TRF (Post 5-Year) - Lung- Adult Fields to be completed by members

Form Section	Field label	Notes
Recipient Information	Organ Type	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
	-	r cy
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Birth Sex	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 Type	Display Only - Cascades from TCR
Provider Information	Recipient Center	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
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
		1 3 3
Patient Status	Date: Last Seen, Retransplanted or Death	
Patient Status	Patient Status	
Patient Status	Primary Cause of Death	
Patient Status	Primary Cause of Death//Specify	
Clinical Information	Graft Status	
Clinical Information	Date of Graft Failure	
Clinical Information	Primary Cause of Graft Failure	
	Primary Cause of Graft Failure// Other	
Clinical Information	Specify Specify	
Clinical Information	Date Test Performed	Value or status is reported, not both
Clinical Information	FEV1	Value or status is reported, not both
Clinical Information	FVC	Value or status is reported, not both
Clinical Information	FEF 25-75	Value or status is reported, not both
Clinical Information	Date Test Performed	Value or status is reported, not both
Clinical Information	FEV1	Value or status is reported, not both
Clinical Information	FVC	Value or status is reported, not both
Clinical Information	FEF 25-75	Value or status is reported, not both
Clinical Information	Date Test Performed	Value or status is reported, not both
Clinical Information	FEV1	Value or status is reported, not both
Clinical Information	FVC	Value or status is reported, not both
Clinical Information	FEF 25-75	Value or status is reported, not both
	Current Supplemental O2 requirements at	, ,
Clinical Information	rest and/or at exercise	
Clinical Information	At rest: FiO2 or Flow	Value or status is reported, not both
Clinical Information	With exercise: FiO2 or Flow	Value or status is reported, not both
Clinical Information	Chronic Dialysis	
Clinical Information	Renal Tx since Thoracic Tx	
Clinical Information	Most Recent Serum Creatinine	
Clinical Information	Most Recent Serum Creatinine//Status	Value or status is reported, not both
Clinical Information	Post Transplant Malignancy	and the second second
Clinical Information	Donor Related	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	De Novo Solid Tumor	
Gimeai information		
Clinical Information		
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	

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

Form Section				
Recipient Information				
Recipient Information				
L				
Recipient Information				
Provider Information				
Provider Information Provider Information				
Provider Information				
Donor Information				
Donor Information				
Donor Information				
Donor information				
Patient Status				
Patient Status at Time of				
Follow-up				
Patient Status at Time of				
Follow-up				
Clinical Information				
Clinical Information				
Clinical Information Clinical Information				
Clinical Information Clinical Information Clinical Information				
Clinical Information Clinical Information Clinical Information Clinical Information				
Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information				
Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				
Clinical Information				

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.

Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information

OMB No. 0915-0157; Expiration D

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Prot the following OPTN functions: to a to monitor compliance of member of required to respond to, a colle control number for this informatic required to obtain or retain a ben (Privacy Act System of Records #0 number of the Contractor's securi prescribed by OMB Circular A-130 Automated Information Systems Sestimated to average 0.27 hours pand completing and reviewing the of this collection of information, ir Officer, 5600 Fishers Lane, Room '

TRF (Post 5-Year) - Lung - Pediatric Fields to be completed by members

Organ Type	Notes Display Only - Cascades from Database
Organ Type Follow-up code	Display Only - Cascades from Database Display Only - Cascades from Database
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Display Only - Cascades from TCR
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
Previous Follow-up	Display Only - Cascades from prior TRF
DOB	Display Only - Cascades from TCR
Birth Sex	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from Database
D. C. D.	
Previous Px Stat Date	Display Only - Cascades from prior TRF
Transplant Discharge Date State of Permanent Residence	
Zip Code	
•	Display Only Cassades from TCP
Recipient Center Type Recipient Center	Display Only - Cascades from TCR Display Only - Cascades from TCR
Follow-up Center Code	Display Only - Cascades from TCR Display Only - Cascades from Database
Follow-up Center Code Follow-up Center Type	Display Only - Cascades from Database Display Only - Cascades from Database
UNOS Donor ID #	Display Only - Cascades from Database
Donor Type	Display Only - Cascades from Database
OPO	Display Only - Cascades from feedback
010	Display Only - Gascades from reedudck
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
Primary Cause of Death//Specify Functional Status	
Cognitive Development	
Motor Development	
Height Measurement Date	
Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
Weight Measurement Date	1 3 3
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI	Calculated for display only
Graft Status	
Date of Graft Failure	
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other	
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify	
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last	
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up	Value or status is reported not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC	Value or status is reported, not both Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75	Value or status is reported, not both Value or status is reported, not both Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FFFV Date Test Performed FEV1 FVC	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF FEV1 FFVC FFF FEV1 FFVC FFF FEV1 FFVC FFF FEV1 FFVC FFF FE 5-75	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FFVC FFEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 FFF 25-	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FFVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Current Supplemental O2 requirements at	Value or status is reported, not both
Date of Graft Failure Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Current Supplemental O2 requirements at rest and/or at exercise At rest: FiO2 or Flow	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Current Supplemental O2 requirements at rest and/or at exercise At rest: FiO2 or Flow	Value or status is reported, not both
Primary Cause of Graft Failure Primary Cause of Graft Failure// Other Specify Coronary Artery Disease Since Last Follow-up Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Date Test Performed FEV1 FVC FEF 25-75 Current Supplemental O2 requirements at rest and/or at exercise	Value or status is reported, not both

Chronic Dialysis	
Renal Tx since Thoracic Tx	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
New diabetes onset between last follow-up to the current follow-up	
Diabetes: If Yes, Insulin Dependent	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	

ate: XX/XX/20XX

curement and Transplantation Network (OPTN) collects this information in order to perform assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and r organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is action of information unless it displays a currently valid OMB control number. The OMB on collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is effit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection 9-15-0055). Data collected by the private non-profit OPTN also are well protected by a ty features. The Contractor's security system meets or exceeds the requirements as , Appendix III, Security of Federal Automated Information Systems, and the Departments security Program Handbook. The public reporting burden for this collection of information is er response, including the time for reviewing instructions, searching existing data sources, collection of information. Send comments regarding this burden estimate or any other aspect cluding suggestions for reducing this burden, to HRSA Information Collection Clearance 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.