

**Living Donor Follow-up (LDF)
Fields to be completed by members**

Form Section	Field Label	Notes
Provider Information	Recipient Center Code	Display Only - Cascades from Database
Provider Information	Recipient Center Code	Display Only - Cascades from Database
Provider Information	Recipient Center Type	Display Only - Cascades from Database
Provider Information	Recipient Center Name	Display Only - Cascades from Database
Provider Information	Follow-up Code	Display Only - Cascades from Database
Provider Information	Follow-up Center Code	Display Only - Cascades from Database
Provider Information	Follow-up Center Type	Display Only - Cascades from Database
Provider Information	Follow-up Center Code	Display Only - Cascades from Database
Provider Information	Follow-up Center Provider Number//Follow-up Center	Display Only - Cascades from Database
Provider Information	Follow-up Center Name//Follow-up Center	Display Only - Cascades from Database
Donor Information	Last Name	Display Only - Cascades from Database
Donor Information	First Name	Display Only - Cascades from Database
Donor Information	DOB	Display Only - Cascades from Database
Donor Information	SSN	Display Only - Cascades from Database
Donor Information	Gender Birth Sex	Display Only - Cascades from Database
Donor Information	Donor ID	Display Only - Cascades from feedback
Donor Information	Recovery Date	Display Only - Cascades from Database
Donor Information	Organ(s) Recovered	Display Only - Cascades from Database
Donor Status	Date of Initial Discharge	Display Only - Cascades from Database
Donor Status	Most Recent Donor Status since//Date of last contact or death	
Donor Status	Most Recent Donor Status since Cause of Death	
Donor Status	Cause of Death//Specify	
Donor Status	Functional Status	
Donor Status	Physical Capacity	
Donor Status	Working for Income	
Donor Status	Working for Income//If No, Not Working Due To	
Donor Status	Working for Income//If Yes	
Donor Status	Donor Status//Attempts to Collect	
Donor Status	Loss of medical insurance due to donation	
Donor Status	Loss of health insurance	
Donor Status	Loss of life insurance	
Clinical Information	Date	
Clinical Information	Current weight	
Clinical Information	Weight in lb.	
Clinical Information	Weight //Status	Value or status is reported, not both
Clinical Information	ER or urgent care visit related to donation since last follow-up	
Liver Clinical Information	Date	
Liver Clinical Information	Total Bilirubin	
Liver Clinical Information	Total Bilirubin //Status	Value or status is reported, not both
Liver Clinical Information	Date	
Liver Clinical Information	SGOT/AST	
Liver Clinical Information	SGOT/AST //Status	Value or status is reported, not both
Liver Clinical Information	Date	
Liver Clinical Information	SGPT/ALT	
Liver Clinical Information	SGPT/ALT //Status	Value or status is reported, not both
Liver Clinical Information	Date	
Liver Clinical Information	Alkaline Phosphatase	
Liver Clinical Information	Alkaline Phosphatase //Status	Value or status is reported, not both
Liver Clinical Information	Date	
Liver Clinical Information	Serum Albumin	
Liver Clinical Information	Serum Albumin //Status	Value or status is reported, not both
Liver Clinical Information	Date	
Liver Clinical Information	Serum Creatinine	
Liver Clinical Information	Serum Creatinine //Status	Value or status is reported, not both
Liver Clinical Information	Date	
Liver Clinical Information	INR	
Liver Clinical Information	INR //Status	Value or status is reported, not both
Liver Clinical Information	Date	
Liver Clinical Information	Platelet Count	
Liver Clinical Information	Platelet Count//Status	Value or status is reported, not both
Kidney Clinical Information	Date	
Kidney Clinical Information	Kidney//Serum Creatinine	
Kidney Clinical Information	Kidney Serum Creatinine //Status	Value or status is reported, not both

