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

Form Section	Field Label	Notes
		Notes TCP
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
		1 0 0
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	Tunspiant Time	Display Only Guscades from Butabase
D · · · · I · · · ·	T 1 . T' 7	
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	1 3 3
Provider Information	NPI#	
110videt mitorination	LAL EIT	
D. I.C.	HINOC D. TO "	D: 1 0 1 6 1 6 7 7 7
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	Display Only Guscades from recuback
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	NT
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	
		Not required
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	
	Height	
Pretransplant		Y-1
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
	Height Percentile//Growth	
Pretransplant	Percentiles//%ile	Calculated for display only
Pretransplant	Weight	
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
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Drotranenlant	Weight Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	r crcentiles// /offe	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
•	. 0	
Pretransplant	Previous Transplant Date	Display Only - Cascades from Database
camopiant	2.10400 Transplant Date	Display Only Cascades Holli Database
D	D	D: 1 0 1 0 1 1 7 :
Pretransplant	Previous Transplant Graft Fail Date	Display Only - Cascades from Database
Pretransplant	Pretransplant Dialysis	
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	If Dialyzed Date of Most December 1	
Drotranenlant	If Dialyzed, Date of Most Recent Initiation of Chronic Maintenance Dialysis	
Pretransplant	of Chronic Maintenance Dialysis	

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Pretransplant	Date First Dialyzed//Status	Value or status is reported, not both
Pretransplant	Average Daily Insulin Units	
Pretransplant	Average Daily Insulin Units//Status	Value or status is reported, not both
Pretransplant	Serum Creatinine at Time of Tx	variate of status is reported, not boar
recruispiant	Serum Greatinine at Time of Tx	
Pretransplant	Serum Creatinine at Time of Tx//Status	Value or status is reported, not both
Pretransplant	HIV Serostatus	
Pretransplant	NAT HIV	
Pretransplant	CMV Status	
Pretransplant	HBV Core Antibody	
Pretransplant	HBV Surface Antibody Total	
Pretransplant	HBV Surface Antigen	
Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus	
Pretransplant	NAT HCV	
Pretransplant	EBV Serostatus	
	Did the recipient receive Hepatitis B	
Pretransplant	vaccines prior to transplant?	
Pretransplant	Previous Pregnancies	
	Malignancies between listing and	
Pretransplant	transplant//Specify	
D	Malignancies between listing and	
Pretransplant	transplant	
Pretransplant	If yes, specify type	
Transplant Procedure	Multiple Organ Recipient	Display Only - Cascades from feedback
Transplant Procedure	Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Transplant Procedure	Procedure Type	Display Only - Cascades from feedback
Transplant Procedure	Graft Placement	
Transplant Procedure	Operative Technique	
Transplant Procedure	Duct Management	
Transplant Procedure	Duct Management//Specify	
Transplant Procedure	Venous Vascular Management	
Transplant Procedure	Arterial Reconstruction	
Transplant Procedure	Arterial Reconstruction//Specify	
Transplant Procedure	Venous Extension Graft	
Transplant Procedure	Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time)	
Transplant Procedure	Total Cold Ischemia Time Right KI//Status	Value or status is reported not both
opiani Frocedure	Total Cold Ischemia Time Left KI (If	or status is reported, not both
Transplant Procedure	pumped, include pump time)	
11anopiani 11occuare	pumped, merade pump time)	
Transplant Procedure	Total Cold Ischemia Time Left KI//Status	Value or status is reported, not both
	Total Pancreas Preservation Time (include	
Transplant Procedure	Cold, Warm, Anastomotic time)	
T. 1 . D. 1	Total Pancreas Preservation Time (include	
Transplant Procedure	Cold, Warm, Anastomotic time)//Status	Value or status is reported, not both
Transplant Procedure	Kidney(s) received on	
Transplant Procedure	Received on ice	
Transplant Procedure	Received on pump	
Transplant Procedure	Left Kidney Final resistance at transplant	
Transplant Procedure	Left Kidney Final resistance at tx//Status	Value or status is reported, not both
Transplant Procedure	Right Kidney Final resistance at transplant	
Transplant Procedure	Right Kidney Final resistance at tx//Status	Value or status is reported, not both
Transplant Procedure	Left Kidney Final flow rate at transplant	
Transplant Procedure	Left Kidney Final flow rate at tx//Status	Value or status is reported, not both
Transplant Procedure	Right Kidney Final flow rate at transplant	

