TRR - Intestine - 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	Database
Recipient Information	Transplant Time	Database
Recipient Information	Transplant Time Zone	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	Surgeon Name	Display Only - Cascades Ironi TCK
Provider Information	NPI#	
Oonor Information	UNOS Donor ID#	feedback
Oonor Information	Donor Type	feedback
Oonor Information	OPO	feedback
Patient Status	Primary Diagnosis	
Patient Status	Primary Diagnosis//Specify	
Patient Status	Secondary Diagnosis	Not required
Patient Status	Secondary Diagnosis//Specify	Not required
Patient Status	Date: Last Seen, Retransplanted or Death	rotrequirea
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	1
Patient Status	Date of Discharge from Tx Center	Not required
Patient Status	Medical Condition at time of transplant	- in the second
Patient Status	Patient on Life Support	
Patient Status	Ventilator	
Patient Status	Artificial Liver	
Patient Status	Other Mechanism	
Patient Status	Other Mechanism, Specify	
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Source of Payment	
Patient Status	Primary Source of Payment, Specify	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	Weight	Carculated for display only
Pretransplant	Weight in Kilograms//Status	Value or status is reported not both
	9 0	Value or status is reported, not both
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	BMI	Database
Pretransplant	BMI://%ile	Calculated for display only
Pretransplant	Previous Transplant Organ	Database
Pretransplant	Previous Transplant Date	Database
Pretransplant	Previous Transplant Graft Fail Date	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	
	Did the recipient receive Hepatitis B	
Pretransplant	vaccines prior to transplant?	
Pretransplant Pretransplant	vaccines prior to transplant? Total Bilirubin	

Form Section
Recipient Information Recipient Information
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Recipient Information
Provider Information
Provider Information
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Pretransplant Serum Albumin//Status Value or status is reported, not bot Pretransplant Serum Creatinine Pretransplant Serum Creatinine//Status Value or status is reported, not bot Value or status is reported, not bot Value or status is reported, not bot Value or status is reported.	th
Pretransplant Serum Creatinine Pretransplant Serum Creatinine//Status Value or status is reported, not both	th
Pretransplant Serum Creatinine//Status Value or status is reported, not bot	
	th
Transplant Procedure Multiple Organ Recipient feedback	
Transplant Procedure procedure feedback	
Transplant Procedure Intestine Venous Drainage	
Transplant Procedure Native Viscera Venous Drainage	
Transplant Procedure Procedure Type feedback	
Transplant Procedure Stomach	
Transplant Procedure Small Intestine	
Transplant Procedure Duodenum	
Transplant Procedure Large Intestine	
Transplant Procedure and anastomotic time)	
Transplant Procedure warm and anastomotic time)//Status Value or status is reported, not bot	th
Transplant Procedure Recent Septicemia	
Transplant Procedure Exhausted Vascular Access	
Transplant Procedure Previous Abdominal Surgery	
Transplant Procedure Dilated/Non-Functional Bowel Segments	
Transplant Procedure Other risk factors Not required	
Transplant Procedure Organ Check-In Date	
Transplant Procedure Check-In Time	
Transplant Procedure Check-In Time Zone Display Only - Calculated	
Transplant Procedure Related Organs Database	
Transplant Freeduce Reduced Organis Suitabase	
Post Transplant Graft Status	
Post Transplant TPN Dependent	
Post Transplant IV Dependent	
Post Transplant Oral Feeding	
Post Transplant Tube Feed	
Post Transplant Date of Graft Failure	
2 State of State and and	
Post Transplant Primary Cause of Graft Failure	
Post Transplant Primary Cause of Graft Failure//Specify	
Post Transplant episodes between transplant and discharge	
Immunosuppression Other 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 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.

