

**TRR - Lung - 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 | Birth Sex                                | Display Only - Cascades from TCR      |
| Recipient Information | Transplant Date                          | Display Only - Cascades from Database |
| Recipient Information | Transplant 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         |                                       |
| Pretransplant         | Medical Condition at time of transplant  |                                       |
| Pretransplant         | Patient on Life Support                  |                                       |
| Pretransplant         | Extra Corporeal Membrane Oxygenation     |                                       |
| Pretransplant         | Intra Aortic Balloon Pump                |                                       |
| Pretransplant         | Other Mechanism                          |                                       |
| Pretransplant         | Other Mechanism, Specify                 |                                       |
| Pretransplant         | Prostacyclin Infusion                    |                                       |
| Pretransplant         | Prostacyclin Inhalation                  |                                       |
| Pretransplant         | Functional Status                        |                                       |
| Pretransplant         | Working for income                       |                                       |
| Pretransplant         | Primary Source of Payment                |                                       |
| Pretransplant         | Primary Source of Payment, Specify       |                                       |
| Pretransplant         | Height                                   |                                       |
| Pretransplant         | Height in Centimeters//Status            | Value or status is reported, not both |

**TRR - Lung**  
Fields to be comple

| Form Section          | Field Label                              |
|-----------------------|--|
| Recipient Information | Organ                                    |
| Recipient Information | Recipient First Name                     |
| Recipient Information | Recipient Last Name                      |
| Recipient Information | Recipient Middle Initial                 |
| Recipient Information | SSN                                      |
| Recipient Information | HIC                                      |
| Recipient Information | DOB                                      |
| Recipient Information | Birth Sex                                |
| Recipient Information | Transplant Date                          |
| Recipient Information | Transplant Time                          |
| Recipient Information | Transplant Time Zone                     |
| Recipient Information | State of Permanent Residence             |
| Recipient Information | Permanent Zip                            |
| Provider Information  | Recipient Center Code                    |
| Provider Information  | Recipient Center Type                    |
| Provider Information  | Physician Name                           |
| Provider Information  | Physician NPI#                           |
| Provider Information  | Surgeon Name                             |
| Provider Information  | Surgeon NPI#                             |
| Donor Information     | UNOS Donor ID #                          |
| Donor Information     | Donor Type                               |
| Donor Information     | OPO                                      |
| 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              |
| Patient Status        | Contributory Cause of Death//Specify     |
| Patient Status        | Contributory Cause of Death              |
| Patient Status        | Contributory Cause of Death//Specify     |
| Patient Status        | Date of Admission to Tx Center           |
| Patient Status        | Date of Discharge from Tx Center         |
| Pretransplant         | Medical Condition at time of transplant  |
| Pretransplant         | Patient on Life Support                  |
| Pretransplant         | Extra Corporeal Membrane Oxygenation     |
| Pretransplant         | Prostaglandins                           |
| Pretransplant         | Intravenous Inotropes                    |
| Pretransplant         | Ventilator                               |
| Pretransplant         | Inhaled NO                               |
| Pretransplant         | Other Mechanism                          |
| Pretransplant         | Other Mechanism, Specify                 |
| Pretransplant         | Prostacyclin Infusion                    |
| Pretransplant         | Prostacyclin Inhalation                  |
| Pretransplant         | Life Support: VAD Brand1                 |
| Pretransplant         | Life Support: VAD Brand1//Specify        |
| Pretransplant         | Life Support: VAD Brand2                 |

