TRF (6 Month - 5 Year) - Liver - Adult Fields to be completed by members

| F 6+ | T:-13 f -L-1 | N-4 |
|--|---|--|
| Form Section Recipient Information | Field Label Organ Type | Notes 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 |
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| Recipient Information | HIC | Display Only - Cascades from TCR |
| 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 | Display Only - Cascades from TCR |
| Provider Information | Recipient Center Type | 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 |
| Provider Information | Physician Name | |
| Provider Information | NPI# | |
| Provider Information | Follow-up Care Provided By | |
| Provider Information | Follow-up Care Provided By//Specify | |
| Donor Information | UNOS Donor ID # | Display Only - Cascades from Database |
| Donor Information | Donor Type | Display Only - Cascades from Database Display Only - Cascades from Database |
| Donor Information | OPO OPO | Display Only - Cascades from feedback |
| | | Display Only - Cascades from feedback |
| 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 | |
| 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 |
| | Has the patient been hospitalized since the last patient | |
| Patient Status | status date | |
| Patient Status | Functional Status | |
| Patient Status | Working for income | |
| | | |
| Patient Status | Primary Insurance at Follow-up | |
| Patient Status | Primary Source of Payment, Specify | |
| Clinical Information | Pathology confirmed liver diagnosis at hospital discharge | |
| Cillical illiorination | Pathology commined liver diagnosis at hospital discharge | |
| Clinical Information | Pathology confirmed liver diagnosis at hospital discharge | |
| Clinical Information | HIV Serology | |
| Clinical Information | HIV NAT | |
| Clinical Information | HbsAg | |
| Clinical Information | HBV DNA | |
| Clinical Information | HBV Core Antibody | |
| Clinical Information | HCV Serology | |
| Clinical Information | HCV NAT | |
| Clinical Information | Graft Status | |
| Clinical Information | Date of Failure | |
| Clinical Information | Primary Non-Function | |
| Clinical Information | Hepatic Artery Thrombosis | |
| Clinical Information | Other Vascular Thrombosis | |
| Cimical information | Other vascular Thrombosis | |
| Clinical Information | Hepatic outflow obstruction | |
| Clinical Information | Portal vein thrombosis | |
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| Clinical Information | Diffuse Cholangiopathy | |
| Clinical Information Clinical Information | Hepatitis: DeNovo | |
| Clinical Information Clinical Information Clinical Information | Hepatitis: DeNovo Hepatitis: Recurrent | |
| Clinical Information Clinical Information Clinical Information Clinical Information | Hepatitis: DeNovo Hepatitis: Recurrent Recurrent Disease (non-Hepatitis) | |
| Clinical Information Clinical Information Clinical Information Clinical Information Clinical Information | Hepatitis: DeNovo Hepatitis: Recurrent Recurrent Disease (non-Hepatitis) Acute Rejection | |
| Clinical Information Clinical Information Clinical Information Clinical Information | Hepatitis: DeNovo Hepatitis: Recurrent Recurrent Disease (non-Hepatitis) | |

| Form Section |
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| Clinical Information | Lab Date | |
|----------------------------------|---|---------------------------------------|
| Clinical Information | Total Bilirubin | |
| Clinical Information | Total Bilirubin://Status | Value or status is reported, not both |
| Clinical Information | Most Recent Serum Creatinine | |
| Clinical Information | Most Recent Serum Creatinine://Status | Value or status is reported, not both |
| Clinical Information | New diabetes onset between last follow-up to the current follow-up | |
| Clinical Information | Insulin dependent | |
| Clinical Information | Did patient have any acute rejection episodes during the follow-up period | |
| Clinical Information | Post Transplant Malignancy | |
| Clinical Information | Donor Related | |
| Clinical Information | Recurrence of Pre-Tx Tumor | |
| Clinical Information | De Novo Solid Tumor | |
| Clinical Information | De Novo Lymphoproliferative disease and Lymphoma | |
| Immunosuppressive Information | Were any medications given during the follow-up period for maintenance | |
| Immunosuppressive Information | Previous Validated Maintenance Follow-up Medications | Display Only - Cascades from Database |
| Immunosuppressive Information | Immunosuppression medication | |
| Immunosuppressive Information | Immunosuppression medication indication | |

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 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.

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OMB No. 0915-0157; Expiration

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Pr the following OPTN functions: to to monitor compliance of mem not required to respond to, a co control number for this informa required to obtain or retain a be (Privacy Act System of Records i number of the Contractor's sect prescribed by OMB Circular A-1: Automated Information System estimated to average 0.27 hour: and completing and reviewing t of this collection of information Officer, 5600 Fishers Lane, Roor

