### TRF (6 Month - 5 Year) - Liver - Adult Fields to be completed by members

Form Section	Field Label	Notes
Recipient Information Recipient Information	Organ Type	Display Only - Cascades from Database
Recipient Information	Follow-up code Recipient First Name	Display Only - Cascades from Database Display Only - Cascades from TCR
Recipient Information	Recipient Last Name	Display Only - Cascades from TCR
Recipient Information	Recipient Middle Initial	Display Only - Cascades from TCR
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender Birth Sex	Display Only - Cascades from TCR
Recipient Information	Tx Date	Display Only - Cascades from Database
<b>Recipient Information</b>	Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Information	Transplant Discharge Date	
Recipient Information	State of Permanent Residence	
Recipient Information	Zip Code	
Provider Information	Recipient Center	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Follow-up Center Code	Display Only - Cascades from Database
Provider Information	Follow-up Center Type	Display Only - Cascades from Database
Provider Information Provider Information	Physician Name NPI#	
Provider Information	Follow-up Care Provided By	
Provider Information	Follow-up Care Provided By//Specify	
Donor Information	UNOS Donor ID #	Display Only - Cascades from Database
Donor Information	Donor Type	Display Only - Cascades from Database
Donor Information	OPO	Display Only - Cascades from feedback
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	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
	Has the patient been hospitalized since the last patient	
Patient Status	status date	
Patient Status	Functional Status	
Detions Status		
Patient Status	Working for income	
Patient Status	Primary Insurance at Follow-up	
Patient Status	Primary Source of Payment, Specify	
Tulent Suitus	Finnary boarce of Fuyment, Speerry	
Clinical Information	Pathology confirmed liver diagnosis at hospital discharge	
Clinical Information	Pathology confirmed liver diagnosis at hospital discharge	
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	Graft Status	
Clinical Information	Date of Failure	
Clinical Information Clinical Information	Primary Non-Function	
Clinical Information	Hepatic Artery Thrombosis Other Vascular Thrombosis	
Clinical Information	Hepatic outflow obstruction	
Clinical Information	Portal vein thrombosis	
	Diffuse Cholangiopathy	
Clinical Information		
Clinical Information Clinical Information	Hepatitis: DeNovo	
Clinical Information	Hepatitis: DeNovo	
Clinical Information Clinical Information	Hepatitis: DeNovo Hepatitis: Recurrent	
Clinical Information Clinical Information Clinical Information	Hepatitis: DeNovo Hepatitis: Recurrent Recurrent Disease (non-Hepatitis)	

Form Section **Recipient Information Recipient Information** Provider Information **Provider Information** Provider Information Provider Information Provider Information Provider Information Provider Information Provider Information Donor Information Donor Information Donor Information Patient Status at Time of Follow-up Patient Status at Time of Follow-up Patient Status Patient Status Patient Status Patient Status Patient Status Clinical Information Clinical Information

Clinical Information	Lab Date	
Clinical Information	Total Bilirubin	
Clinical Information	Total Bilirubin://Status	Value or status is reported, not both
Clinical Information	Most Recent Serum Creatinine	
Clinical Information	Most Recent Serum Creatinine://Status	Value or status is reported, not both
Clinical Information	New diabetes onset between last follow-up to the current follow-up	
Clinical Information	Insulin dependent	
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	Display Only - Cascades from Database
Immunosuppressive Information	Immunosuppression medication	
Immunosuppressive Information	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) 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. Send comments regarding this burden estimate or any other aspect of this collection of information, 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 Lection OF information, information, information, collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

## Clinical Information Immunosuppressive Information Immunosuppressive Information Immunosuppressive Information Immunosuppressive Information

# OMB No. 0915-0157; Expiration PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Pr the following OPTN functions: tr to monitor compliance of memt not required to respond to, a co control number for this informa required to obtain or retain a bé (Privacy Act System of Records i number of the Contractor's sect prescribed by OMB Circular A-1: Automated Information System estimated to average 0.27 hour: and completing and reviewing t of this collection of information Officer, 5600 Fishers Lane, Roor

