TRF(1-5 Years) - Heart - Adult
Fields to be completed by member

Form Section	Field label
Recipient Information	Organ Type
Recipient Information	Follow-up Code
Recipient Information	Recipient First Name
Recipient Information	Recipient Last Name
Recipient Information	Recipient Middle Initial
Recipient Information	SSN
Recipient Information	HIC
Recipient Information	Previous Follow-up
Recipient Information	DOB
Recipient Information	~~Gender~~ Birth Sex
Recipient Information	Tx Date
Recipient Information	Previous Px Stat Date
Recipient Information	Transplant Discharge Date
Recipient Information	State of Permanent Residence
Recipient Information	Zip Code
Provider Information	Recipient Center Type
Provider Information	Recipient Center
Provider Information	Follow-up Center Code
Provider Information	Follow-up Center Type
Provider Information	Physician Name
Provider Information	NPI#
Provider Information	Follow-up Care Provided By
Provider Information	Follow-up Care Provided By//Specify
Donor Information	UNOS Donor ID #
Donor Information	Donor Type
Donor Information	OPO
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
Patient Status	Contributory Cause of Death
Patient Status	Contributory Cause of Death//Specify
Patient Status	Contributory Cause of Death
Patient Status	Contributory Cause of Death//Specify
Patient Status	Has the patient been hospitalized since the last patient status date

Patient Status	Hospitalized for Rejection
Patient Status	Hospitalized for Infection
Patient Status	Functional Status
Patient Status	Working for income
Patient Status	Primary Insurance at Follow-up
Patient Status	Primary Source of Payment, Specify
Clinical Information	Heart Graft Status
Clinical Information	Heart Date of Graft Failure
Clinical Information	Heart Primary Cause of Graft Failure
Clinical Information	Heart Primary Cause of Graft Failure//Other, Specify
Clinical Information	HIV Serology
Clinical Information	HIV NAT
Clinical Information	HbsAg
Clinical Information	HBV DNA
Clinical Information	HBV Core Antibody
Clinical Information	HCV Serology
Clinical Information	HCV NAT
Clinical Information	Ejection Fraction
Clinical Information	Heart: Ejection Fraction//Status
Clinical Information	Pacemaker
Clinical Information	Coronary Artery Disease
Clinical Information	New diabetes onset between last follow-up to the current follow-up
Clinical Information	Diabetes: If Yes, Insulin Dependent
Clinical Information	Most Recent Serum Creatinine
Clinical Information	Most Recent Serum Creatinine//Status
Clinical Information	Chronic Dialysis
Clinical Information	Renal Tx since Thoracic Tx
Clinical Information	Did patient have any acute rejection episodes during the follow-up period
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
Immunosuppressive Information	Were any medications given during the follow-up period for maintenance

Immunosuppressive Information	Previous Validated Maintenance Follow-up Medications
Immunosuppression Other	Immunosuppression medication
Immunosuppression Other	Immunosuppression medication indication

