

TRF - Intestine - Adult
Fields to be completed by members

Form Section	Field label	Notes
Recipient Information	Organ Type	from Database
Recipient Information	Follow-up code	from Database
Recipient Information	Recipient First Name	from TCR
Recipient Information	Recipient Last Name	from TCR
Recipient Information	Recipient Middle Initial	from TCR
Recipient Information	SSN	from TCR
Recipient Information	HIC	from TCR
Recipient Information	Previous Follow-up	from prior TRF
Recipient Information	DOB	from TCR
Recipient Information	Birth Sex	from TCR
Recipient Information	Tx Date	from Database
Recipient Information	Previous Px Stat Date	from prior TRF
Recipient Information	Transplant Discharge Date	
Recipient Information	State of Permanent Residence	
Recipient Information	Zip Code	
Provider Information	Recipient Center	from TCR
Provider Information	Recipient Center Type	from TCR
Provider Information	Follow-up Center Code	from Database
Provider Information	Follow-up Center Type	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 #	from Database
Donor Information	Donor Type	from Database
Donor Information	OPO	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
Patient Status	Has the patient been hospitalized since the last patient status date	
Patient Status	Functional Status	
Patient Status		
Patient Status	Working for income	
Patient Status		
Patient Status	Primary Insurance at Follow-up	
Patient Status	Primary Source of Payment, Specify	
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	TPN Dependent	
Clinical Information	IV Dependent	
Clinical Information	Oral Feeding	
Clinical Information	Tube Feeding	
Clinical Information	Date of Failure	
Clinical Information	Primary Cause of Failure	
Clinical Information	Primary Cause of Failure//Other, Specify	
Clinical Information	New diabetes onset between last follow-up to the current follow-up	
Clinical Information	Insulin dependent	
Clinical Information	Most Recent Lab date	
Clinical Information	Serum Creatinine	
Clinical Information	Creatinine://Status	not both
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	

[illegible]

TRF - Intestine - 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	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
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	
UNOS Donor ID #	Display Only - Cascades from Database
Donor Type	Display Only - Cascades from Database
OPO	Display Only - Cascades from feedback
Date: Last Seen, Retransplanted or Death	
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	Value or status is reported, not both
Height Percentile	Calculated for display only
Weight Measurement Date	
Weight	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI Percentile	Calculated for display only
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	
HCV NAT	
Graft Status	
TPN Dependent	
IV Dependent	
Oral Feeding	

Tube Feeding	
Date of Failure	
Primary Cause of Failure	
Primary Cause of Failure//Other, Specify	
New diabetes onset between last follow-up to the current follow-up	
Insulin dependent	
Most Recent Lab date	
Total Bilirubin	
Total Bilirubin://Status	Value or status is reported, not both
Serum Creatinine	
If Functioning, Most Recent Serum Creatinine://Status	Value or status is reported, not both
episodes during the follow-up period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Coronary Artery Disease Since Last Follow-up	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppression medication	
Immunosuppression medication indication	

in Date: XX/XX/20XX

Procurement and Transplantation Network (OPTN) collects this information in order to determine whether applicants meet OPTN Bylaw requirements for membership in the network of member organizations with OPTN Obligations. An agency may not conduct or sponsor, nor respond to, a collection of information unless it displays a currently valid OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This notice is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to the Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are subject to the Contractor's security features. The Contractor's security system meets or exceeds the requirements of OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the 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, gathering the data, reviewing the collection of information, sending comments regarding this aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Burden Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or by email to optn@optn.org.