

**TRF (1-5 Year) - Heart/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
Recipient Information	Recipient First Name	Display Only - Cascades from TCR
Recipient Information	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	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	Previous Px Stat Date	Display Only - Cascades from prior TRF
Recipient Information	Transplant Discharge Date	
Recipient Information	State of Permanent Residence	
Recipient Information	Zip Code	
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
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	
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	
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	Hospitalized for Rejection	
Patient Status	Hospitalized for Infection	
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	Date of Graft Failure	
Clinical Information	Primary Cause of Graft Failure	
Clinical Information	Primary Cause of Graft Failure//Other, Specify	
Clinical Information	Ejection Fraction	Value or status is reported, not both
Clinical Information	Heart: Ejection Fraction//Status	Display Only - Cascades from Database
Clinical Information	Pacemaker	Display Only - Cascades from Database
Clinical Information	Coronary Artery Disease	Display Only - Cascades from Database
Clinical Information	Date Test Performed	Value or status is reported, not both
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	Date Test Performed	Value or status is reported, not both
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

[illegible]



connection or information, send  
including suggestions for reduc  
Rockville, Maryland, 20857 or p

**TRF (1-5 Year) - Heart/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
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	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	
Hospitalized for Rejection	
Hospitalized for Infection	
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	Calculated for display only
HIV Serology	
HIV NAT	
HbsAg	
HBV DNA	
HBV Core Antibody	
HCV Serology	
HCV NAT	

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	
Ejection Fraction	Display Only - Cascades from Database
Heart: Ejection Fraction//Status	Value or status is reported, not both
Shortening Fraction	Display Only - Cascades from Database
Shortening Fraction://Status	Value or status is reported, not both
Pacemaker	Display Only - Cascades from Database
Coronary Artery Disease Since Last Follow-up	Display Only - Cascades from Database
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
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
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
New diabetes onset between last follow-up to the current follow-up	
Diabetes: If Yes, Insulin Dependent	
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
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	

1 Date: XX/XX/20XX

Procurement and Transplantation Network (OPTN) collects this information in order to perform the assessment whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to report organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not to provide 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 meet the requirements of 2 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Record). Information collected by the private non-profit OPTN also are well protected by a number of the Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, the Department of Health and Human Services Automated Information Systems Security Policy, and the Department of Health and Human Services Automated Information Systems Security reporting burden for this collection of information is estimated to average 0.27 hours per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing existing information, 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 Washington, DC 20543-0181, and to the Office of Management and Budget, Paperwork Project Director (0915-0157), Washington, DC 20503.

Comments regarding this burden estimate or any other aspect of this collection of information, including this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Paperwork@hhsa.gov.