

TRR - VCA - Adult/Pediatric
Fields to be completed by memt

| Form Section | Field Label |
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| Recipient Information | Recipient First Name |
| Recipient Information | Recipient Last Name |
| Recipient Information | Recipient Middle Initial |
| Recipient Information | DOB |
| Recipient Information | SSN |
| Recipient Information | Gender Birth Sex |
| Recipient Information | HIC |
| Recipient Information | Transplant Date |
| Recipient Information | State of Permanent Residence |
| Recipient Information | Permanent Zip Code |
| Provider Information | Recipient Center |
| Provider Information | Lead Reconstructive Surgeon Name |
| Provider Information | Lead Reconstructive Surgeon NPI# |
| Donor Information | UNOS Donor ID # |
| Donor Information | Donor Type |
| Donor Information | OPO |
| Patient Status - Transplant hospitalization | Date of Admission to Transplant Center |
| Patient Status - Transplant hospitalization | Date of Discharge from Hospital |
| Patient Status | Date Last Seen, Retransplanted, or Death |
| Patient Status | Patient Status |
| Patient Status | Primary Cause of Death |
| Patient Status | Primary Cause of Death - Other Specify |
| Socio-Demographic Information: Pre-Transplant | Highest Education Level |
| Socio-Demographic Information: Pre-Transplant | Working for income |
| Socio-Demographic Information: Pre-Transplant | Working for income -- If Yes, indicate the recipient's working status |
| Socio-Demographic Information: Pre-Transplant | Working for income -- If No, Not Working Due To |
| Socio-Demographic Information: Pre-Transplant - Source of Payment | Grant Funding |
| Socio-Demographic Information: Pre-Transplant - Source of Payment | Institutional Funding |
| Socio-Demographic Information: Pre-Transplant - Source of Payment | Primary Source of Payment |
| Socio-Demographic Information: Pre-Transplant - Source of Payment | Primary Source of Payment - Foreign Government, Specify |
| Socio-Demographic Information: Pre-Transplant -- Source of Payment | Secondary Source of Payment |
| Clinical Information: Pre-transplant | Height (inches) |
| Clinical Information: Pre-transplant | Height (inches)/Status |
| Clinical Information: Pre-transplant | Weight (lbs.) |
| Clinical Information: Pre-transplant | Weight (lbs.)/Status |
| Clinical Information: Pre-transplant | BMI (Body Mass Index) |
| Clinical Information: Pre-transplant | Primary Diagnosis for Transplant |
| Clinical Information: Pre-transplant | Primary Diagnosis for Transplant - Other Specify |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Craniofacial |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Craniofacial - Partial Face - Specify anatomic structures missing |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Craniofacial - Other Specify |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Abdominal Wall (cm2) |
| Clinical Information: Pre-transplant - Amount of Tissue Loss | Other VCA Organ Type - Other Specify |
| Clinical Information: Pre-transplant - Level of Amputation | Upper Limb, Left |
| Clinical Information: Pre-transplant - Level of Amputation | Upper Limb, Left - Other Specify |
| Clinical Information: Pre-transplant - Level of Amputation | Upper Limb, Right |
| Clinical Information: Pre-transplant - Level of Amputation | Upper Limb, Right - Other Specify |

