# TCR - Intestine - Adult Fields to be completed by members

Provider Information Transplant Center Code Transplant Center Type://Recipient Center Provider Information Center Center Display Only - Cascades from Waitlis Candidate Information Date of Listing or Add: Candidate Information Date of Listing or Add: Candidate Information Last Name: Candidate Information Last Name: Candidate Information Middle Initial://MI: Candidate Information Middle Initial://MI: Not required Candidate Information Previous Surname: Not required Candidate Information Candidate Information Candidate Information Previous Surname: Not required Candidate Information Candidate Information Candidate Information Candidate Information Candidate Information Date of Birth://DOB: Candidate Information Candidate Information Date of Birth://DOB: Candidate Information Citizenship: Candidate Information Citizenship: Candidate Information Citizenship: Candidate Information Vear of Entry to the U.S. 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 Year of Entry to the U.S Status//ST= Candidate Information Highest Education Level: Patient Status Patient Status Patient Status Patient Status Patient Status Patient Status Previous Transplant//Orber Mechanism, Specify Patient Status Previous Transplant//Organ Patient Status Previous Transplant/Patie Display Only - Cascades from	Form Section	Field Label	Notes
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General Medical Factors Any previous Malignancy//Specify:			
General Medical Factors Total Bilirubin	General Medical Factors		
Variceal Bleeding within Last Two Intestine Medical Factors Weeks:	Intestine Medical Factors		
Intestine Medical Factors Recurrent sepsis:			
Intestine Medical Factors Fungal sepsis:			
augu sepsisi	recircul r detois	- angui depoio.	
Intestine Medical Factors Unmanageable fluid-electrolyte losses: Intestine Medical Factors "Non-Reconstructible" GI tract:			
Intestine Medical Factors "Non-Reconstructible" GI tract:	intestine ivietifed Factors	Non-reconstructible GI flact:	

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

Form Section
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Provider Information
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Clinical Information
General Medical Factors
Intestine Medical Factors
Intestine Medical Factors
Intestine Medical Factors
Intestine Medical Factors

Icontrol 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 nests 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Intestine Medical Factors

Intestine Medical Factors Intestine Medical Factors

OMB No. 0915-0157; Expiration Date:

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## TCR - Intestine - Pediatric Fields to be completed by members

Field Label Transplant Center Code	Notes  Display Only - Cascades from Waitlist
Transplant Center Code  Transplant Center Type://Recipient	Display Only - Cascades from Walthst
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:	Cuscudes from Waltist
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	
Life Support:Other Mechanism//Specify:	
Functional Status:	
Cognitive Development:	
Motor Development:	
Academic Progress:	
Academic Progress.  Academic Activity Level:	
Previous Transplant//Organ	Display Only - Cascades from Database
Previous Transplant//Date	Display Only - Cascades from Database  Display Only - Cascades from Database
Previous Transplant//Graft Fail Date	Display Only - Cascades from Database
Source of Payment//Primary:	Display Only Cuscudes from Butubuse
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	Calculated for display only
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
The blood Group.	Display Only - Cascades Holli Waltist
Primary Diagnosis:	
Primary Diagnosis//Specify:	
Secondary Diagnosis:	Not required
, c	. roc 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	variate or status is reported, not bottl
sites: History of Portomesenteric Vein	
Thrombosis:	
Variceal Bleeding within Last Two	

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

#### XX/XX/20XX

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