

**TCR - Heart - Adult**  
Fields to be completed by members

| Form Section            | Field Label                               | Notes                                 |
|-------------------------|-------------------------------------------|---------------------------------------|
| Provider Information    | Transplant Center Code                    | Display Only - Cascades from Waitlist |
| Provider Information    | Transplant Center Type://Recipient Center | Display Only - Cascades from Waitlist |
| Candidate Information   | Organ Registered:                         | Display Only - Cascades from Waitlist |
| Candidate Information   | Date of Listing or Add:                   | Display Only - Cascades from Waitlist |
| Candidate Information   | Last Name:                                | Cascades from Waitlist                |
| Candidate Information   | First Name:                               | Cascades from Waitlist                |
| Candidate Information   | Middle Initial://MI:                      | Not required                          |
| Candidate Information   | Previous Surname:                         | Not required                          |
| Candidate Information   | SSN:                                      | Display Only - Cascades from Waitlist |
| Candidate Information   | Gender Birth Sex:                         | Cascades from Waitlist                |
| Candidate Information   | HIC:                                      | Not required                          |
| Candidate Information   | Date of Birth://DOB:                      | Cascades from Waitlist                |
| Candidate Information   | State of Permanent Residence:             | Cascades from Waitlist                |
| Candidate Information   | Permanent ZIP Code:                       | Cascades from Waitlist                |
| Candidate Information   | Ethnicity:                                | Cascades from Waitlist                |
| Candidate Information   | Race:                                     | Cascades from Waitlist                |
| Candidate Information   | Citizenship:                              |                                       |
| Candidate Information   | Year of Entry to the U.S.                 |                                       |
| Candidate Information   | Year of Entry to the U.S Status//ST=      | Value or status is reported, not both |
| Candidate Information   | Country of Permanent Residence            |                                       |
| Candidate Information   | Highest Education Level:                  |                                       |
| Patient Status          | Patient on Life Support:                  |                                       |
| Patient Status          | Oxygenation                               |                                       |
| Patient Status          | Life Support://Intra Aortic Balloon Pump  |                                       |
| Patient Status          | Life Support://Prostaglandins             |                                       |
| Patient Status          | Life Support://Intravenous Inotropes      |                                       |
| Patient Status          | Life Support://Inhaled NO                 |                                       |
| Patient Status          | Life Support://Ventilator                 |                                       |
| Patient Status          | Life Support://Other Mechanism, Specify   |                                       |
| Patient Status          | Life Support: Other Mechanism//Specify:   |                                       |
| Patient Status          | Device:                                   |                                       |
| Patient Status          | Life Support://VAD Brand1:                |                                       |
| Patient Status          | Life Support://VAD Brand2:                |                                       |
| Patient Status          | Life Support:VAD Brand1//Specify:         |                                       |
| Patient Status          | Life Support:VAD Brand2//Specify:         |                                       |
| Patient Status          | Functional Status:                        |                                       |
| Patient Status          | Working for income:                       |                                       |
| Patient Status          | Previous Transplant//Organ                | Display Only - Cascades from Database |
| Patient Status          | Previous Transplant//Date                 | Display Only - Cascades from Database |
| Patient Status          | Previous Transplant//Graft Fail Date      | Display Only - Cascades from Database |
| Source of Payment       | Source of Payment//Primary:               |                                       |
| Source of Payment       | Foreign Government//Specify:              |                                       |
| Clinical Information    | Height in cm://Height:                    |                                       |
| Clinical Information    | Height Status//ST=                        | Value or status is reported, not both |
| Clinical Information    | Height Growth percentiles//%ile           | Calculated for display only           |
| Clinical Information    | Weight in kg://Weight:                    |                                       |
| Clinical Information    | Weight Status//ST=                        | Value or status is reported, not both |
| Clinical Information    | Weight Growth percentiles//%ile           | Calculated for display only           |
| Clinical Information    | BMI:                                      | Display Only - Cascades from Database |
| Clinical Information    | BMI://%ile                                | Calculated for display only           |
| Clinical Information    | ABO Blood Group:                          | Display Only - Cascades from Waitlist |
| Clinical Information    | Primary Diagnosis:                        |                                       |
| Clinical Information    | Primary Diagnosis//Specify:               |                                       |
| General Medical Factors | Diabetes:                                 |                                       |
| General Medical Factors | Dialysis:                                 |                                       |
| General Medical Factors | Symptomatic Cerebrovascular Disease:      |                                       |
| General Medical Factors | Any previous Malignancy:                  |                                       |
| General Medical Factors | Any previous Malignancy//Specify Type:    |                                       |
| General Medical Factors | Any previous Malignancy//Specify:         |                                       |
| General Medical Factors | Most Recent Serum Creatinine:             |                                       |
| General Medical Factors | Most Recent Serum Creatinine//ST=         | Value or status is reported, not both |
| Heart Medical Factors   | Implantable Defibrillator:                |                                       |
| Heart Medical Factors   | Exercise Oxygen Consumption:              |                                       |
| Heart Medical Factors   | Exercise Oxygen Consumption//ST=          | Value or status is reported, not both |
| Heart Medical Factors   | PA (sys) mm/Hg:                           |                                       |
| Heart Medical Factors   | PA (sys) mm/Hg//ST=                       | Value or status is reported, not both |
| Heart Medical Factors   | PA (sys) mm/Hg Inotropes/Vasodilators     |                                       |
| Heart Medical Factors   | PA (dia) mm/Hg:                           |                                       |
| Heart Medical Factors   | PA (dia) mm/Hg//ST=                       | Value or status is reported, not both |

