

TRR - Kidney/Pancreas Adult
Fields to be completed by members

Form Section	Field Label	Notes
Recipient Information	Organ	Display Only - Cascades from TCR
Recipient Information	Recipient First Name	Display Only - Cascades from TCR
Recipient Information	Recipient Middle Initial	Not required
Recipient Information	Recipient Last Name	Display Only - Cascades from TCR
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender Birth Sex	Display Only - Cascades from TCR
Recipient Information	Transplant Date	Display Only - Cascades from Database
Recipient Information	Transplant Time	Display Only - Cascades from Database
Recipient Information	Transplant Time Zone	Display Only - Cascades from Database
Recipient Information	State of Permanent Residence	
Recipient Information	Permanent Zip	
Provider Information	Recipient Center Code	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Surgeon Name	
Provider Information	NPI#	
Donor Information	UNOS Donor ID #	Display Only - Cascades from feedback
Donor Information	Donor Type	Display Only - Cascades from feedback
Donor Information	OPO	Display Only - Cascades from feedback
Patient Status	Kidney Primary Diagnosis	
Patient Status	Kidney Primary Diagnosis//Specify	
Patient Status	Pancreas Primary Diagnosis	
Patient Status	Pancreas Primary Diagnosis//Specify	
Patient Status	Date: Last Seen, Retransplanted or Death	
Patient Status	Patient Status	
Patient Status	Primary Cause of Death	
Patient Status	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	Retransplanted organ	
Patient Status	Date of Admission to Tx Center	
Patient Status	Date of Discharge from Tx Center	Not required
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary	
Patient Status	Kidney Foreign Government//Specify	
Patient Status	Primary	
Patient Status	Pancreas Foreign Government//Specify	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
Pretransplant	Height Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	Weight	
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
Pretransplant	Weight Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	BMI	Display Only - Cascades from Database
Pretransplant	BMI://%ile	Calculated for display only
Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database
Pretransplant	Previous Transplant Date	Display Only - Cascades from Database
Pretransplant	Previous Transplant Graft Fail Date	Display Only - Cascades from Database
Pretransplant	Pretransplant Dialysis	
Pretransplant	If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis	

[illegible]

TRR - Kidney/Pancreas Pediatric
Fields to be completed by members

Field Label	Notes
Organ	Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Middle Initial	Not required
Recipient Last Name	Display Only - Cascades from TCR
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
DOB	Display Only - Cascades from TCR
Gender Birth Sex	Display Only - Cascades from TCR
Transplant Date	Display Only - Cascades from Database
Transplant Time	Display Only - Cascades from Database
Transplant Time Zone	Display Only - Cascades from Database
State of Permanent Residence	
Permanent Zip	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Surgeon Name	
NPI#	
UNOS Donor ID #	Display Only - Cascades from feedback
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Kidney Primary Diagnosis	
Kidney Primary Diagnosis//Specify	
Pancreas Primary Diagnosis	
Pancreas Primary Diagnosis//Specify	
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
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
Retransplanted organ	
Date of Admission to Tx Center	
Date of Discharge from Tx Center	Not required
Functional Status	
Cognitive Development	
Motor Development	
Academic Progress	
Academic Activity Level	
Primary	
Kidney Foreign Government//Specify	
Primary	
Pancreas Foreign Government//Specify	
Height Measurement Date	
Height	
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight Measurement Date	
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth Percentiles//%ile	Calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only

