

**TRF (Post 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 | <del>Gender</del> 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  |
| 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                                 |                                        |
| 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  | Coronary Artery Disease                                         |                                        |
| 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  |
| 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  | 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  | Chronic Dialysis                                                |                                        |
| Clinical Information  | Renal Tx since Thoracic Tx                                      |                                        |
| Clinical Information  | Most Recent Serum Creatinine                                    | Value or status is reported, not both  |
| Clinical Information  | Most Recent Serum Creatinine//Status                            |                                        |
| 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                |                                        |

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

| Form Section                        |
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| Recipient Information               |
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| Provider Information                |
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| Provider Information                |
| Provider Information                |
| Donor Information                   |
| Donor Information                   |
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| Patient Status                      |
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| Patient Status                      |
| Patient Status at Time of Follow-up |
| Patient Status at Time of Follow-up |
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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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| Clinical Information |
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OMB No. 0915-0157; Expiration

**PUBLIC BURDEN STATEMENT:**  
The private, non-profit Organ Pr perform the following OPTN fun in the OPTN; and to monitor cor or sponsor, and a person is not i OMB control number. The OMB XX/XX/202X. This information cc collected will be subject to Priva private non-profit OPTN also are security system meets or exceer Federal Automated Information Handbook. The public reporting response, including the time for the collection of information. Se information, including suggestic Fishers Lane, Room 14N39, Rocl

**TRF (Post 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  |
| 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                |                                        |
| Functional Status                              |                                        |
| Cognitive Development                          |                                        |
| Motor Development                              |                                        |
| 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            |
| Graft Status                                   |                                        |
| Date of Graft Failure                          |                                        |
| Primary Cause of Graft Failure                 |                                        |
| Primary Cause of Graft Failure//Other, Specify |                                        |
| Coronary Artery Disease Since Last Follow-up   |                                        |
| 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  |
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| 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  |
| 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  |
| Chronic Dialysis                               |                                        |

|                                                  |  |
|--------------------------------------------------|--|
| Renal Tx since Thoracic Tx                       |  |
| Most Recent Serum Creatinine                     |  |
| Most Recent Serum Creatinine//Status             |  |
| Diabetes onset during the follow-up period       |  |
| If yes, insulin dependent                        |  |
| Post Transplant Malignancy                       |  |
| Donor Related                                    |  |
| Recurrence of Pre-Tx Tumor                       |  |
| De Novo Solid Tumor                              |  |
| De Novo Lymphoproliferative disease and Lymphoma |  |

Date: XX/XX/20XX

Procurement and Transplantation Network (OPTN) collects this information in order to determine compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and you are prohibited from disclosing or in any other manner making available, information that is collected, used, estimated, or otherwise derived from this information collection unless it displays a currently valid control number for this information collection is 0915-0157 and it is valid until 09/15/2015. A collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data are protected by the Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the Contractor is well protected by a number of the Contractor's security features. The Contractor's data is as prescribed by OMB Circular A-130, Appendix III, Security of Information Systems, and the Department's Automated Information Systems Security Program. The burden for this collection of information is estimated to average 0.27 hours per response, including reviewing instructions, searching existing data sources, gathering and reviewing the data, reviewing existing 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 Fishersville, Maryland, 20857 or paperwork@hrsa.gov.