

TRF - Pancreas - Adult
Fields to be completed by members

Form Section	Field Label	Notes
Recipient Information	Organ Type	Display Only - Cascades from Database
Recipient Information	Follow-up code	Display Only - Cascades from Database
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	Display Only - Cascades from TCR
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
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 ID Type	Display Only - Cascades from Database
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	
Clinical Information	Graft Status	
Clinical Information	Most Recent Serum Creatinine	
Clinical Information	Most Recent Serum Creatinine//Status	Value or status is reported, not both
Clinical Information	Date of Failure	
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	
Clinical Information	Anastomotic Leak	
Clinical Information	Acute Rejection	
Clinical Information	Chronic Rejection	
Clinical Information	Biopsy Proven Isletitis	
Clinical Information	Pancreatitis	
Clinical Information	Patient Noncompliance	
Clinical Information	Contributory Cause of Graft Failure//Other, Specify	
Clinical Information	Post Transplant Malignancy	
Clinical Information	Donor Related	
Clinical Information	Recurrence of Pre-Tx Tumor	
Clinical Information	De Novo Solid Tumor	
Clinical Information	De Novo Lymphoproliferative disease and Lymphoma	

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 II, 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.

Form Section
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Recipient Information
Provider Information
Provider Information
Provider Information
Provider Information
Donor Information
Donor Information
Donor Information
Patient Status
Patient Status
Patient Status
Patient Status
Patient Status
Patient Status at Time of Follow-up
Patient Status at Time of Follow-up
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information
Clinical Information

Clinical Information

OMB No. 0915-0157; Expiration

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Pi
the following OPTN functions: t
to monitor compliance of meml
is not required to respond to, a
control number for this informa
required to obtain or retain a br
(Privacy Act System of Records :
number of the Contractor's seci
prescribed by OMB Circular A-1
Automated Information System
estimated to average 0.27 hour
and completing and reviewing t
aspect of this collection of infor
Clearance Officer, 5600 Fishers

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
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
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	
Functional Status	
Cognitive Development	
Motor Development	
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
Graft Status	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
Date of Failure	
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	
Coronary Artery Disease Since Last Follow-up	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	

Date: XX/XX/20XX

rourement and Transplantation Network (OPTN) collects this information in order to perform
o assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and
ber organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person
collection of information unless it displays a currently valid OMB control number. The OMB
ition collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is
enefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection
#09-15-0055). Data collected by the private non-profit OPTN also are well protected by a
urity features. The Contractor's security system meets or exceeds the requirements as
30, Appendix III, Security of Federal Automated Information Systems, and the Departments
is Security Program Handbook. The public reporting burden for this collection of information is
s per response, including the time for reviewing instructions, searching existing data sources,
he collection of information. Send comments regarding this burden estimate or any other
mation, including suggestions for reducing this burden, to HRSA Information Collection
Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.