|               |   |                                       |
|---------------|---|---------------------------------------|
| Pretransplant | Height Percentile//Growth Percentiles//%ile                         | Calculated for display only           |
| Pretransplant | Weight  |                                       |
| Pretransplant | Weight in Kilograms//Status   | Value or status is reported, not both |
| Pretransplant | Weight Percentile//Growth Percentiles//%ile                         | Calculated for display only           |
| Pretransplant | BMI   | Display Only - Cascades from Database |
| Pretransplant | BMI://%ile  | Calculated for display only           |
| Pretransplant | Previous Transplant Organ   | Display Only - Cascades from Database |
| Pretransplant | Previous Transplant Date  | Display Only - Cascades from Database |
| Pretransplant | Previous Transplant Graft Fail Date                                 | Display Only - Cascades from Database |
| Pretransplant | HIV Serostatus  |                                       |
| Pretransplant | NAT HIV   |                                       |
| Pretransplant | CMV Status  |                                       |
| Pretransplant | HBV Core Antibody   |                                       |
| Pretransplant | HBV Surface Antibody Total  |                                       |
| Pretransplant | HBV Surface Antigen   |                                       |
| Pretransplant | NAT HBV   |                                       |
| Pretransplant | HCV Serostatus  |                                       |
| Pretransplant | NAT HCV   |                                       |
| Pretransplant | EBV Serostatus  |                                       |
| Pretransplant | Did the recipient receive Hepatitis B vaccines prior to transplant? |                                       |
| Pretransplant | PA (sys)mm/Hg   |                                       |
| Pretransplant | PA (sys)mm/Hg//Status   | Value or status is reported, not both |
| Pretransplant | PA(sys)mm/Hg Inotropes/VASODilators                                 |                                       |
| Pretransplant | PA(dia) mm/Hg   |                                       |
| Pretransplant | PA(dia) mm/HG//Status   | Value or status is reported, not both |
| Pretransplant | PA (dia) mm/Hg Inotropes/Vasodilators                               |                                       |
| Pretransplant | PA(mean) mm/Hg  |                                       |
| Pretransplant | PA(mean) mm/Hg//Status  | Value or status is reported, not both |
| Pretransplant | PA (mean) mm/Hg Inotropes/Vasodilators                              |                                       |
| Pretransplant | PCW(mean) mm/Hg   |                                       |
| Pretransplant | PCW(mean) mm/Hg//Status   | Value or status is reported, not both |
| Pretransplant | PCW (mean) mm/Hg Inotropes/Vasodilators                             |                                       |
| Pretransplant | CO L/min  |                                       |
| Pretransplant | CO L/min//Status  | Value or status is reported, not both |
| Pretransplant | CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators     |                                       |
| Pretransplant | Most Recent Serum Creatinine  |                                       |
| Pretransplant | Most Recent Serum Creatinine//Status                                | Value or status is reported, not both |
| Pretransplant | Most Recent Total Bilirubin   |                                       |
| Pretransplant | Most Recent Total Bilirubin//Status                                 | Value or status is reported, not both |
| Pretransplant | Chronic Steroid Use   |                                       |
| Pretransplant | FVC   |                                       |
| Pretransplant | FVC % predicted//Status   | Value or status is reported, not both |
| Pretransplant | FeV1  |                                       |

|               |   |
|---------------|---|
| Pretransplant | Life Support: VAD Brand2//Specify                                   |
| Pretransplant | Functional Status   |
| Pretransplant | Academic Progress   |
| Pretransplant | Academic Activity Level   |
| Pretransplant | Primary Source of Payment   |
| Pretransplant | Primary Source of Payment, Specify                                  |
| Pretransplant | Cognitive Development   |
| Pretransplant | Motor Development   |
| Pretransplant | Height Measurement Date   |
| Pretransplant | Height  |
| Pretransplant | Height in Centimeters//Status                                       |
| Pretransplant | Height Percentile//Growth Percentiles//%ile                         |
| Pretransplant | Weight Measurement Date   |
| Pretransplant | Weight  |
| Pretransplant | Weight in Kilograms//Status   |
| Pretransplant | Weight Percentile//Growth Percentiles//%ile                         |
| Pretransplant | BMI   |
| Pretransplant | BMI://%ile  |
| Pretransplant | Previous Transplant Organ   |
| Pretransplant | Previous Transplant Date  |
| Pretransplant | Previous Transplant Graft Fail Date                                 |
| Pretransplant | HIV Serostatus  |
| Pretransplant | NAT HIV   |
| Pretransplant | CMV Status  |
| Pretransplant | HBV Core Antibody   |
| Pretransplant | HBV Surface Antibody Total  |
| Pretransplant | HBV Surface Antigen   |
| Pretransplant | NAT HBV   |
| Pretransplant | HCV Serostatus  |
| Pretransplant | NAT HCV   |
| Pretransplant | EBV Serostatus  |
| Pretransplant | Did the recipient receive Hepatitis B vaccines prior to transplant? |
| Pretransplant | PA (sys)mm/Hg   |
| Pretransplant | PA (sys)mm/Hg//Status   |
| Pretransplant | PA(sys)mm/Hg Inotropes/VASODilators                                 |
| Pretransplant | PA(dia) mm/Hg   |
| Pretransplant | PA(dia) mm/HG//Status   |
| Pretransplant | PA (dia) mm/Hg Inotropes/Vasodilators                               |
| Pretransplant | PA(mean) mm/Hg  |
| Pretransplant | PA(mean) mm/Hg//Status  |
| Pretransplant | PA (mean) mm/Hg Inotropes/Vasodilators                              |
| Pretransplant | PCW(mean) mm/Hg   |
| Pretransplant | PCW(mean) mm/Hg//Status   |

