TRF - Intestine - Adult
Fields to be completed by members

Form Section	Field label	Notes	Form Section
Recipient Information	Organ Type	from Database	Recipient Information
Recipient Information	Follow-up code	from Database	Recipient Information
Recipient Information	Recipient First Name	from TCR	Recipient Information
Recipient Information	Recipient Last Name	from TCR	Recipient Information
Recipient Information	Recipient Middle Initial	from TCR	Recipient Information
Recipient Information	SSN	from TCR	Recipient Information
Recipient Information	HIC	from TCR	Recipient Information
Recipient Information	Previous Follow-up	from prior TRF	Recipient Information
Recipient Information	DOB	from TCR	Recipient Information
Recipient Information	Birth Sex	from TCR	Recipient Information
Recipient Information	Tx Date	from Database	Recipient Information
Recipient Information	Previous Px Stat Date	from prior TRF	Recipient Information
Recipient Information	Transplant Discharge Date		Recipient Information
Recipient Information	State of Permanent Residence		Recipient Information
Recipient Information	Zip Code		Recipient Information
Provider Information	Recipient Center	from TCR	Recipient Information
Provider Information	Recipient Center Type	from TCR	Recipient Information
Provider Information	Follow-up Center Code	from Database	Recipient Information
Provider Information	Follow-up Center Type	from Database	Recipient Information
Provider Information	Physician Name		Recipient Information
Provider Information	NPI#		Recipient Information
Provider Information	Follow-up Care Provided By		Recipient Information
Provider Information	Follow-up Care Provided By//Specify		Recipient Information
Donor Information	UNOS Donor ID #	from Database	Donor Information
Donor Information	Donor Type	from Database	Donor Information
Donor Information	OPO	from feedback	Donor Information
Patient Status	Date: Last Seen, Retransplanted or Death		Patient Status
Patient Status	Patient Status		Patient Status
Patient Status	Primary Cause of Death		Patient Status
Patient Status	Primary Cause of Death//Specify		Patient Status
Patient Status	Contributory Cause of Death	Not required	Patient Status
Patient Status	Contributory Cause of Death//Specify	Not required	Patient Status
Patient Status	Contributory Cause of Death	Not required	Patient Status
Patient Status	Contributory Cause of Death//Specify	Not required	Patient Status
Patient Status	Has the patient been hospitalized since the last patient status date		Patient Status
Patient Status	Functional Status		Patient Status
Patient Status	Working for income		Patient Status at Time of Follow-up
Patient Status	Primary Insurance at Follow-up		Patient Status at Time of Follow-up
Patient Status	Primary Source of Payment, Specify		Patient Status
Clinical Information	HIV Serology		Patient Status
Clinical Information	HIV NAT		Patient Status
Clinical Information	HbsAg		Patient Status
Clinical Information	HBV DNA		Patient Status
Clinical Information	HBV Core Antibody		Clinical Information
Clinical Information	HCV Serology		Clinical Information
Clinical Information	HCV NAT		Clinical Information
Clinical Information	Graft Status		Clinical Information
Clinical Information	TPN Dependent		Clinical Information
Clinical Information	IV Dependent		Clinical Information
Clinical Information	Oral Feeding		Clinical Information
Clinical Information	Tube Feeding		Clinical Information
Clinical Information	Date of Failure		Clinical Information
Clinical Information	Primary Cause of Failure		Clinical Information
Clinical Information	Primary Cause of Failure//Other, Specify		Clinical Information
Clinical Information	New diabetes onset between last follow-up to the current follow-up		Clinical Information
Clinical Information	Insulin dependent		Clinical Information
Clinical Information	Most Recent Lab date		Clinical Information
Clinical Information	Serum Creatinine		Clinical Information
Clinical Information	Creatinine://Status	not both	Clinical Information
Clinical Information	Did patient have any acute rejection episodes during the follow-up period		Clinical Information
Clinical Information	Post Transplant Malignancy		Clinical Information
Clinical Information	Donor Related		Clinical Information
Clinical Information	Recurrence of Pre-Tx Tumor		Clinical Information
Clinical Information	De Novo Solid Tumor		Clinical Information

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 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.

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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	

ın Date: XX/XX/20XX

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