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| Clinical Information: Pre-transplant - Level of Amputation | Lower Limb, Left |
| Clinical Information: Pre-transplant - Level of Amputation | Lower Limb, Left - Other Specify |
| Clinical Information: Pre-transplant - Level of Amputation | Lower Limb, Right |
| Clinical Information: Pre-transplant - Level of Amputation | Lower Limb, Right - Other Specify |
| Clinical Information: Pre-transplant | Previous Transplants (VCA or non-VCA organs) |
| Clinical Information: Pre-transplant | Previous skin graft(s) |
| Clinical Information: Pre-transplant | Was patient hospitalized during the last 90 days prior to the transplant admission |
| Clinical Information: Pre-transplant | Medical condition at time of transplant |
| Clinical Information: Pre-transplant - Viral Detection | HIV Serostatus |
| Clinical Information: Pre-transplant - Viral Detection | CMV Status |
| Clinical Information: Pre-transplant - Viral Detection | HBV Core Antibody |
| Clinical Information: Pre-transplant - Viral Detection | HBV Surface Antigen |
| Clinical Information: Pre-transplant - Viral Detection | HCV Serostatus |
| Clinical Information: Pre-transplant - Viral Detection | EBV Serostatus |
| Clinical Information: Pre-transplant - Viral Detection | Did the recipient receive Hepatitis B vaccines prior to transplant? |
| Clinical Information: Pre-transplant | Any tolerance induction technique used |
| Clinical Information: Pre-transplant | Pre-transplant blood transfusions |
| Clinical Information: Pre-transplant | Number of pre-transplant pregnancies (which may or may not have resulted in a live birth) |
| Clinical Information: Pre-transplant | Malignancies prior to transplant |
| Clinical Information: Pre-transplant | Malignancies prior to transplant - If Yes, Specify Type (select all that apply) |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Serum Creatinine (mg/dL) |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Serum Creatinine (mg/dL)//Status |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Hemoglobin A1c (%) |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Hemoglobin A1c (%)//Status |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Calculated PRA (CPRA) at transplant (%) |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Calculated PRA (CPRA) at transplant (%)//Status |
| Clinical Information: Pre-transplant - Pre-Transplant Labs | Donor Crossmatch Result |
| Functional Status: Pre-transplant | Motor Development |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Physical Functioning (PF) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Role-Physical (RP) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Bodily Pain (BP) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | General Health (GH) score |
| Functional Status: Pre-transplant - SF-12 score - Physical Health | Physical Component Summary (PCS) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Vitality (VT) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Social Functioning (SF) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Role-Emotional (RE) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Mental Health (MH) score |
| Functional Status: Pre-transplant - SF-12 score - Mental Health | Mental Component Summary (MCS) score |
| Functional Status: Pre-transplant - Upper Limb - Pre-Transplant | DASH Score |
| Clinical Information: Transplant Procedure | Multiple Graft Recipient |

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| Clinical Information: Transplant Procedure | Were extra allograft vessels/nerve/tissue from outside the donated graft used in the transplant procedure |
| Clinical Information: Transplant Procedure | Surgical Procedure |
| Clinical Information: Transplant Procedure - Preservation Information | Warm Ischemia Time (include anastomotic time) |
| Clinical Information: Transplant Procedure - Preservation Information | Warm Ischemia Time (include anastomotic time)//Status |
| Clinical Information: Transplant Procedure - Preservation Information | Cold Ischemia Time |
| Clinical Information: Transplant Procedure - Preservation Information | Cold Ischemia Time//Status |
| Clinical Information: Post Transplant | Graft Status |
| Clinical Information: Post Transplant | Date of Graft Failure |
| Clinical Information: Post Transplant | {If Graft Status = Planned Removal} Date of Removal |
| Clinical Information: Post Transplant - Causes of Graft Failure | Acute Rejection |
| Clinical Information: Post Transplant - Causes of Graft Failure | Acute Rejection - Banff score |
| Clinical Information: Post Transplant - Causes of Graft Failure | Acute Rejection - Visual skin changes |
| Clinical Information: Post Transplant - Causes of Graft Failure | Chronic Rejection |
| Clinical Information: Post Transplant - Causes of Graft Failure | Chronic Rejection - Visual skin changes |
| Clinical Information: Post Transplant - Causes of Graft Failure | Vascular complications |
| Clinical Information: Post Transplant - Causes of Graft Failure | Sepsis / Infection |
| Clinical Information: Post Transplant - Causes of Graft Failure | Trauma |
| Clinical Information: Post Transplant - Causes of Graft Failure | Patient requested removal |
| Clinical Information: Post Transplant - Causes of Graft Failure | Non-adherence |
| Clinical Information: Post Transplant - Causes of Graft Failure | Other |
| Clinical Information: Post Transplant - Causes of Graft Failure | Other - Other Specify |
| Clinical Information: Post Transplant - Discharge Lab Data | Serum Creatinine (mg/dL) |
| Clinical Information: Post Transplant - Discharge Lab Data | Serum Creatinine (mg/dL)//Status |
| Clinical Information: Post Transplant - Discharge Lab Data | Hemoglobin A1c (%) |
| Clinical Information: Post Transplant - Discharge Lab Data | Hemoglobin A1c (%)//Status |
| Clinical Information: Post Transplant - Major Transplant Complication | Arterial Thrombosis |
| Clinical Information: Post Transplant - Major Transplant Complication | Venous Thrombosis |