Kidney Clinical Information	Date	
Kidney Clinical Information	Blood Pressure Systolic	
Kidney Clinical Information	Blood Pressure Systolic //Status	Value or status is reported, not both
Kidney Clinical Information	Date	
Kidney Clinical Information	Blood Pressure Diastolic	
Kidney Clinical Information	Blood Pressure Diastolic //Status	Value or status is reported, not both
Kidney Clinical Information	Donor Developed Hypertension Requiring Medication	
Kidney Clinical Information	Protein-Creatinine Ratio	
Kidney Clinical Information	Urinalysis	Display Only
Kidney Clinical Information	Urine Protein	
Kidney Clinical Information	Maintenance Dialysis	
Kidney Clinical Information	Maintenance Dialysis//If Yes, Date First Dialyzed	
Kidney Clinical Information	Diabetes	
Kidney Clinical Information	Diabetes //Treatment	
Lung Clinical Information	Activity Level	
Lung Clinical Information	Chronic Incisional Pain	
Complications	Has the donor been readmitted since	
Complications	If Yes, Date of First Readmission	
Complications	Date of First Readmission //Status	Value or status is reported, not both
Complications	Specify Reason for First Readmission	
Complications	Complications since	
Complications	Kidney Complications since	
Complications	Kidney Complications Status//If Yes	
Complications	Kidney Complications//Specify	
Complications	Liver Complications since	
Complications	Liver Complications Status//If Yes	
Complications	Liver Complications//Specify	
Complications	Complications//Specify	
Complications	Complications since uterus donation	Only applicable to Uterus
Complications	Complications since uterus donation//Select all that apply	Display only Only applicable to Uterus
Complications	If Complications since uterus donation//Wound infection	Only applicable to Uterus
Complications	If Complications since uterus donation//Ureterovaginal fistula	Only applicable to Uterus
Complications	If Complications since uterus donation//Nocturia	Only applicable to Uterus
Complications	If Complications since uterus donation//Meralgia paresthetica	Only applicable to Uterus
Complications	If Complications since uterus donation//Bladder hypotonia	Only applicable to Uterus
Complications	If Complications since uterus donation//Dyspareunia	Only applicable to Uterus
Complications	If Complications since uterus donation//Sexual dysfunction	Only applicable to Uterus
Complications	If Complications Since Uterus Donation//Pain	Only applicable to Uterus
Complications	If Complications since uterus donation//If Pain// Type	Only applicable to Uterus
Complications	If Complications since uterus donation//If Pain// Location	Only applicable to Uterus
Complications	If Complications since uterus donation//Urinary tract infection	Only applicable to Uterus
Complications	If Complications since uterus donation//Other, specify	Only applicable to Uterus
Complications	If Complications since uterus donation//Other, specify//specify text	Only applicable to Uterus
Complications	Menopausal symptoms	Only applicable to Uterus
Complications	Menopausal symptoms//Hot flashes	Only applicable to Uterus
Complications	Menopausal symptoms//Mood swings	Only applicable to Uterus
Complications	Menopausal symptoms//Other, specify	Only applicable to Uterus
Complications	Menopausal symptoms//If Other, specify//specify text	Only applicable to Uterus
Complications	Complications since other VCA donation	Only applicable to non-Uterus VCA
Complications	Complications since other VCA donation//Select all that apply	Display only Only applicable to non-Uterus VCA
Complications	If Complications since other VCA donation//Pain	Only applicable to non-Uterus VCA
Complications	If Complications since other VCA donation//If Pain//Type	Only applicable to non-Uterus VCA

Complications OMB No. 0915-0157 Expiration Date: XX/XX/20XX	If Complications since other VCA donation//If Pain//Location	Only applicable to non-Uterus VCA
Complications	If Complications Since Other VCA Donation//Loss of function related to donation	Only applicable to non-Uterus VCA
Complications	If Complications Since Other VCA Donation//If Loss of function related to donation//Specify	Only applicable to non-Uterus VCA
Complications	If Complications Since Other VCA Donation//Other, specify	Only applicable to non-Uterus VCA
Complications	If Complications Since Other VCA Donation//If Other, specify//Specify text	Only applicable to non-Uterus VCA
Complications	New onset psychological symptoms	Applicable to all VCA
Complications	New onset psychological symptoms//Select all that apply	Display only Applicable to all VCA
Complications	If New onset psychological symptoms//Anxiety	Applicable to all VCA
Complications	If New onset psychological symptoms//Depression	Applicable to all VCA
Complications	If New onset psychological symptoms//Change of mood	Applicable to all VCA
Complications	If New onset psychological symptoms//Change in body image	Applicable to all VCA
Complications	If New onset psychological symptoms//Change of eating habits	Applicable to all VCA
Complications	If New onset psychological symptoms//Suicidal ideation	Applicable to all VCA
Complications	If New onset psychological symptoms//Change of eating habits	Applicable to all VCA
Complications	If New onset psychological symptoms//Other, specify	Applicable to all VCA
Complications	If New onset psychological symptoms//If Other, specify//Specify text	Applicable to all VCA
Recipient Information	Recipient's Last Name	Display Only - Cascades from Database
Recipient Information	Recipient's First Name	Display Only - Cascades from Database
Recipient Information	Recipient's SSN	Display Only - Cascades from Database
Recipient Information	Recipient's Name	Display Only - Cascades from Database
Recipient Information	Transplant Date	Display Only - Cascades from Database

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/20XX. 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.