[illegible]



**TCR - Heart - Pediatric**  
**Fields to be completed by members**

| Field Label                               | Notes                                 |
|-------------------------------------------|---------------------------------------|
| Transplant Center Code                    | Display Only - Cascades from Waitlist |
| Transplant Center Type://Recipient Center | Display Only - Cascades from Waitlist |
| Organ Registered:                         | Display Only - Cascades from Waitlist |
| Date of Listing or Add:                   | Display Only - Cascades from Waitlist |
| Last Name:                                | Cascades from Waitlist                |
| First Name:                               | Cascades from Waitlist                |
| Middle Initial://MI:                      | Not required                          |
| Previous Surname:                         | Not required                          |
| SSN:                                      | Display Only - Cascades from Waitlist |
| Gender Birth Sex:                         | Cascades from Waitlist                |
| HIC:                                      | Not required                          |
| Date of Birth://DOB:                      | Cascades from Waitlist                |
| State of Permanent Residence:             | Cascades from Waitlist                |
| Permanent ZIP Code:                       | Cascades from Waitlist                |
| Ethnicity:                                | Cascades from Waitlist                |
| Race:                                     | Cascades from Waitlist                |
| Citizenship:                              |                                       |
| Year of Entry to the U.S.                 |                                       |
| Year of Entry to the U.S Status//ST=      | Value or status is reported, not both |
| Country of Permanent Residence            |                                       |
| Highest Education Level:                  |                                       |
| Patient on Life Support:                  |                                       |
| Oxygenation                               |                                       |
| Life Support://Intra Aortic Balloon Pump  |                                       |
| Life Support://Prostaglandins             |                                       |
| Life Support://Intravenous Inotropes      |                                       |
| Life Support://Inhaled NO                 |                                       |
| Life Support://Ventilator                 |                                       |
| Life Support://Other Mechanism, Specify   |                                       |
| Life Support: Other Mechanism//Specify:   |                                       |
| Device:                                   |                                       |
| Life Support://VAD Brand1:                |                                       |
| Life Support://VAD Brand2:                |                                       |
| Life Support:VAD Brand1//Specify:         |                                       |
| Life Support:VAD Brand2//Specify:         |                                       |
| Functional Status:                        |                                       |
| Cognitive Development:                    |                                       |
| Motor Development:                        |                                       |
| Working for income:                       |                                       |
| Academic Progress:                        |                                       |
| Academic Activity Level:                  |                                       |
| 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 |
| Source of Payment//Primary:               |                                       |
| Foreign Government//Specify:              |                                       |
| Height Measurement Date                   |                                       |
| Height in cm://Height:                    |                                       |
| Height Status//ST=                        | Value or status is reported, not both |
| Height Growth percentiles//%ile           | Calculated for display only           |
| Weight Measurement Date                   |                                       |
| Weight in kg://Weight:                    |                                       |
| Weight Status//ST=                        | Value or status is reported, not both |
| Weight Growth percentiles//%ile           | Calculated for display only           |
| BMI:                                      | Display Only - Cascades from Database |
| BMI://%ile                                | Calculated for display only           |
| ABO Blood Group:                          | Display Only - Cascades for Waitlist  |
| Primary Diagnosis:                        |                                       |
| Primary Diagnosis//Specify:               |                                       |
| Diabetes:                                 |                                       |
| Dialysis:                                 |                                       |
| Symptomatic Cerebrovascular Disease:      |                                       |
| Any previous Malignancy:                  |                                       |
| Any previous Malignancy//Specify Type:    |                                       |
| Any previous Malignancy//Specify:         |                                       |
| Most Recent Serum Creatinine:             |                                       |
| Most Recent Serum Creatinine//ST=         | Value or status is reported, not both |
| Total Serum Albumin:                      |                                       |
| Total Serum Albumin//ST=                  | Value or status is reported, not both |

