TCR - Pancreas - Adult Fields to be completed by members

Form Section	Field Label	Notes
Provider Information	Transplant Center Code	Display Only - Cascades from Waitlist
	Transplant Center Type://Recipient	
Provider Information	Center	Display Only - Cascades from Waitlist
Candidate Information	SSN:	Display Only - Cascades from Waitlist
Candidate Information Candidate Information	Organ Registered: Date of Listing or Add:	Display Only - Cascades from Waitlist Display Only - Cascades from Waitlist
Candidate Information	Last Name:	Cascades from Waitlist
Candidate Information	First Name:	Cascades from Waltist
Candidate Information	Middle Initial://MI:	Not required
Candidate Information	Previous Surname:	Not required
Candidate Information	Gender Birth Sex:	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=	Value or status is reported, not both
Candidate Information Candidate Information	Country of Permanent Residence Highest Education Level:	
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
Patient Status	Previous Pancreas Islet Infusion:	
Source of Payment	Source of Payment//Primary:	
Source of Payment	Foreign Government//Specify:	Display Only
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 Clinical Information	BMI://%ile	Calculated for display only
Clinical Information	ABO Blood Group: Primary Diagnosis:	
Clinical Information	Primary Diagnosis//Specify:	
General Medical Factors	Diabetes:	
General Medical Factors	Patient on insulin?	
General Medical Factors	If on insulin, enter the insulin date	
General Medical Factors	If on insulin, enter the insulin date//ST=	Value or status is reported, not both
General Medical Factors	Total insulin dosage units	• ·
General Medical Factors	Total insulin dosage units//ST=	Value or status is reported, not both
General Medical Factors	Insulin duration of use:	
General Medical Factors	Insulin duration of use://ST=	Value or status is reported, not both
	Symptomatic Peripheral Vascular	
General Medical Factors	Disease:	
General Medical Factors	Drug Treated COPD:	
General Medical Factors	Any previous Malignancy:	
Conoral Madical E-stars	Any previous Malignancy//Specify	
General Medical Factors General Medical Factors	Type:	
General Medical Factors	Any previous Malignancy//Specify:	
General Medical Factors	Total Serum Albumin:	
General Medical Factors	Total Serum Albumin: Total Serum Albumin//ST=	Value or status is reported, not both
General Medical Factors	C-Peptide Value	, and or status is reported, not both
General Medical Factors	C-Peptide Value://ST=	Value or status is reported, not both
General Medical Factors	Hba1c (%):	·
General Medical Factors	Hba1c (%)://ST	Value or status is reported, not both
Pancreas Medical Factors	Age of Diabetes Onset:	
Pancreas Medical Factors	Age of Diabetes Onset//ST=	Value or status is reported, not both

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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 0915-0157 and it is valid until XX/XX/202X. This information collection is (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 Of Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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

The private, non-profit Organ Procurer the following OPTN functions: to asses to monitor compliance of member orgis is not required to respond to, a collect control number for this information co required to obtain or retain a benefit p (Privacy Act System of Records #09-15 number of the Contractor's security fe prescribed by OMB Circular A-130, App Automated Information Systems Secur estimated to average 0.27 hours per re and completing and reviewing the coll aspect of this collection of information Clearance Officer, 5600 Fishers Lane, R

TCR - Pancreas - Pediatric Fields to be completed by members

Field Label	Notos	
Field Label Transplant Center Code	Notes Display Only - Cascades from Waitlist	
Transplant Center Type://Recipient	Display Only Cascades from Waltist	
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: Middle Initial://MI:	Cascades from Waitlist 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 Cascades from Waitlist	
Race: Citizenship:		
Year of Entry to the U.S.		
Year of Entry to the U.S Status//ST=	Value or status is reported, not both	
Country of Permanent Residence	<u> </u>	
Highest Education Level:		
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 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	
Primary Diagnosis:		
Primary Diagnosis//Specify:		
Diabetes:		
Patient on insulin?		
If on insulin, enter the insulin date		
If on insulin, enter the insulin date//ST=	Value or status is reported not both	
Total insulin dosage units		
Total insulin dosage units//ST=	Value or status is reported, not both	
Insulin duration of use:		
Insulin duration of use://ST=	Value or status is reported not both	
Any previous Malignancy:	Value or status is reported, not both	
Any previous Malignancy//Specify		
Type:		
Any previous Malignancy//Specify:		
Total Serum Albumin:		
Total Serum Albumin//ST=	Value or status is reported, not both	
C-Peptide Value		
C-Peptide Value://ST=	Value or status is reported, not both	
Hba1c (%): Hba1c (%)://ST	Value or status is reported, not both	
Age of Diabetes Onset:	value of status is reported, not both	
Age of Diabetes Onset//ST=	Value or status is reported, not both	
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nent and Transplantation Network (OPTN) collects this information in order to perform s whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and anizations with OPTN Obligations. An agency may not conduct or sponsor, and a person ion of information unless it displays a currently valid OMB control number. The OMB illection is 0915-0157 and it is valid until XX/XX/202X. This information collection is er 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection -0055). Data collected by the private non-profit OPTN also are well protected by a atures. The Contractor's security system meets or exceeds the requirements as pendix III, Security of Federal Automated Information Systems, and the Departments ity Program Handbook. The public reporting burden for this collection of information is esponse, including the time for reviewing instructions, searching existing data sources, ection of information. Send comments regarding this burden estimate or any other I, including suggestions for reducing this burden, to HRSA Information Collection toom 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.