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

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) col following OPTN functions: to assess whether applicants meet OPTN Bylaw requireme monitor compliance of member organizations with OPTN Obligations. An agency ma required to respond to, a collection of information unless it displays a currently valid number for this information collection is 0915-0157 and it is valid until XX/XX/202X. obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject of Records #09-15-0055). Data collected by the private non-profit OPTN also are wel security features. The Contractor's security system meets or exceeds the requiremer Appendix III, Security of Federal Automated Information Systems, and the Departme Program Handbook. The public reporting burden for this collection of information is response, including the time for reviewing instructions, searching existing data sourc collection of information. Send comments regarding this burden estimate or any oth including suggestions for reducing this burden, to HRSA Information Collection Clear 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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Notes	Form Section
Display Only - Cascades from Database	Recipient Information
Display Only - Cascades from Database	Recipient Information
Display Only - Cascades from TCR	Recipient Information
Display Only - Cascades from TCR	Recipient Information
Display Only - Cascades from TCR	Recipient Information
Display Only - Cascades from TCR	Recipient Information
Display Only - Cascades from TCR	Recipient Information
Display Only - Cascades from prior TRF	Recipient Information
Display Only - Cascades from TCR	Recipient Information
Display Only - Cascades from TCR	Recipient Information
Display Only - Cascades from Database	Recipient Information
Display Only - Cascades from prior TRF	Recipient Information
	Recipient Information
	Recipient Information
	Recipient Information
Display Only - Cascades from TCR	Recipient Information
Display Only - Cascades from TCR	Provider Information
Display Only - Cascades from Database	Provider Information
Display Only - Cascades from Database	Provider Information
	Provider Information
	Provider Information
	Provider Information
	Provider Information
Display Only - Cascades from Database	Provider Information
Display Only - Cascades from Database	Donor Information
Display Only - Cascades from feedback	Donor Information
	Donor Information
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Not required	Patient Status
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	Patient Status at Time of Follow-up
	Patient Status at Time of Follow-up
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Value or status is reported, not both	Clinical Information
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Display Only - Cascades from Database

llects this information in order to perform the ents for membership in the OPTN; and to y not conduct or sponsor, and a person is not l OMB control number. The OMB control This information collection is required to to Privacy Act protection (Privacy Act System ll protected by a number of the Contractor's nts as prescribed by OMB Circular A-130, ents Automated Information Systems Security estimated to average 0.27 hours per ces, and completing and reviewing the ıer aspect of this collection of information, ance Officer, 5600 Fishers Lane, Room

Clinical Information
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Clinical Information
Clinical Information
Immunosuppressive Information
Immunosuppressive Information
Immunosuppression Other
Immunosuppression Other

OMB No. 0915-0157; Expiration Date:

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procuren following OPTN functions: to assess wh monitor compliance of member organi required to respond to, a collection of i number for this information collection or retain a benefit per 42 CFR §121.11(

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security features. The Contractor's secu
Appendix III, Security of Federal Autom
Program Handbook. The public reporti
including the time for reviewing instruc
information. Send comments regarding
suggestions for reducing this burden, t
Maryland, 20857 or paperwork@hrsa.g

TRF(1-5 year) - Heart - 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
~~Gender~~ 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	
Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Center Type	Display Only - Cascades from TCR
Recipient Center	Display Only - Cascades from TCR
Follow-up Center Code	Display Only - Cascades from Database
Follow-up Center Type	Display Only - Cascades from Database
Physician Name	
NPI#	
Follow-up Care Provided By	
Follow-up Care Provided By//Specify	
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	
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

Has the patient been hospitalized since the last patient status date	
Hospitalized for Rejection	
Hospitalized for Infection	
Functional Status	
Cognitive Development	
Motor Development	
Working for income	
Academic Progress	
Academic Activity Level	
Primary Insurance at Follow-up	
Primary Source of Payment, Specify	
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
Heart Graft Status	
Heart Date of Graft Failure	
Heart Primary Cause of Graft Failure	
Heart Primary Cause of Graft Failure//Other, Specify	
Most Recent Anti-A Titer	
Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer//Sample Date	
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	

HCV Serology	
HCV NAT	
Ejection Fraction	
Heart: Ejection Fraction//Status	Value or status is reported, not both
Shortening Fraction	
Shortening Fraction://Status	Value or status is reported, not both
Pacemaker	
Coronary Artery Disease Since Last Follow Up	
Did patient have any acute rejection episodes during the follow-up period	
New diabetes onset between last follow-up to the current follow-up	
Diabetes: If Yes, Insulin Dependent	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
Chronic Dialysis	
Renal Tx since Thoracic Tx	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Diabetes onset during the follow-up period	
If yes, insulin dependent	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-up Medications	Display Only - Cascades from Database
Immunosuppression medication	
Immunosuppression medication indication	

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o HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville,
gov.