

**TCR - Intestine - 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	Last Name:	Cascades from Waitlist
Candidate Information	First Name:	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
Candidate Information	Race:	Cascades from Waitlist
Candidate Information	Citizenship:	
Candidate Information	Year of Entry to the U.S.	
Candidate Information	Year of Entry to the U.S Status//ST=	
Candidate Information	Country of Permanent Residence	
Candidate Information	Highest Education Level:	
Patient Status	Patient on Life Support:	
Patient Status	Life Support://Ventilator	
Patient Status	Life Support://Artificial Liver	
Patient Status	Life Support://Other Mechanism, Specify	
Patient Status	Life Support:Other Mechanism//Specify:	
Patient Status	Functional Status:	
Patient Status	Working for income:	
Patient Status	Previous Transplant//Organ	Display Only - Cascades from Database
Patient Status	Previous Transplant//Date	Display Only - Cascades from Database
Patient Status	Previous Transplant//Graft Fail Date	Display Only - Cascades from Database
Patient Status	Previous Pancreas Islet Infusion:	
Source of Payment	Source of Payment//Primary:	
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	Weight Growth percentiles//%ile	Calculated for display only
Clinical Information	BMI:	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:	
Clinical Information	Primary Diagnosis//Specify:	
General Medical Factors	Diabetes:	
General Medical Factors	Any previous Malignancy:	
General Medical Factors	Any previous Malignancy//Specify Type:	
General Medical Factors	Any previous Malignancy//Specify:	
General Medical Factors	Total Bilirubin	
Intestine Medical Factors	Variceal Bleeding within Last Two Weeks:	
Intestine Medical Factors	Recurrent sepsis:	
Intestine Medical Factors	Fungal sepsis:	
Intestine Medical Factors	Unmanageable fluid-electrolyte losses:	
Intestine Medical Factors	"Non-Reconstructible" GI tract:	

[illegible]

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



**TCR - Intestine - 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
Organ Registered:	Display Only - Cascades from Waitlist
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=	
Country of Permanent Residence	
Highest Education Level:	
Patient on Life Support:	
Life Support://Ventilator	
Life Support://Artificial Liver	
Life Support://Other Mechanism, Specify	
Life Support:Other Mechanism//Specify:	
Functional Status:	
Cognitive Development:	
Motor Development:	
Academic Progress:	
Academic Activity Level:	
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
Source of Payment//Primary:	
Foreign Government//Specify:	
Height Measurement Date	
Height in cm://Height:	
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 from Waitlist
Primary Diagnosis:	
Primary Diagnosis//Specify:	
Secondary Diagnosis:	Not required
Secondary Diagnosis//Specify:	
Diabetes:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify:	
Total Bilirubin:	
Total Bilirubin://ST=	Value or status is reported, not both
Loss of two or more vascular access sites:	
History of Portomesenteric Vein Thrombosis:	
Variceal Bleeding within Last Two Weeks:	
Recurrent sepsis:	

Fungal sepsis:	
Unmanageable fluid-electrolyte losses:	
"Non-Reconstructible" GI tract:	

XX/XX/20XX

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