Pretransplant		
Pretransplant		
Transplant Procedure		
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Transplant Procedure		
Post Transplant		
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Post Transplant		
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Post Transplant		
Post Transplant		
Immunosuppression Other		
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OMB No. 0915-0157; Expiration I PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Pro perform the following OPTN func OPTN: and to monitor compliance and a person is not required to re number. The OMB control numb information collection is required Privacy Act protection (Privacy Awell protected by a number of th requirements as prescribed by O the Departments Automated Info collection of information is estim searching existing data sources, a burden estimate or any other as HRSA Information Collection Clea paperwork@hrsa.gov.

TRR - Intestine - 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	Display Only - Cascades from Database
Transplant 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
Surgeon Name	
NPI#	
UNOS Donor ID #	Display Only - Cascades from feedback
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Primary Diagnosis	
Primary Diagnosis//Specify	
Secondary Diagnosis	Not required
Secondary Diagnosis//Specify	Not required
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	Not required
Medical Condition at time of transplant	•
Patient on Life Support	
Ventilator	
Artificial Liver	
Other Mechanism	
Other Mechanism, 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
Percentiles//%ile	Calculated for display only
Weight Measurement Date	Calculated for display only
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Percentiles//%ile	Calculated for display only
SMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
31V11.// /0IIE	
Provious Transplant Organ	Display Only - Cascades from Database
	Display Only - Cascades from Database
Previous Transplant Date	
Previous Transplant Date Previous Transplant Graft Fail Date	
Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus	
Previous Transplant Organ Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV	
Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV CMV Status	
Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV CMV Status HBV Core Antibody	
Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV CMV Status	
Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV CMV Status HBV Core Antibody HBV Surface Antibody Total	
Previous Transplant Date Previous Transplant Graft Fail Date HIV Serostatus NAT HIV CMV Status HBV Core Antibody	Display Only - Cascades from Database

NAT HCV	
EBV Serostatus	
vaccines prior to transplant?	
Total Bilirubin	
Total Bilirubin//Status	Value or status is reported, not both
Serum Albumin	, and of outside to report and, and of the
Serum Albumin//Status	Value or status is reported, not both
Serum Creatinine	, and of the second of the sec
Serum Creatinine//Status	Value or status is reported, not both
Seram Greatmine//Status	value of status is reported, not som
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant	
procedure	Display Only - Cascades from feedback
Intestine Venous Drainage	
Native Viscera Venous Drainage	
Procedure Type	Display Only - Cascades from feedback
Stomach	
Small Intestine	
Duodenum	
Large Intestine	
and anastomotic time)	
warm and anastomotic time)//Status	Value or status is reported, not both
Recent Septicemia	
Exhausted Vascular Access	
Previous Abdominal Surgery	
0 1	
Dilated/Non-Functional Bowel Segments	
Dilated/Non-Functional Bowel Segments	
	Not required
Other risk factors Organ Check-In Date	Not required
Other risk factors	Not required
Other risk factors Organ Check-In Date	
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time	
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feed	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feed Date of Graft Failure	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feed	Display Only - Calculated
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feed Date of Graft Failure	Display Only - Calculated
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Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feed Date of Graft Failure Primary Cause of Graft Failure Primary Cause of Graft Failure//Specify Did patient have any acute rejection episodes between transplant and discharge	Display Only - Calculated Display Only - Cascades from Database
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feed Date of Graft Failure Primary Cause of Graft Failure	Display Only - Calculated Display Only - Cascades from Database
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feed Date of Graft Failure Primary Cause of Graft Failure	Display Only - Calculated Display Only - Cascades from Database
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feed Date of Graft Failure Primary Cause of Graft Failure In piscodes between transplant and discharge Are any medications given currently for maintenance or anti-rejection Immunosuppression medication	Display Only - Calculated Display Only - Cascades from Database
Other risk factors Organ Check-In Date Check-In Time Check-In Time Zone Related Organs Graft Status TPN Dependent IV Dependent Oral Feeding Tube Feed Date of Graft Failure Primary Cause of Graft Failure	Display Only - Calculated Display Only - Cascades from Database

Date: XX/XX/20XX

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