TCR - Intestine - Adult
Fields to be completed by members

Form Section	Field Label	Notes	Form Section
Provider Information	Transplant Center Code	Display Only - Cascades from Waitlist	Provider Information
Provider Information	Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist	Provider Information
Candidate Information	Organ Registered:	Display Only - Cascades from Waitlist	Candidate Information
Candidate Information	Date of Listing or Add:	Display Only - Cascades from Waitlist	Candidate Information
Candidate Information	Last Name:	Cascades from Waitlist	Candidate Information
Candidate Information	First Name:	Cascades from Waitlist	Candidate Information
Candidate Information	Middle Initial://MI:	Not required	Candidate Information
Candidate Information	Previous Surname:	Not required	Candidate Information
Candidate Information	SSN:	Display Only - Cascades from Waitlist	Candidate Information
Candidate Information	~~Gender~~ Birth Sex:	Cascades from Waitlist	Candidate Information
Candidate Information	HIC:	Not required	Candidate Information
Candidate Information	Date of Birth://DOB:	Cascades from Waitlist	Candidate Information
Candidate Information	State of Permanent Residence:	Cascades from Waitlist	Candidate Information
Candidate Information	Permanent ZIP Code:	Cascades from Waitlist	Candidate Information
Candidate Information	Ethnicity:	Cascades from Waitlist	Candidate Information
Candidate Information	Race:	Cascades from Waitlist	Candidate Information
Candidate Information	Citizenship:		Candidate Information
Candidate Information	Year of Entry to the U.S.		Candidate Information
Candidate Information	Year of Entry to the U.S Status//ST=		Candidate Information
Candidate Information	Country of Permanent Residence		Candidate Information
Candidate Information	Highest Education Level:		Candidate Information
Patient Status	Patient on Life Support:		Patient Status
Patient Status	Life Support://Ventilator		Patient Status
Patient Status	Life Support://Artificial Liver		Patient Status
Patient Status	Life Support://Other Mechanism, Specify		Patient Status
Patient Status	Life Support:Other Mechanism//Specify:		Patient Status
Patient Status	Functional Status:		Patient Status
Patient Status	Working for income:		Patient Status
Patient Status	Previous Transplant//Organ	Display Only - Cascades from Database	Patient Status
Patient Status	Previous Transplant//Date	Display Only - Cascades from Database	Patient Status
Patient Status	Previous Transplant//Graft Fail Date	Display Only - Cascades from Database	Patient Status
Patient Status	Previous Pancreas Islet Infusion:		Patient Status
Source of Payment	Source of Payment//Primary:		Patient Status
Source of Payment	Foreign Government//Specify:		Patient Status
Clinical Information	Height in cm://Height:		Source of Payment
Clinical Information	Height Status//ST=	Value or status is reported, not both	Source of Payment
Clinical Information	Height Growth percentiles//%ile	Calculated for display only	Clinical Information
Clinical Information	Weight in kg://Weight:		Clinical Information
Clinical Information	Weight Status//ST=	Value or status is reported, not both	Clinical Information
Clinical Information	Weight Growth percentiles//%ile	Calculated for display only	Clinical Information
Clinical Information	BMI:	Display Only - Cascades from Database	Clinical Information
Clinical Information	BMI://%ile	Calculated for display only	Clinical Information
Clinical Information	ABO Blood Group:	Display Only - Cascades from Waitlist	Clinical Information
Clinical Information	Primary Diagnosis:		Clinical Information
Clinical Information	Primary Diagnosis//Specify:		Clinical Information
General Medical Factors	Diabetes:		Clinical Information
General Medical Factors	Any previous Malignancy:		Clinical Information
General Medical Factors	Any previous Malignancy//Specify Type:		Clinical Information
General Medical Factors	Any previous Malignancy//Specify:		Clinical Information
General Medical Factors	Total Bilirubin		Clinical Information
Intestine Medical Factors	Variceal Bleeding within Last Two Weeks:		Clinical Information
Intestine Medical Factors	Recurrent sepsis:		General Medical Factors
Intestine Medical Factors	Fungal sepsis:		General Medical Factors
Intestine Medical Factors	Unmanageable fluid-electrolyte losses:		General Medical Factors
Intestine Medical Factors	"Non-Reconstructible" GI tract:		General Medical Factors
			General Medical Factors
			General Medical Factors
			Intestine Medical Factors
			Intestine Medical Factors
			Intestine Medical Factors
			Intestine Medical Factors

Intestine Medical Factors
Intestine Medical Factors
Intestine Medical Factors

OMB No. 0915-0157; Expiration Date:

PUBLIC BURDEN STATEMENT:

TCR - Intestine - 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://Ventilator	
Life Support://Artificial Liver	
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:	
Secondary Diagnosis:	Not required
Secondary Diagnosis//Specify:	
Diabetes:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify:	
Total Bilirubin:	
Total Bilirubin://ST=	Value or status is reported, not both
Loss of two or more vascular access sites:	
History of Portomesenteric Vein Thrombosis:	
Variceal Bleeding within Last Two Weeks:	
Recurrent sepsis:	

Fungal sepsis:	
Unmanageable fluid-electrolyte losses:	
"Non-Reconstructible" GI tract:	

XX/XX/20XX