|                                                                          |                                       |
|--------------------------------------------------------------------------|---------------------------------------|
| Sudden Death:                                                            |                                       |
| Implantable Defibrillator:                                               |                                       |
| Exercise Oxygen Consumption:                                             |                                       |
| Exercise Oxygen Consumption//ST=                                         | Value or status is reported, not both |
| PA (sys) mm/Hg:                                                          |                                       |
| PA (sys) mm/Hg//ST=                                                      | Value or status is reported, not both |
| PA (sys) mm/Hg Inotropes/Vasodilators                                    |                                       |
| PA (dia) mm/Hg:                                                          |                                       |
| PA (dia) mm/Hg//ST=                                                      | Value or status is reported, not both |
| PA (dia) mm/Hg Inotropes/Vasodilators                                    |                                       |
| PA (mean) mm/Hg:                                                         |                                       |
| PA (mean) mm/Hg//ST=                                                     | Value or status is reported, not both |
| PA (mean) mm/Hg Inotropes/Vasodilators                                   |                                       |
| PCW (mean) mm/Hg:                                                        |                                       |
| PCW (mean) mm/Hg//ST=                                                    | Value or status is reported, not both |
| Inotropes/Vasodilators                                                   |                                       |
| CO L/min:                                                                |                                       |
| CO L/min//ST=                                                            | Value or status is reported, not both |
| CO L/min Inotropes/Vasodilators                                          |                                       |
| History of Cigarette Use:                                                |                                       |
| Duration of Abstinence:                                                  |                                       |
| Prior Thoracic Surgery other than prior transplant:                      |                                       |
| Prior Thoracic Surgery//If yes, number of prior sternotomies:            |                                       |
| Prior Thoracic Surgery//If yes, number of prior thoracotomies:           |                                       |
| Prior Thoracic Surgery//Prior congenital cardiac surgery:                |                                       |
| Prior congenital cardiac surgery//If yes, palliative surgery:            |                                       |
| Prior congenital cardiac surgery//If yes, corrective surgery:            |                                       |
| Prior congenital cardiac surgery//If yes, single ventricular physiology: |                                       |

: XX/XX/20XX

ment and Transplantation Network (OPTN) collects this information in order to perform the whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to rizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not f information unless it displays a currently valid OMB control number. The OMB control 1 is 0915-0157 and it is valid until XX/XX/202X. This information collection is required to §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System ed by the private non-profit OPTN also are well protected by a number of the Contractor's curity system meets or exceeds the requirements as prescribed by OMB Circular A-130, mated Information Systems, and the Departments Automated Information Systems Security ting burden for this collection of information is estimated to average 0.27 hours per wing instructions, searching existing data sources, and completing and reviewing the ents regarding this burden estimate or any other aspect of this collection of information, s burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, ork@hrsa.gov.