

TRF - Intestine - Adult
Fields to be completed by members

| Form Section | Field label | Notes |
|-----------------------|---|----------------|
| Recipient Information | Organ Type | from Database |
| Recipient Information | Follow-up code | from Database |
| Recipient Information | Recipient First Name | from TCR |
| Recipient Information | Recipient Last Name | from TCR |
| Recipient Information | Recipient Middle Initial | from TCR |
| Recipient Information | SSN | from TCR |
| Recipient Information | HIC | from TCR |
| Recipient Information | Previous Follow-up | from prior TRF |
| Recipient Information | DOB | from TCR |
| Recipient Information | Gender Birth Sex | from TCR |
| Recipient Information | Tx Date | from Database |
| Recipient Information | Previous Px Stat Date | from prior TRF |
| Recipient Information | Transplant Discharge Date | |
| Recipient Information | State of Permanent Residence | |
| Recipient Information | Zip Code | |
| Provider Information | Recipient Center | from TCR |
| Provider Information | Recipient Center Type | from TCR |
| Provider Information | Follow-up Center Code | from Database |
| Provider Information | Follow-up Center Type | from Database |
| 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 # | from Database |
| Donor Information | Donor Type | from Database |
| Donor Information | OPO | 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 |
| Patient Status | Has the patient been hospitalized since the last patient status date | |
| 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 | 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 | TPN Dependent | |
| Clinical Information | IV Dependent | |
| Clinical Information | Oral Feeding | |
| Clinical Information | Tube Feeding | |
| Clinical Information | Date of Failure | |
| Clinical Information | Primary Cause of Failure | |
| Clinical Information | Primary Cause of Failure//Other, Specify | |
| Clinical Information | New diabetes onset between last follow-up to the current follow-up | |
| Clinical Information | Insulin dependent | |
| Clinical Information | Most Recent Lab date | |
| Clinical Information | Serum Creatinine | |
| Clinical Information | Creatinine://Status | not both |
| 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 | |

[illegible]

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| 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 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.

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| Immunosuppressive Information |

OMB No. 0915-0157; Expiration

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ I perform the following OPTIN fi OPTIN; and to monitor complia and a person is not required t number. The OMB control nur information collection is requi Privacy Act protection (Privacy well protected by a number of requirements as prescribed by the Departments Automated I collection of information is est searching existing data source burden estimate or any other HRSA Information Collection C paperwork@hrsa.gov.

TRF - Intestine - 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 | |
| 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 | |
| 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 |
| HIV Serology | |
| HIV NAT | |
| HbsAg | |
| HBV DNA | |
| HBV Core Antibody | |
| HCV Serology | |
| HCV NAT | |
| Graft Status | |
| TPN Dependent | |
| IV Dependent | |
| Oral Feeding | |

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|--|---------------------------------------|
| Tube Feeding | |
| Date of Failure | |
| Primary Cause of Failure | |
| Primary Cause of Failure//Other, Specify | |
| New diabetes onset between last follow-up to the current follow-up | |
| Insulin dependent | |
| Most Recent Lab date | |
| Total Bilirubin | |
| Total Bilirubin://Status | Value or status is reported, not both |
| Serum Creatinine | |
| If Functioning, Most Recent Serum Creatinine://Status | Value or status is reported, not both |
| 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 | |
| Coronary Artery Disease Since Last Follow-up | |
| 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 | |

in Date: XX/XX/20XX

Procurement and Transplantation Network (OPTN) collects this information in order to determine whether applicants meet OPTN Bylaw requirements for membership in the network of member organizations with OPTN Obligations. An agency may not conduct or sponsor, nor respond to, a collection of information unless it displays a currently valid OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This notice is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to the Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are subject to the Contractor's security features. The Contractor's security system meets or exceeds the requirements of OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the 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, gathering and maintaining the data needed, reviewing instructions, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the Paperwork Project Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or 1-800-477-6013.