TRF (6 Month - 5 Year) - Liver - Pediatric Fields to be completed by members

| Field Label | Notes |
|--|--|
| Organ Type | Display Only - Cascades from Database |
| Follow-up code | Display Only - Cascades from Database |
| Recipient First Name | Display Only - Cascades from TCR |
| Recipient Last Name | Display Only - Cascades from TCR |
| Recipient Middle Initial SSN | Display Only - Cascades from TCR |
| HIC | Display Only - Cascades from TCR 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 |
| Previous Px Stat Date | Display Only - Cascades from prior TRF |
| Transplant Discharge Date | |
| State of Permanent Residence | |
| Zip Code | |
| Recipient Center | Display Only - Cascades from TCR |
| Recipient Center Type | Display Only - Cascades from TCR |
| Follow-up Center Code | Display Only - Cascades from Database |
| Follow-up Center Type | Display Only - Cascades from Database |
| Physician Name | |
| NPI# | |
| Follow-up Care Provided By | |
| Follow-up Care Provided By//Specify | D: 1 0 1 2 1 1 = 1 |
| UNOS Donor ID # | Display Only - Cascades from Database |
| Donor Type | Display Only - Cascades from Database |
| OPO Date: Last Soon, Potransplanted or Death | Display Only - Cascades from feedback |
| Date: Last Seen, Retransplanted or Death Patient Status | |
| Patient Status Primary Cause of Death | |
| Primary 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 |
| Has the patient been hospitalized since the | |
| last patient status date | |
| Functional Status | |
| Cognitive Development | |
| | |
| Motor Development | |
| Working for income | |
| | |
| Academic Progress | |
| Academic Activity Level | |
| Primary Insurance at Follow-up | |
| Primary Source of Payment, Specify | |
| Height Measurement Date | |
| Height | |
| Height//Status | 77.1 |
| | Value or status is reported, not both |
| Height Percentile | Value or status is reported, not both Calculated for display only |
| Height Percentile Weight Measurement Date | - |
| Height Percentile Weight Measurement Date Weight | Calculated for display only |
| Height Percentile Weight Measurement Date Weight Weight//Status | Calculated for display only Value or status is reported, not both |
| Height Percentile Weight Measurement Date Weight Weight//Status Weight Percentile | Calculated for display only Value or status is reported, not both Calculated for display only |
| Height Percentile Weight Measurement Date Weight Weight//Status Weight Percentile BMI | Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database |
| Height Percentile Weight Measurement Date Weight Weight//Status Weight Percentile BMI BMI://%ile | Calculated for display only Value or status is reported, not both Calculated for display only |
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| Height Percentile Weight Measurement Date Weight Weight/Status Weight Percentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge | Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database |
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| Height Percentile Weight Measurement Date Weight Weight/Status Weight Percentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT | Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database |
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| Height Percentile Weight Measurement Date Weight Measurement Date Weight/Status Weight Percentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody HCV Serology | Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database |

| Graft Status | |
|--|---------------------------------------|
| Date of Failure | |
| Primary Non-Function | |
| Hepatic Artery Thrombosis | |
| Other Vascular Thrombosis | |
| | |
| Hepatic Outflow Obstruction | |
| Portal Vein Thrombosis | |
| | |
| Diffuse Cholangiopathy | |
| Hepatitis: DeNovo | |
| Hepatitis: Recurrent | |
| Recurrent Disease (non-Hepatitis) | |
| Acute Rejection | |
| Infection | |
| | |
| Other, Specify | |
| | |
| Lab Date | |
| | |
| Total Bilirubin | |
| Total Bilirubin://Status | Value or status is reported, not both |
| Most Recent Serum Creatinine | * ' |
| Most Recent Serum Creatinine://Status | Value or status is reported, not both |
| to the current follow-up | |
| Insulin dependent | |
| : | |
| episodes during the follow-up period | |
| episodes during the follow-up period Post Transplant Malignancy | |
| | |
| Post Transplant Malignancy | |
| Post Transplant Malignancy Donor Related | |
| Post Transplant Malignancy Donor Related Recurrence of Pre-Tx Tumor | |
| Post Transplant Malignancy Donor Related Recurrence of Pre-Tx Tumor De Novo Solid Tumor | |
| Post Transplant Malignancy Donor Related Recurrence of Pre-Tx Tumor De Novo Solid Tumor De Novo Lymphoproliferative disease and Lymphoma Were any medications given during the | |
| Post Transplant Malignancy Donor Related Recurrence of Pre-Tx Tumor De Novo Solid Tumor De Novo Lymphoproliferative disease and Lymphoma | |
| Post Transplant Malignancy Donor Related Recurrence of Pre-Tx Tumor De Novo Solid Tumor De Novo Lymphoproliferative disease and Lymphoma Were any medications given during the follow-up period for maintenance Previous Validated Maintenance Follow-up | |
| Post Transplant Malignancy Donor Related Recurrence of Pre-Tx Tumor De Novo Solid Tumor De Novo Lymphoproliferative disease and Lymphoma Were any medications given during the follow-up period for maintenance | Display Only - Cascades from Database |
| Post Transplant Malignancy Donor Related Recurrence of Pre-Tx Tumor De Novo Solid Tumor De Novo Lymphoproliferative disease and Lymphoma Were any medications given during the follow-up period for maintenance Previous Validated Maintenance Follow-up Medications | Display Only - Cascades from Database |
| Post Transplant Malignancy Donor Related Recurrence of Pre-Tx Tumor De Novo Solid Tumor De Novo Lymphoproliferative disease and Lymphoma Were any medications given during the follow-up period for maintenance Previous Validated Maintenance Follow-up | Display Only - Cascades from Database |
| Post Transplant Malignancy Donor Related Recurrence of Pre-Tx Tumor De Novo Solid Tumor De Novo Lymphoproliferative disease and Lymphoma Were any medications given during the follow-up period for maintenance Previous Validated Maintenance Follow-up Medications | Display Only - Cascades from Database |

Date: XX/XX/20XX

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