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
Pretransplant Dialysis	
If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis	
Date First Dialyzed//Status	Value or status is reported, not both
Average Daily Insulin Units	
Average Daily Insulin Units//Status	Value or status is reported, not both
Serum Creatinine at Time of Tx	
Serum Creatinine at Time of Tx//Status	Value or status is reported, not both
HIV Serostatus	
NAT HIV	
CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Core Antibody	
HBV Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
Did the recipient receive Hepatitis B vaccines prior to transplant?	
Malignancies between listing and transplant//Specify	
Malignancies between listing and transplant	
If yes, specify type	
Fracture in the past year (or since last follow-up)	
Spine-compression fracture	
Spine-compression fracture//# of fractures	
Extremity	
Extremity//# of fractures	
Other	
Other//# of fractures	
AVN (avascular necrosis)	
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Procedure Type	Display Only - Cascades from feedback
Operative Technique	
Duct Management	
Duct Management//Specify	
Venous Vascular Management	
Arterial Reconstruction	
Arterial Reconstruction//Specify	
Venous Extension Graft	
Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time)	
Total Cold Ischemia Time Right KI//Status	Value or status is reported, not both
Total Cold Ischemia Time Left KI (If pumped, include pump time)	
Total Cold Ischemia Time Left KI//Status	Value or status is reported, not both

Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)	
Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time)//Status	Value or status is reported, not both
Kidney(s) received on	
Received on ice	
Received on pump	
Left Kidney Final resistance at transplant	
Left Kidney Final resistance at tx//Status	Value or status is reported, not both
Right Kidney Final resistance at transplant	
Right Kidney Final resistance at tx//Status	Value or status is reported, not both
Left Kidney Final flow rate at transplant	
Left Kidney Final flow rate at tx//Status	Value or status is reported, not both
Right Kidney Final flow rate at transplant	
Right Kidney Final flow rate at tx//Status	Value or status is reported, not both
Organ Check-In Date	
Check-In Time	
Check-In Time Zone	Display Only - Calculated
TransNet Organ Check-In Times for Related Organs	Display Only - Cascades from Database
Graft Status	
Resumed Maintenance Dialysis	
Date Maintenance Dialysis Resumed	
Date of Graft Failure:	
Primary Cause of Graft Failure:	
Primary Cause of Graft Failure//Other, Specify:	
Did patient have any acute kidney rejection episodes between transplant and discharge	
Is growth hormone therapy used between listing and transplant	
Most Recent Serum Creatinine Prior to Discharge	
Most Recent Serum Creatinine Prior to Discharge//Status	Value or status is reported, not both
Patient Need Dialysis within First Week	
Pancreas Graft Status	
Patient using any method of blood sugar control?	
Patient on insulin?	New field if pancreas graft status is functioning. Modified label if graft status is failed
Date insulin resumed	New field if pancreas graft status is functioning. Modified label if graft status is failed
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
Patient on oral medication to control blood sugar	New field if pancreas graft status is functioning. Modified label if graft status is failed

Date oral medications resumed	New field if pancreas graft status is functioning. Modified label if graft status is failed
Patient using diet to control blood sugar	New field if pancreas graft status is functioning. Modified label if graft status is failed
Pancreas Date of Graft Failure	
C-Peptide Value	
C-Peptide Value://ST=	Value or status is reported, not both
Hba1c (%)	
Hba1c (%)//Status	Value or status is reported, not both
Pancreas Primary Cause of Graft Failure	
Pancreas Primary Cause of Graft Failure/Specify	
Pancreas Graft/Vascular Thrombosis	
Pancreas Infection	
Bleeding	
Anastomotic Leak	
Hyperacute Rejection	
Pancreas Acute Rejection	
Biopsy Proven Isletitis	
Pancreatitis	
Other, Specify rejection episodes between transplant and discharge	
Pancreatitis	
Anastomotic Leak	
Abscess or Local Infection	
Other	Not required
Weight Post Transplant	
Weight in Kilograms//Status	Value or status is reported, not both
Are any medications given currently for maintenance or anti-rejection	
Immunosuppression medication	
Immunosuppression medication indication	
Days of induction	

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 OPTN. An agency may not conduct or sponsor 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 collection of information is required by the Department of Health and Human Services to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to the 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 NIST Special Publication 800-53, 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 and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Office, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or to the Office of Management and Budget, Paperwork Project Director (0915-0157), Washington, DC 20503.