

**TCR - Lungs - 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      | <b>Gender Birth Sex:</b>                            | 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=                |                                       |
| Candidate Information      | Country of Permanent Residence                      |                                       |
| Candidate Information      | Highest Education Level:                            |                                       |
| Patient Status             | Patient on Life Support:                            |                                       |
| Patient Status             | Life Support://Extra Corporeal Membrane Oxygenation |                                       |
| Patient Status             | Life Support://Intra Aortic Balloon Pump            |                                       |
| Patient Status             | Life Support://Ventilator                           |                                       |
| Patient Status             | Life Support://Prostacyclin Infusion                |                                       |
| Patient Status             | Life Support://Prostacyclin Inhalation              |                                       |
| Patient Status             | Life Support://Inhaled NO                           |                                       |
| Patient Status             | Life Support://Other Mechanism, Specify             |                                       |
| Patient Status             | Life Support:Other Mechanism//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    | Any previous Malignancy:                            |                                       |
| General Medical Factors    | Any previous Malignancy//Specify Type:              |                                       |
| General Medical Factors    | Any previous Malignancy//Specify:                   |                                       |
| Lung Medical Factors       | Pan-Resistant Bacterial Lung Infection:             |                                       |
| Heart/Lung Medical Factors | PA (sys) mm/Hg:                                     |                                       |
| Heart/Lung Medical Factors | PA (sys) mm/Hg//ST=                                 | Value or status is reported, not both |
| Heart/Lung Medical Factors | PA (sys) mm/Hg Inotropes/Vasodilators               |                                       |

[illegible]

|                              |  |                                       |
|------------------------------|--|---------------------------------------|
| Heart/Lung Medical Factors   | PA (dia) mm/Hg:                            |                                       |
| Heart/Lung Medical Factors   | PA (dia) mm/Hg//ST=                        | Value or status is reported, not both |
| Heart/Lung Medical Factors   | PA (dia) mm/Hg<br>Inotropes/Vasodilators   |                                       |
| Heart/Lung Medical Factors   | PA (mean) mm/Hg:                           |                                       |
| Heart/Lung Medical Factors   | PA (mean) mm/Hg//ST=                       | Value or status is reported, not both |
| Heart/Lung Medical Factors   | PA (mean) mm/Hg<br>Inotropes/Vasodilators  |                                       |
| Heart/Lung Medical Factors   | PCW (mean) mm/Hg:                          |                                       |
| Heart/Lung Medical Factors   | PCW (mean) mm/Hg//ST=                      | Value or status is reported, not both |
| Heart/Lung Medical Factors   | PCW (mean) mm/Hg<br>Inotropes/Vasodilators |                                       |
| Heart/Lung Medical Factors   | CO L/min:                                  |                                       |
| Heart/Lung Medical Factors   | CO L/min//ST=                              | Value or status is reported, not both |
| Heart/Lung Medical Factors   | CO L/min Inotropes/Vasodilators            |                                       |
| Heart/Lung Medical Factors   | History of Cigarette Use:                  |                                       |
| Heart/Lung Medical Condition | Duration of Abstinence:                    |                                       |
| Heart/Lung Medical Condition | Prior Cardiac Surgery (non-transplant):    |                                       |
| Heart/Lung Medical Condition | If yes, check all that apply:              |                                       |
| Heart/Lung Medical Condition | Prior Cardiac Surgery type//Specify:       |                                       |
| Heart/Lung Medical Condition | Prior Lung Surgery:                        |                                       |
| Heart/Lung Medical Condition | If yes, check all that apply:              |                                       |
| Heart/Lung Medical Condition | Prior Lung Surgery type//Specify:          |                                       |

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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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|------------------------------|
| General Medical Factors      |
| General Medical Factors      |
| General Medical Factors      |
| General Medical Factors      |
| Lung Medical Factors         |
| Heart/Lung Medical Factors   |
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OMB No. 0915-0157; Expiration

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**TCR - Lung - 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=                |                                       |
| Country of Permanent Residence                      |                                       |
| Highest Education Level:                            |                                       |
| Patient on Life Support:                            |                                       |
| Life Support://Extra Corporeal Membrane Oxygenation |                                       |
| Life Support://Intra Aortic Balloon Pump            |                                       |
| Life Support://Ventilator                           |                                       |
| Life Support://Prostacyclin Infusion                |                                       |
| Life Support://Prostacyclin Inhalation              |                                       |
| Life Support://Intravenous Inotropes                |                                       |
| Life Support://Inhaled NO                           |                                       |
| Life Support://Other Mechanism, Specify             |                                       |
| Life Support:Other Mechanism//Specify:              |                                       |
| Functional Status:                                  |                                       |
| Cognitive Development:                              |                                       |
| Motor Development:                                  |                                       |
| 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 from Waitlist |
| Primary Diagnosis:                                  |                                       |
| Primary Diagnosis//Specify:                         |                                       |
| Diabetes:   |                                       |
| Any previous Malignancy:                            |                                       |

|  |                                       |
|--|---------------------------------------|
| Any previous Malignancy//Specify Type:                                   |                                       |
| Any previous Malignancy//Specify:  |                                       |
| Total Serum Albumin:   |                                       |
| Total Serum Albumin//ST=   | Value or status is reported, not both |
| Pan-Resistant Bacterial Lung Infection:                                  |                                       |
| PA (sys) mm/Hg:  |                                       |
| PA (sys) mm/Hg//ST=  | Value or status is reported, not both |
| PA (sys) mm/Hg<br>Inotropes/Vasodilators                                 |                                       |
| PA (dia) mm/Hg:  |                                       |
| PA (dia) mm/Hg//ST=  | Value or status is reported, not both |
| PA (dia) mm/Hg<br>Inotropes/Vasodilators                                 |                                       |
| PA (mean) mm/Hg:   |                                       |
| PA (mean) mm/Hg//ST=   | Value or status is reported, not both |
| PA (mean) mm/Hg<br>Inotropes/Vasodilators                                |                                       |
| PCW (mean) mm/Hg:  |                                       |
| PCW (mean) mm/Hg//ST=  | Value or status is reported, not both |
| PCW (mean) mm/Hg<br>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: |                                       |

Date: XX/XX/20XX

Procurement and Transplantation Network (OPTN) collects this information in order to determine whether applicants meet OPTN Bylaw requirements for membership eligibility of member organizations with OPTN Obligations. An agency may not conduct a collection of information unless it displays a currently valid control number for this information collection is 0915-0157 and it is valid until 09/15/2015. Collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data is protected by the Privacy Act System of Records #09-15-0055. Data collected by the Contractor is well protected by a number of the Contractor's security features. The Contractor's security is the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Information Systems, and the Department's Automated Information Systems Security Program. The burden for this collection of information is estimated to average 0.27 hours per response, including reviewing instructions, searching existing data sources, gathering and reviewing the information, 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 Reports Clearance Officer, 5600 Fishers Lane, Room 1024, Rockville, MD 20857 or paperwork@hrsa.gov.

