TRF - Pancreas - Adult Fields to be completed by members

Form Section	Field label	Notes Display Only Cossades from Database
Recipient Information	Organ Type	Display Only - Cascades from Database
Recipient Information Recipient Information	Follow-up code Recipient First Name	Display Only - Cascades from Database Display Only - Cascades from TCR
Recipient Information	Recipient Last Name	Display Only - Cascades from TCR Display Only - Cascades from TCR
Recipient Information	Recipient Middle Initial	Display Only - Cascades from TCR
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
recipient information	ine	Display Only Gascades from Fert
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Birth Sex	Display Only - Cascades from TCR
Recipient Information	Tx Date	Display Only - Cascades from Database
Recipient Information	Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Information	Transplant Discharge Date	
Recipient Information	State of Permanent Residence	
Recipient Information	Zip Code	
Provider Information	Recipient Center	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Follow-up Center Code	Display Only - Cascades from Database
Provider Information	Follow-up Center Type	Display Only - Cascades 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 #	Display Only - Cascades from Database
Donor Information	Donor Type	Display Only - Cascades from Database
Donor Information	OPO	Display Only - Cascades 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
Tuttent Status	Has the patient been hospitalized since the	riot required
Patient Status	last patient status date	
Patient Status	Functional Status	
Patient Status	Working for income	
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	
	Patient using any method of blood sugar	
Clinical Information	control?	
		N f:-13 :f
		New field if pancreas graft status is functioning. Modification to current label in
Clinical Information	Patient on insulin?	graft status is failed.
		New field if pancreas graft status is
Clinical Information	Date insulin resumed	functioning. Modification to current label in graft status is failed.
Clinical Information	Date insulin resumed//ST=	Value or status is reported, not both
Chilical illiorniation	Date insumi resumed//31-	value of status is reported, flot both
	Taral in culting de case a contra	
Clinical Information	Total insulin dosage units	
Clinical Information Clinical Information	Total insulin dosage units//ST	Value or status is reported, not both
	-	Value or status is reported, not both

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Recipient Information	
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Recipient Information	
Recipient Information	
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Recipient Information	
Recipient Information	
Provider Information	
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Donor Information	
Patient Status	
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		New field if pancreas graft status is
Clinical Information	Patient on oral medication to control blood sugar	functioning. Modification to current label if graft status is failed.
		New field if pancreas graft status is functioning. Modification to current label if
Clinical Information	Date oral medications resumed	graft status is failed.
Clinical Information	Date oral medications resumed//ST=	Value or status is reported, not both
		New field if pancreas graft status is functioning. Modification to current label if
Clinical Information	Patient using diet to control blood sugar	graft status is failed.
Clinical Information	Date of Graft Failure	
Clinical Information	C-Peptide Value	
Clinical Information	C-Peptide Value://ST=	Value or status is reported, not both
Clinical Information	Hba1c (%)	
Clinical Information	Hba1c (%)//Status	Value or status is reported, not both
Clinical Information	Primary Cause of Graft Failure	
Clinical Information	Primary Cause of Graft Failure//Other, Specify	
Clinical Information	Graft/Vascular Thrombosis	
Clinical Information	Infection	
Clinical Information	Bleeding	
	<u> </u>	
Clinical Information	Anastomotic Leak	
Clinical Information	Acute Rejection	
	,	
Clinical Information	Chronic Pojection	
Clinical Information	Chronic Rejection Biopsy Proven Isletitis	
Clinical Information	Pancreatitis	
Clinical Information	Patient Noncompliance	
Clinical Information	Contributory Cause of Graft Failure//Other, Specify	
Chinear information	Conv. From Bladder to Enteric Drain	
Clinical Information	Performed	
Clinical Information	If Yes, Enteric Drainage Date	
Clinical Information	Most Recent Serum Creatinine	
Clinical Information	Most Recent Serum Creatinine//Status	Value or status is reported, not both
	Pancreas Transplant Complications (Not	
Clinical Information Clinical Information	leading to graft failure) Pancreatitis	Display Only - Cascades from Database
Clinical Information	Anastomotic Leak	
Clinical Information	Abscess or Local Infection	
Clinical Information	Other Complications	
Clinical Information	Did patient have any acute rejection episodes during the follow-up period	
Clinical Information	Post Transplant Malignancy	
Clinical Information	Donor Related	
	D (D T T	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	De Novo Solid Tumor	
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	
Immunosuppressive	Were any medications given during the	
Information Immunosuppressive	follow-up period for maintenance Previous Validated Maintenance Follow-up	
Information	Medications	Display Only - Cascades from Database
Immunosuppressive Information	Immunosuppression medication	
Immunosuppressive	**	
Information	Immunosuppression medication indication	

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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.

Clinical Information
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PUBLIC BURDEN STATEMEN

The private, non-profit Orgal perform the following OPTN the OPTN; and to monitor cc sponsor, and a person is not control number. The OMB cribis information collection is subject to Privacy Act protec OPTN also are well protected or exceeds the requirements Information Systems, and threporting burden for this col reviewing instructions, searc comments regarding this burdeducing this burden, to HRS Maryland, 20857 or paperwo

TRF - Pancreas - 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
Description Faller and	Disalas Only County form miss TDE
Previous Follow-up DOB	Display Only - Cascades from prior TRF 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 Height Measurement Date	
Height Measurement Date Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
Weight Measurement Date	1 3 3
Weight	
7.7.1.3.40	
Weight//Status	Value or status is reported, not both
Weight Percentile	Calculated for display only
BMI	Display Only - Cascades from Database
<u> </u>	Display Only - Cascades HUIII Database
DIG D	
BMI Percentile	Calculated for display only
HIV Serology HIV NAT	
HbsAg	

HBV DNA	
HBV Core Antibody	
HCV Serology	
HCV NAT Graft Status	
oran orange	
Patient using any method of blood sugar control?	
	New field if pancreas graft status is functioning. Modification to current label
Patient on insulin?	if graft status is failed.
Date insulin resumed	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.
Date insulin resumed//ST=	Value or status is reported, not both
Total insulin dosage units	
Total insulin dosage units//ST	Value or status is reported, not both
Insulin duration of use Insulin duration of use//ST	Value or status is reported, not both
mount duration of use//31	Value or status is reported, not both New field if pancreas graft status is
Patient on oral medication to control blood sugar	functioning. Modification to current label if graft status is failed.
Date oral medications resumed	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.
Date oral medications resumed//ST=	Value or status is reported, not both
Patient using diet to control blood sugar	New field if pancreas graft status is functioning. Modification to current label if graft status is failed.
Date of Graft Failure	ir graft states is faired.
C-Peptide Value C-Peptide Value://ST=	Value or status is reported, not both
C-replide Value://31-	Value or status is reported, not both
Hba1c (%)	
Hba1c (%)//Status	Value or status is reported, not both
Primary Cause of Graft Failure	
Primary Cause of Graft Failure//Other, Specify	
Graft/Vascular Thrombosis	
Infection	
Bleeding Anastomotic Leak	
Acute Rejection	
Chronic Rejection	
Biopsy Proven Isletitis	
Pancreatitis Patient Noncompliance	
Contributory Cause of Graft Failure//Other, Specify	
Conv. From Bladder to Enteric Drain Performed	
If Yes, Enteric Drainage Date	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
Pancreas Transplant Complications (Not leading to graft failure)	Display Only - Cascades from Database
Pancreatitis	
Anastomotic Leak	

Abscess or Local Infection	
Other Complications	
Did patient have any acute rejection 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	
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	

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