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Transplant Procedure	Right Kidney Final flow rate at tx//Status	Value or status is reported, not both
Transplant Procedure	Organ Check-In Date	
Transplant Procedure Transplant Procedure	Check-In Time Check-In Time Zone	Display Only - Calculated
Transplant Procedure	0.000.00	Display Olly - Calculated
Transplant Procedure	TransNet Organ Check-In Times for Related Organs	Display Only - Cascades from Database
	2-0-0-0	
Post Transplant	Graft Status	
Deet Terrelest	December 1 Meiotenene Dielerie	
Post Transplant	Resumed Maintenance Dialysis	
Post Transplant	Date Maintenance Dialysis Resumed	
Post Transplant	Date of Graft Failure:	
Post Transplant	Primary Cause of Graft Failure:	
	Primary Cause of Graft Failure//Other,	
Post Transplant	Specify:	
	Dil di di di di di di	
Post Transplant	Did patient have any acute kidney rejection episodes between transplant and discharge	
1 ost Transplant	Most Recent Serum Creatinine Prior to	
Post Transplant	Discharge	
	Most Recent Serum Creatinine Prior to	
Post Transplant	Discharge//Status	Value or status is reported, not both
Post Transplant	Patient Need Dialysis within First Week	
Post Transplant	Pancreas Graft Status	
r ost Transplant	Patient using any method of blood sugar	
Post Transplant	control?	
		New field if pancreas graft status is
		functioning. Modified label if graft status
Post Transplant	Patient on insulin?	is failed
		New field if pancreas graft status is
Post Transplant	Date insulin resumed	functioning. Modified label if graft status is failed
Post Transplant Post Transplant	Total insulin dosage units	is falled
Post Transplant	Total insulin dosage units//ST	Value or status is reported, not both
		• •
Post Transplant	Insulin duration of use	
Post Transplant	Insulin duration of use//ST	Value or status is reported, not both
r ost Transplant	insum duration of use//31	•
	Patient on oral medication to control blood	New field if pancreas graft status is functioning. Modified label if graft status
Post Transplant	sugar	is failed
		New field if pancreas graft status is
		functioning. Modified label if graft status
Post Transplant	Date oral medications resumed	is failed
		New field if pancreas graft status is functioning. Modified label if graft status
Post Transplant	Patient using diet to control blood sugar	is failed
Post Transplant	Pancreas Date of Graft Failure	
Post Transplant	C-Peptide Value	
Post Transplant	C-Peptide Value://ST=	Value or status is reported, not both
Post Transplant	Hba1c (%)	
1 oot 11unoptuit	110416 (70)	
Post Transplant	Hba1c (%)//Status	Value or status is reported, not both
Post Transplant	Pancreas Primary Cause of Graft Failure	
Deat Trees 1	Pancreas Primary Cause of Graft	
Post Transplant	Failure/Specify Pangross Craft/Vaccular Thrombosis	
Post Transplant Post Transplant	Pancreas Graft/Vascular Thrombosis Pancreas Infection	
1 OSt 11thispiant	2 diferens infection	
Post Transplant	Bleeding	

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Post Transplant	Anastomotic Leak	
Post Transplant	Hyperacute Rejection	
Post Transplant	Pancreas Acute Rejection	
Post Transplant	Biopsy Proven Isletitis	
Post Transplant	Pancreatitis	
•		
Post Transplant	Other, Specify	
Post Transplant	Did patient have any acute pancreas rejection episodes between transplant and discharge	
Post Transplant	Pancreatitis	
1 ost Transplant	Tancreatus	
Post Transplant	Anastomotic Leak	
Post Transplant	Abscess or Local Infection	
Post Transplant	Other	Not required
Post Transplant	Weight Post Transplant	_
Post Transplant	Weight in Kilograms//Status	Value or status is reported, not both
Immunosuppression Other	Are any medications given currently for maintenance or anti-rejection	•
Immunosuppression Other	Immunosuppression medication	
Immunosuppression Other	Immunosuppression medication indication	
Immunosuppression Other	Days of induction	

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.

Post Transplant
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OMB No. 0915-0157; Expiration

PUBLIC BURDEN STATEMENT:

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

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
ОРО	Display Only - Cascades from feedback
Kidney Primary Diagnosis	i sy sy substitute nom recubien
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 Contributory Cause of Death	Not required
Contributory Cause of Death/Specify	Not required
Retransplanted organ	rvot required
Date of Admission to Tx Center	
Date of Discharge from Tx Center	Not required
Functional Status	Not required
Cognitive Development	
Motor Development	
Academic Progress	
Academic Activity Level	
Primary Vidney Foreign Covernment//Specify	
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 Woodht Massurement Date	Calculated for display only
Weight Measurement Date	
Weight	
Weight in Kilograms//Status	Value or status is reported, not both
0 0	
Weight Percentile//Growth Percentiles//%ile	Calculated for display only
Weight Percentile//Growth	Calculated for display only Display Only - Cascades from Database
Weight Percentile//Growth Percentiles//%ile	

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	value of status is reported, not both
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 Competent	
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)	
(=.222211110000)	
Multiple Organ Recipient	Display Only - Cascades from feedback
Were extra vessels used in the transplant	
procedure	Display Only - Cascades from feedback
Durandous Ton	Disaless Onless Co. 1 C. C. P. C.
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 Kidney(s) received on	Value or status is reported, not both
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 Left Kidney Final flow rate at transplant	Value or status is reported, not both
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 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 Patient Need Dialysis within First Week Pancreas Graft Status	Value or status is reported, not both
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

D. I. I. I. I.	New field if pancreas graft status is functioning. Modified label if graft status
Date oral medications resumed	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 (%)	
110416 (70)	
Hba1c (%)//Status	Value or status is reported, not both
Pancreas Primary Cause of Graft Failure	p
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 episoues between transpiant 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

ocurement and Transplantation Network (OPTN) collects this information in order to actions: to assess whether applicants meet OPTN Bylaw requirements for membership in liance of member organizations with OPTN Obligations. An agency may not conduct or uired to respond to, a collection of information unless it displays a currently valid OMB ol number for this information collection is 0915-0157 and it is valid until XX/XV/202X. This d to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to cxt System of Records #09-15-0055). Data collected by the private non-profit OPTN also are be Contractor's security features. The Contractor's security system meets or exceeds the DMB 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 spect of this collection of information, including suggestions for reducing this burden, to arance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or