|                      |  |                                       |
|----------------------|--|---------------------------------------|
| Pretransplant        | FeV1 % predicted//Status   | Value or status is reported, not both |
| Pretransplant        | pCO2   |                                       |
| Pretransplant        | pCO2 mm/Hg//Status   | Value or status is reported, not both |
| Pretransplant        | Transfusions   |                                       |
| Pretransplant        | Infection Requiring IV Therapy within 2 wks prior to Tx  |                                       |
| Pretransplant        | Dialysis   |                                       |
| Pretransplant        | Episode of Ventilatory Support   |                                       |
| Pretransplant        | If yes, indicate most recent timeframe   |                                       |
| Pretransplant        | Tracheostomy   |                                       |
| Transplant Procedure | Multiple Organ Recipient   | Display Only - Cascades from feedback |
| Transplant Procedure | Were extra vessels used in the transplant procedure  | Display Only - Cascades from feedback |
| Transplant Procedure | Procedure Type   | Display Only - Cascades from feedback |
| Transplant Procedure | Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung          |                                       |
| Transplant Procedure | Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung//Status  | Value or status is reported, not both |
| Transplant Procedure | Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right lung         |                                       |
| Transplant Procedure | Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right Lung//Status | Value or status is reported, not both |
| Transplant Procedure | Lung(s) perfused prior to transplant?  |                                       |
| Transplant Procedure | Perfusion occurred at:   |                                       |
| Transplant Procedure | Perfusion performed by:  |                                       |
| Transplant Procedure | Total time on perfusion  | Value or status is reported, not both |
| Transplant Procedure | Lung(s) received at transplant center  |                                       |
| Transplant Procedure | On ice   |                                       |
| Transplant Procedure | On pump  |                                       |
| Transplant Procedure | Right Lung/Enbloc:<br>Stayed on pump<br>Put on ice   |                                       |
| Transplant Procedure | Left Lung:<br>Stayed on pump<br>Put on ice   |                                       |
| Transplant Procedure | Organ Check-In Date  |                                       |
| Transplant Procedure | Check-In Time  |                                       |
| Transplant Procedure | Check-In Time Zone   | Display Only - Calculated             |
| Transplant Procedure | TransNet Organ Check-In Times for Related Organs   | Display Only - Cascades from Database |
| Post Transplant      | Graft Status   |                                       |
| Post Transplant      | Date of Graft Failure  |                                       |
| Post Transplant      | Primary Cause of Graft Failure   |                                       |
| Post Transplant      | Primary Cause of Graft Failure// Other   |                                       |
| Post Transplant      | Specify  |                                       |
| Post Transplant      | Stroke   |                                       |

|                      |   |
|----------------------|---|
| Pretransplant        | PCW (mean) mm/Hg Inotropes/Vasodilators                         |
| Pretransplant        | CO L/min  |
| Pretransplant        | CO L/min//Status  |
| Pretransplant        | CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators |
| Pretransplant        | Most Recent Serum Creatinine                                    |
| Pretransplant        | Most Recent Serum Creatinine//Status                            |
| Pretransplant        | Most Recent Total Bilirubin                                     |
| Pretransplant        | Most Recent Total Bilirubin//Status                             |
| Pretransplant        | Chronic Steroid Use   |
| Pretransplant        | FVC   |
| Pretransplant        | FVC % predicted//Status   |
| Pretransplant        | FeV1  |
| Pretransplant        | FeV1 % predicted//Status  |
| Pretransplant        | pCO2  |
| Pretransplant        | pCO2 mm/Hg//Status  |
| Pretransplant        | Transfusions  |
| Pretransplant        | Infection Requiring IV Therapy within 2 wks prior to Tx         |
| Pretransplant        | Dialysis  |
| Pretransplant        | Episode of Ventilatory Support                                  |
| Pretransplant        | If yes, indicate most recent timeframe                          |
| Pretransplant        | Tracheostomy  |
| Pretransplant        | Prior Thoracic Surgery other than prior transplant              |
| Pretransplant        | If yes, number of prior sternotomies                            |
| Pretransplant        | If yes, number of prior thoracotomies                           |
| Pretransplant        | Prior congenital cardiac surgery                                |
| Pretransplant        | If yes, palliative surgery                                      |
| Pretransplant        | If yes, corrective surgery                                      |
| Pretransplant        | If yes, single ventricular physiology                           |
| Pretransplant        | Most Recent Anti-A Titer  |
| Pretransplant        | Sample Date   |
| Pretransplant        | Most Recent Anti-B Titer  |
| Pretransplant        | Sample Date   |
| Transplant Procedure | Multiple Organ Recipient  |