### TRF (6 Month - 5 Year) - Liver - Pediatric Fields to be completed by members

	Notes
Field Label 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	
Recipient Center	Display Only - Cascades from TCR
Recipient Center Type	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	
Functional Status	
Cognitive Development	
Cognitive Development	
Motor Development	
Working for income	
to meene	
Academic Progress	
Academic Progress	
Academic Progress Academic Activity Level	
Academic Activity Level	
Academic Activity Level Primary Insurance at Follow-up	
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height	
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
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height Height//Status Height Percentile	Value or status is reported, not both Calculated for display only
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height Height//Status Height Percentile Weight Measurement Date	• · ·
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height//Status Height Percentile Weight Measurement Date Weight	Calculated for display only
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height//Status Height//Status Height Measurement Date Weight Measurement Date Weight	Calculated for display only Value or status is reported, not both
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height/Status Height/Status Weight Measurement Date Weight Weight Percentile	Calculated for display only Value or status is reported, not both Calculated for display only
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height/Status Height/Status Height Measurement Date Weight Measurement Date Weight Weight/Status Weight Percentile BMI	Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height/Status Height/Status Weight Measurement Date Weight Weight/Status Weight Percentile BMI BMI://%ile	Calculated for display only Value or status is reported, not both Calculated for display only
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height/Status Height/Status Height Percentile Weight Measurement Date Weight/Status Weight/Status Weight Percentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge	Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height/Status Height Percentile Weight Measurement Date Weight/Status Weight/Status Weight Percentile BMI BMII BMII://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge	Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height/Status Height/Status Height Percentile Weight Measurement Date Weight/Status Weight/Status Weight Percentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology	Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height//Status Height//Status Height Measurement Date Weight Measurement Date Weight Measurement Date Weight Percentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT	Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height//Status Height//Status Height Measurement Date Weight Measurement Date Weight, Measurement Date Weight, Status Weight Percentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT HbsAg	Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height//Status Height//Status Height Measurement Date Weight Measurement Date Weight WeightPercentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT HbsAg HBV DNA	Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height/Status Height Percentile Weight Measurement Date Weight Measurement Date Weight Percentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT HbsAg HBV DNA HBV Core Antibody	Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database
Academic Activity Level Primary Insurance at Follow-up Primary Source of Payment, Specify Height Measurement Date Height//Status Height//Status Height Measurement Date Weight Measurement Date Weight WeightPercentile BMI BMI://%ile Pathology confirmed liver diagnosis at hospital discharge Pathology confirmed liver diagnosis at hospital discharge HIV Serology HIV NAT HbsAg HBV DNA	Calculated for display only Value or status is reported, not both Calculated for display only Display Only - Cascades from Database

Graft Status	
Date of Failure	
Primary Non-Function	
Hepatic Artery Thrombosis	
Other Vascular Thrombosis	
Hepatic Outflow Obstruction	
Portal Vein Thrombosis	
Diffuse Cholangiopathy	
Hepatitis: DeNovo	
Hepatitis: Recurrent	
Recurrent Disease (non-Hepatitis)	
Acute Rejection	
Infection	
Other, Specify	
Lab Date	
Total Bilirubin	
Total Bilirubin://Status	Value or status is reported, not both
Most Recent Serum Creatinine	
Most Recent Serum Creatinine://Status	Value or status is reported, not both
to the current follow-up	
Insulin dependent	
episodes during the follow-up period	
Post Transplant Malignancy	
Donor Related	
Recurrence of Pre-Tx Tumor	
De Novo Solid Tumor	
De Novo Lymphoproliferative disease and Lymphoma	
Were any medications given during the follow-up period for maintenance	
Previous Validated Maintenance Follow-up	
Medications	Display Only - Cascades from Database
Terrer and the second	
Immunosuppression medication	
Immunosuppression medication	

### Date: XX/XX/20XX

rocurement and Transplantation Network (OPTN) collects this information in order to perform o assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and per organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is illection of information unless it displays a currently valid OMB control number. The OMB tion collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is anefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a urity features. The Contractor's security system meets or exceeds the requirements as 30, Appendix III, Security of Federal Automated Information Systems, and the Departments s security Program Handbook. The public reporting burden for this collection of information is s per response, including the time for reviewing instructions, searching existing data sources, he collection of information. Send comments regarding this burden estimate or any other aspect , including suggestions for reducing this burden, to HRSA Information Collection Clearance n 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.