## TRF (1-5 Year) - Lung - Adult Fields to be completed by members

Form Section	Field Label	Notes
Recipient Information	Organ Type	Display Only - Cascades from Database
Recipient Information	Follow-up code	Display Only - Cascades from Database Display Only - Cascades from TCR
Recipient Information Recipient Information	Recipient First Name Recipient Last Name	Display Only - Cascades from TCR
Recipient Information	Recipient Middle Initial	Display Only - Cascades from TCR
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient information	inc	Display Only - Cascades Hom TCK
Recipient Information	Previous Follow-up	Display Only - Cascades from prior TRF
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender Birth Sex	Display Only - Cascades from TCR
Recipient Information	Tx Date	Display Only - Cascades from Database
Recipient information	1x Date	Display Only - Cascades Hom Database
Recipient Information	Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Information	Transplant Discharge Date	Display Only Cascades from prior Fra
Recipient Information	State of Permanent Residence	
Recipient Information	Zip Code	
recipient information		
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
rovider momation	Recipient Genter Type	Display only Cascades nom rent
Provider Information	Recipient Center	Display Only - Cascades from TCR
Provider Information	Follow-up Center Code	Display Only - Cascades from Database
Provider Information	Follow-up Center Type	Display Only - Cascades from Database
Provider Information	Physician Name	_ sping only Gascades from Database
Provider Information	NPI#	
Provider Information	Follow-up Care Provided By	
Provider Information	Follow-up Care Provided By//Specify	
Donor Information	UNOS Donor ID #	Display Only - Cascades from Database
Donor Information	Donor Type	Display Only - Cascades from Database
Donor Information	OPO	Display Only - Cascades from feedback
Patient Status	Date: Last Seen, Retransplanted or Death	Display Only Cascades Hom recaback
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//Specify	Not required
Patient Status	Contributory Cause of Death//Specify	Not required
Patient Status		Not required
Patient Status	Has the patient been hospitalized since the last patient status date	
Patient Status	Hospitalized for Rejection	
i diciti Status	hospitalized for Rejection	
Patient Status	Hospitalized for Infection	
Patient Status	Functional Status	
Patient Status	Working for income	
Patient Status	Primary Insurance at Follow-up	
	Frinary insurance at Fonow-up	
Patient Status	Primary Source of Payment, Specify	
adem Status	ranary source or rayment, 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 Serology HCV NAT	
Clinical Information	Graft Status	
Clinical Information	Date of Graft Failure	
Clinical Information	Primary Cause of Graft Failure	
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Clinical Information	Primary Cause of Graft Failure// Other Specify	
Clinical Information	Date Test Performed	Value or status is reported, not both
Clinical Information	FEV1	Value or status is reported, not both Value or status is reported, not both
Clinical Information	FVC	Value or status is reported, not both Value or status is reported, not both
Clinical Information	FFF 25-75	Value or status is reported, not both Value or status is reported, not both
CONTRACT OF CONTRACTOR OF CONTRACT OF C		Value or status is reported, not both Value or status is reported, not both
Clinical Information	Date Test Performed	•
Clinical Information Clinical Information	FEV1	Value or status is reported, not both
Clinical Information Clinical Information Clinical Information	FEV1 FVC	Value or status is reported, not both Value or status is reported, not both
Clinical Information Clinical Information	FEV1	Value or status is reported, not both

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Clinical Information

Clinical Information	FEV1	Value or status is reported, not both
Clinical Information	FVC	Value or status is reported, not both
Clinical Information	FEF 25-75	Value or status is reported, not both
Clinical Information	Current Supplemental O2 requirements at rest and/or at exercise	
Clinical Information	At rest: FiO2 or Flow	Value or status is reported, not both
Clinical Information	With exercise: FiO2 or Flow	Value or status is reported, not both
Clinical Information	New diabetes onset between last follow-up to the current follow-up	
Clinical Information	Diabetes: If Yes, Insulin Dependent	
Clinical Information	Most Recent Serum Creatinine	
Clinical Information	Most Recent Serum Creatinine//Status	
Clinical Information	Chronic Dialysis	
Clinical Information	Renal Tx since Thoracic Tx	
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	
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
Immunosuppression Other	Immunosuppression medication	
Immunosuppression Other	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 of information. Security not public reporting burden for this collection of information. Security not public reporting burden for this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information. Send comments regarding this burden collection follocular supports and reviewing the collection of information Send comments regarding this burden collection follocular supports for reviewing instructions, to HSA Information Collection Collection follocular Security Protected by a function of information. Send comments regarding this burden estimate or any other aspect of this collection of information. Send comments regarding this burden setimate or any other aspect.

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# OMB No. 0915-0157; Expiration Da

The private, non-profit Organ Proc the following OPTN functions: to a monitor compliance of member or not required to respond to, a collenumber for this information collec obtain or retain a benefit per 42 CI System of Records #09-15-0055). I Contractor's security features. The Circular A-130, Appendix III, Securi Systems Security Program Handbo hours per response, including the t the collection of information. Send information, including suggestions Room 14N39, Rockville, Maryland,

## TRF (1-5 Year) - Lung - 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	
Previous Follow-up	Display Only - Cascades from prior TRF
Duraniana Du Chat Data	
Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Center Type	Display Only - Cascades from TCR
Recipient Center	Display Only - Cascades from TCR
Follow-up Center Code	Display Only - Cascades from Database
Follow-up Center Type Physician Name	Display Only - Cascades from Database
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	Display only Guocadeo from recubaci
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	
Hospitalized for Rejection	
Hospitalized for Infection	
Functional Status	
Cognitive Development	
Motor 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	Calculated for display only
HIV Serology	
HIV NAT	
HIV NAT HbsAg HBV DNA	

UDV Core Antibody	
HBV Core Antibody HCV Serology	
HCV Serology HCV NAT	
IICV INAT	
Graft Status	
Date of Graft Failure	
Primary Cause of Graft Failure	
Primary Cause of Graft Failure// Other	
Specify	
Most Recent Anti-A Titer	
Most Recent Anti-A Titer//Sample Date	
Most Recent Anti-B Titer	
Most Recent Anti-B Titer//Sample Date	
Date Test Performed	Value or status is reported, not both
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FEV1	Value or status is reported, not both
FVC	Value or status is reported, not both
FEF 25-75	Value or status is reported, not both
Date Test Performed	Value or status is reported, not both
FEV1	Value or status is reported, not both
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FVC	Value or status is reported, not both
	1 /
FEF 25-75	Value or status is reported, not both
Date Test Performed	Value or status is reported, not both
FEV1	Value or status is reported, not both
FVC	Value or status is reported, not both
FEF 25-75	Value or status is reported, not both
Current Supplemental O2 requirements at	• •
rest and/or at exercise	
At rest: FiO2 or Flow	Value or status is reported, not both
With exercise: FiO2 or Flow	Value or status is reported, not both
Diabetes onset during the follow-up period	
Diabetes: If Yes, Insulin Dependent	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	
Chronic Dialysis	
Renal Tx since Thoracic Tx	
Did patient have any acute rejection 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	
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	

#### ate: XX/XX/20XX

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