TCR - Kidney - 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=	Value or status is reported, not both
Candidate Information	Country of Permanent Residence	
Candidate Information	Highest Education Level:	
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	Symptomatic Peripheral Vascular Disease:	
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 Serum Albumin:	
General Medical Factors	Total Serum Albumin//ST=	Value or status is reported, not both
Kidney Medical Factors	Exhausted Vascular Access:	
Kidney Medical Factors	Exhausted Peritoneal Access:	
Kidney Medical Factors	Age of Diabetes Onset:	
Kidney Medical Factors	Age of Diabetes Onset//ST=	Value or status is reported, not both

Form Section
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OMB No. 0915-0157; Expiration Date: XX/XX/20XX

PUBLIC BURDEN STATEMENT:

OMB No. 0915-0157; Expiration

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Pr
perform the following OPTN fur
OPTN; and to monitor complian
and a person is not required to r
number. The OMB control numb
information collection is require
Privacy Act protection (Privacy A
well protected by a number of t
requirements as prescribed by C
the Departments Automated In
collection of information is estir
searching existing data sources,
burden estimate or any other as
HRSA Information Collection Cle
paperwork@hrsa.gov.

TCR - Kidney - 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=	Value or status is reported, not both
Country of Permanent Residence	
Highest Education Level:	
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
Is growth hormone therapy used at time of listing:	
ABO Blood Group:	Display Only - Cascades from Waitlist
Primary Diagnosis:	
Primary Diagnosis//Specify:	
Diabetes:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify:	
Total Serum Albumin:	
Total Serum Albumin//ST=	Value or status is reported, not both
Exhausted Vascular Access:	
Exhausted Peritoneal Access:	
Age of Diabetes Onset:	
Age of Diabetes Onset//ST=	Value or status is reported, not both
Fracture in the past year (or since last follow-up):	
Specify Location and number of fractures//Spine-compression fracture:	
Spine-compression fracture//# of fractures:	
Specify Location and number of fractures//Extremity:	
Extremity//# of fractures:	
Specify Location and number of fractures//Other:	
Other//# of fractures:	
AVN (avascular necrosis):	

Date: XX/XX/20XX

·ocurement and Transplantation Network (OPTN) collects this information in order to
ıctions: to assess whether applicants meet OPTN Bylaw requirements for membership in the
ce of member organizations with OPTN Obligations. An agency may not conduct or sponsor,
respond to, a collection of information unless it displays a currently valid OMB control
ɔer for this information collection is 0915-0157 and it is valid until XX/XX/202X. This
:d to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to
Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are
he Contractor's security features. The Contractor's security system meets or exceeds the
OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and
formation Systems Security Program Handbook. The public reporting burden for this
nated to average 0.27 hours per response, including the time for reviewing instructions,
and completing and reviewing the collection of information. Send comments regarding this
;pect of this collection of information, including suggestions for reducing this burden, to
:arance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or