|                         |  |                                       |
|-------------------------|--|---------------------------------------|
| Post Transplant         | Dialysis   |                                       |
| Post Transplant         | Ventilator Support   |                                       |
|                         |  |                                       |
| Post Transplant         | Reintubated  |                                       |
|                         |  |                                       |
| Post Transplant         | Permanent Pacemaker  |                                       |
|                         |  |                                       |
| Post Transplant         | Airway Dehiscence  |                                       |
|                         |  |                                       |
| Post Transplant         | Did patient have any acute rejection episodes between transplant and discharge |                                       |
| Post Transplant         | Intubated at 72 hours  |                                       |
| Post Transplant         | PaO2 at 72 hours   |                                       |
| Post Transplant         | PaO2 at 72 hours//Status   | Value or status is reported, not both |
| Post Transplant         | FiO2 at 72 hours   |                                       |
| Post Transplant         | FiO2 at 72 hours//Status   | Value or status is reported, not both |
| Post Transplant         | ECMO a 72 hours  |                                       |
| Post Transplant         | Inhaled NO at 72 hours   |                                       |
|                         |  |                                       |
| Immunosuppression Other | Are any medications given currently for maintenance or anti-rejection          |                                       |
| Immunosuppression Other | Immunosuppression medication   |                                       |
| 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

|                      |  |
|----------------------|--|
| Transplant Procedure | Were extra vessels used in the transplant procedure  |
| Transplant Procedure | Procedure Type   |
|                      |  |
| Transplant Procedure | Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung          |
|                      |  |
| Transplant Procedure | Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Left Lung//Status  |
|                      |  |
| Transplant Procedure | Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right lung         |
|                      |  |
| Transplant Procedure | Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Right Lung//Status |
| Transplant Procedure | Lung(s) perfused prior to transplant?  |
| Transplant Procedure | Perfusion occurred at:   |
| Transplant Procedure | Perfusion performed by:  |
| Transplant Procedure | Total time on perfusion  |
| Transplant Procedure | Lung(s) received at transplant center  |
| Transplant Procedure | On ice   |
| Transplant Procedure | On pump  |
|                      |  |
|                      | Right Lung/Enbloc:<br>Stayed on pump<br>Put on ice   |
|                      | Left Lung:<br>Stayed on pump<br>Put on ice   |
| Transplant Procedure |  |
| Transplant Procedure | Organ Check-In Date  |
| Transplant Procedure | Check-In Time  |
|                      |  |
| Transplant Procedure | Check-In Time Zone   |
| Transplant Procedure | TransNet Organ Check-In Times for Related Organs   |
| Post Transplant      | Graft Status   |
| Post Transplant      | Date of Graft Failure  |
| Post Transplant      | Primary Cause of Graft Failure   |
|                      |  |
| Post Transplant      | Primary Cause of Graft Failure//Other Specify  |
|                      |  |
| Post Transplant      | Stroke   |
|                      |  |
|                      |  |
| Post Transplant      | Dialysis   |
| Post Transplant      | Ventilator Support   |
| Post Transplant      | Reintubated  |
| Post Transplant      | Permanent Pacemaker  |
| Post Transplant      | Airway Dehiscence  |
|                      |  |
|                      |  |
| Post Transplant      | Did patient have any acute rejection episodes between transplant and discharge   |
| Post Transplant      | Intubated at 72 hours  |

|                         |   |
|-------------------------|---|
| Post Transplant         | PaO2 at 72 hours  |
| Post Transplant         | PaO2 at 72 hours//Status  |
| Post Transplant         | FiO2 at 72 hours  |
| Post Transplant         | FiO2 at 72 hours//Status  |
| Post Transplant         | ECMO a 72 hours   |
| Post Transplant         | Inhaled NO at 72 hours  |
| Post Transplant         | Most Recent Anti-A Titer  |
| Post Transplant         | Most Recent Anti-A Titer//Sample Date                                 |
| Post Transplant         | Most Recent Anti-B Titer  |
| Post Transplant         | Most Recent Anti-B Titer//Sample Date                                 |
| Immunosuppression Other | Are any medications given currently for maintenance or anti-rejection |
| Immunosuppression Other | Immunosuppression medication  |
| Immunosuppression Other | Immunosuppression medication indication                               |
| Immunosuppression Other | Days of induction   |

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

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Display Only - Cascades from feedback  
Display Only - Cascades from feedback

Value or status is reported, not both

Value or status is reported, not both

Value or status is reported, not both

Display Only - Calculated

Display Only - Cascades from Database

|                                       |
|---------------------------------------|
| Value or status is reported, not both |
| Value or status is reported, not both |
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|                                       |

cts this information in order to perform the  
ts for membership in the OPTN; and to  
not conduct or sponsor, and a person is not  
MB control number. The OMB control  
is information collection is required to obtain  
y Act protection (Privacy Act System of  
ected by a number of the Contractor's  
; as prescribed by OMB Circular A-130,  
s Automated Information Systems Security  
timated to average 0.27 hours per response,  
pleting and reviewing the collection of  
s collection of information, including  
Lane, Room 14N136B, Rockville, Maryland,