life Support: Patient on Ventricular Assist Device (24 hours)	
Post Transplant Life Support: Patient on Ventricular Assist Device (72 hours)	
Post Transplant Life Support: VAD Brand1 (24 hours)	
Post Transplant Life Support: VAD Brand1 (72 hours)	
Post Transplant Life Support: VAD Brand1 Other Specify (24 hours)	
Post Transplant Life Support: VAD Brand1 Other Specify (72 hours)	
Post Transplant Life Support: VAD Brand2 (24 hours)	
Post Transplant Life Support: VAD Brand2 (72 hours)	
Post Transplant Life Support: VAD Brand2 Other Specify (24 hours)	
Post Transplant Life Support: VAD Brand2 Other Specify (72 hours)	
Post Transplant Epoprostenol (24 hours)	
Post Transplant Epoprostenol (72 hours)	
Post Transplant Epinephrine dose (mcg/kg/min) (24 hours)	
Post Transplant Epinephrine dose (mcg/kg/min) (72 hours)	
Post Transplant Milrinone dose (mcg/kg/min) (24 hours)	
Post Transplant Milrinone dose (mcg/kg/min) (72 hours)	
Post Transplant Dobutamine dose (mcg/kg/min) (24 hours)	
Post Transplant Dobutamine dose (mcg/kg/min) (72 hours)	
Post Transplant Dopamine dose (mcg/kg/min) (24 hours)	
Post Transplant Dopamine dose (mcg/kg/min) (72 hours)	
Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (24 hours)	
Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (72 hours)	
Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (Unit of measure) (24 hours)	
Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (Unit of measure) (72 hours)	
Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (mcg/min dosage) (24 hours)	
Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (mcg/min dosage) (72 hours)	
Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (mcg/kg/min dosage) (24 hours)	
Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (mcg/kg/min dosage) (72 hours)	
Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (24 hours)	
Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (72 hours)	
Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (Unit of measure) (24 hours)	
Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (Unit of measure) (72 hours)	

Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (mcg/min dosage) (24 hours)	
Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (mcg/min dosage) (72 hours)	
Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (mcg/kg/min dosage) (24 hours)	
Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (mcg/kg/min dosage) (72 hours)	
Post Transplant Vasopressors-Vaso (Vasopressin – Pitressin) (units per min) (24 hours)	
Post Transplant Vasopressors-Vaso (Vasopressin – Pitressin) (units per min) (72 hours)	
Stroke	
Reintubated	
Permanent Pacemaker	
Did patient have any acute rejection episodes between transplant and discharge	
Most Recent Anti-A Titer	
Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer//Sample Date	
Are any medications given currently for maintenance or anti-rejection	
Immunosuppression medication	
Immunosuppression medication indication	
Days of induction	

Date: XX/XX/20XX

Securement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet 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 prohibited from disclosing information to a future recipient 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 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 of 1974). 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 System Security Policy. The public reporting burden for this collection of information is estimated to average 0.27 hours per response, including the time for reviewing 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