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| Clinical Information: Post Transplant - Major Transplant Complication | More than 5 pRBC (packed red blood cells) units |
| Clinical Information: Post Transplant - Major Transplant Complication | Cardiac arrest |
| Clinical Information: Post Transplant - Major Transplant Complication | DIC (Disseminated intravascular coagulation) |
| Clinical Information: Post Transplant - Major Transplant Complication | Graft/reperfusion syndrome |
| Clinical Information: Post Transplant - Major Transplant Complication | Other Major Transplant Complications |
| Clinical Information: Post Transplant - Major Transplant Complication | Other Major Transplant Complications - Other Specify |
| Clinical Information: Post Transplant | Did patient have any acute rejection episodes between transplant and discharge |
| Clinical Information: Post Transplant | Did patient have any acute rejection episodes between transplant and discharge - Number of episodes |
| Clinical Information: Post Transplant | {For each episode} Date of acute rejection diagnosis |
| Clinical Information: Post Transplant | {For each episode} Acute rejection was treated |
| Clinical Information: Post Transplant | {For each episode} Visual skin changes |
| Clinical Information: Post Transplant | {For each episode} Biopsy was done to confirm acute rejection |
| Clinical Information: Post Transplant | {For each episode} Banff Score |
| Clinical Information: Post-transplant - Upper Limb | Subsequent surgeries required |
| Clinical Information: Post-transplant - Upper Limb | {For each surgical procedure} Subsequent surgeries required// If yes, enter each surgical procedure |
| Clinical Information: Post-transplant - Upper Limb | {For each surgical procedure} Subsequent surgeries required// Surgical date |
| Functional Status: Post-transplant - Head and Neck | Smile restoration |
| Functional Status: Post-transplant - Head and Neck | Ability to open and close eyelids |
| Functional Status: Post-transplant - Uterus | Prior reconstructive gynecological procedures |
| Functional Status: Post-transplant - Uterus | Prior reconstructive gynecological procedures// If yes, specify procedure(s) |
| Functional Status: Post-transplant - Uterus | Prior pregnancies |
| Functional Status: Post-transplant - Uterus | Diagnosed psychiatric condition(s) pre-transplant |
| Functional Status: Post-transplant - Uterus | Diagnosed psychiatric condition(s) pre-transplant// If yes, specify condition(s) |
| Functional Status: Post-transplant - Uterus | Subsequent surgeries required during admission |
| Functional Status: Post-transplant - Uterus | {For each surgical procedure} Subsequent surgeries required during admission// If yes, enter each surgical procedure |
| Functional Status: Post-transplant - Uterus | {For each surgical procedure} Subsequent surgeries required during admission// Surgical date |
| Functional Status: Post-transplant - Uterus | Visual changes noted on cervical examination |
| Functional Status: Post-transplant - Uterus | Visual changes noted on cervical examination// If yes, specify |
| Treatment | Antiviral Prophylaxis |
| Treatment | Antibacterial Prophylaxis |
| Treatment | Antifungal Prophylaxis |
| Treatment | Peri-operative anticoagulation |
| Topical Immunosuppressive Medications | Immunosuppression medications |
| Topical Immunosuppressive Medications | Immunosuppression medications - Other Specify |

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| Topical Immunosuppressive Medications | Maintenance indication |
| Topical Immunosuppressive Medications | Anti-rejection indication |
| Non-Topical Immunosuppressive Medications | Immunosuppression medications |
| Non-Topical Immunosuppressive Medications | Immunosuppression medications - Other Specify |
| Non-Topical Immunosuppressive Medications | Induction indication |
| Non-Topical Immunosuppressive Medications | Number of days of induction |
| Non-Topical Immunosuppressive Medications | Maintenance indication |
| Non-Topical Immunosuppressive Medications | Anti-rejection indication |

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

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| Display Only - Cascades from Removal Worksheet |
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| Value or status is reported, not both |
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| Only applicable for Uterus |
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| Not applicable for Uterus |
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| Not applicable for Uterus |
| Not applicable for Uterus |
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formation in order to perform the following OPTN functions: to
monitor compliance of member organizations with OPTN
a collection of information unless it displays a currently valid
d it is valid until XX/XX/202X. This information collection is
: to Privacy Act protection (Privacy Act System of Records #09-
the Contractor's security features. The Contractor's security
ecurity of Federal Automated Information Systems, and the
g burden for this collection of information is estimated to
ig data sources, and completing and reviewing the collection of
on of information, including suggestions for reducing this
kville, Maryland, 20857 or paperwork@hrsa.gov.