O.M.B. NO. 0915-0157 Expiration Date: XX/XX/201X

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

Form Section	Field label
1-Recipient Information	Organ Type
1-Recipient Information	Follow up code
1-Recipient Information	Recipient First Name
1-Recipient Information	Recipient Last Name
1-Recipient Information	Recipient Middle Initial
1-Recipient Information	SSN
1-Recipient Information	HIC
1-Recipient Information	Previous Follow-Up
1-Recipient Information	DOB
1-Recipient Information	Gender
1-Recipient Information	Tx Date
1-Recipient Information	Previous Px Stat Date
1-Recipient Information	Transplant Discharge Date
1-Recipient Information	State of Permanent Residence
1-Recipient Information	Zip Code
2-Provider Information	Recipient Center Type
2-Provider Information	Recipient Center
2-Provider Information	Followup Center Code
2-Provider Information	Followup Center Type
2-Provider Information	Physician Name
2-Provider Information	NPI#
2-Provider Information	Follow-up Care Provided By
2-Provider Information	Follow-up Care Provided By//Specify
3-Donor Information	UNOS Donor ID #
3-Donor Information	Donor Type
3-Donor Information	OPO
4-Patient Status	Date: Last Seen, Retransplanted or Death
4-Patient Status	Patient Status
4-Patient Status	Primary Cause of Death
4-Patient Status	Primary Cause of Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Contributory Cause of Death//Specify
4-Patient Status	Contributory Cause of Death
4-Patient Status	Contributory Cause of Death//Specify
4-Patient Status	Has the patient been hospitalized since the last patient status date
4-Patient Status	Hospitalized for Rejection
4-Patient Status	Hospitalized for Infection
4-Patient Status	Functional Status
4-Patient Status	Working for income
4-Patient Status	Primary Insurance at Follow-up
4-Patient Status	Primary Source of Payment, Specify

5-Clinical Information	HIV Serology
5-Clinical Information	HIV NAT
5-Clinical Information	HbsAg
5-Clinical Information	HBV DNA
5-Clinical Information	HBV Core Antibody
5-Clinical Information	HCV Serology
5-Clinical Information	HCV NAT
5-Clinical Information	Graft Status
5-Clinical Information	Date of Graft Failure
5-Clinical Information	Primary Cause of Graft Failure
5-Clinical Information	Primary Cause of Graft Failure//Other, Specify
5-Clinical Information	Ejection Fraction
5-Clinical Information	Heart: Ejection Fraction//Status
5-Clinical Information	Pacemaker
5-Clinical Information	Coronary Artery Disease
5-Clinical Information	FeV1
5-Clinical Information	FeV1://Status
5-Clinical Information	O2 Requirement at Rest
5-Clinical Information	O2 Requirement at Rest L/min//Status
5-Clinical Information	Bronchiolitis Obliterans Syndrome
5-Clinical Information	Bronchial Stricture (Since last follow-up)
5-Clinical Information	If yes, Stent
5-Clinical Information	New diabetes onset between last follow-up to the current follow-up
5-Clinical Information	Diabetes: If Yes, Insulin Dependent
5-Clinical Information	Most Recent Serum Creatinine
5-Clinical Information	Most Recent Serum Creatinine//Status
5-Clinical Information	Chronic Dialysis
5-Clinical Information	Renal Tx since Thoracic Tx
5-Clinical Information	Did patient have any acute rejection episodes during the follow-up period
5-Clinical Information	Post Transplant Malignancy
5-Clinical Information	Donor Related
5-Clinical Information	Recurrence of Pre-Tx Tumor
5-Clinical Information	De Novo Solid Tumor
5-Clinical Information	De Novo Lymphoproliferative disease and Lymphoma
5-Clinical Information	Other, Specify
7-Immunosuppressive Information	Were any medications given during the follow-up period for maintenance
7-Immunosuppressive Information	Previous Validated Maintenance Follow-Up Medications
7-Immunosuppressive Information	immunosuppression medication
7-Immunosuppressive Information	immunosuppression medication indication

Public Burden Statement

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Notes	Form Section
Display Only - Cascades from Database	1-Recipient Information
Display Only - Cascades from Database	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from prior TRF	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from Database	1-Recipient Information
Display Only - Cascades from prior TRF	1-Recipient Information
	1-Recipient Information
	1-Recipient Information
	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from TCR	1-Recipient Information
Display Only - Cascades from Database	2-Provider Information
Display Only - Cascades from Database	2-Provider Information
	2-Provider Information
	2-Provider Information
	2-Provider Information
	2-Provider Information
Display Only - Cascades from Database	2-Provider Information
Display Only - Cascades from Database	2-Provider Information
Display Only - Cascades from feedback	3-Donor Information
	3-Donor Information
	3-Donor Information
	4-Patient Status
	4-Patient Status
Not required	4-Patient Status
Not required	4-Patient Status
Not required	4-Patient Status
Not required	4-Patient Status
	4-Patient Status
	4-Patient Status
	4-Patient Status
	4-Patient Status
	4-Patient Status
	4-Patient Status
	4-Patient Status at Time of Follow-Up

	4-Patient Status at Time of Follow-Up
	4-Patient Status
	4-Patient Status
	4-Patient Status
	4-Patient Status
	4-Patient Status
	5-Clinical Information
	5-Clinical Information
	5-Clinical Information
	5-Clinical Information
	5-Clinical Information
Value or status is reported, not both	5-Clinical Information
Display Only - Cascades from Database	5-Clinical Information
Display Only - Cascades from Database	5-Clinical Information
Display Only - Cascades from Database	5-Clinical Information
Value or status is reported, not both	5-Clinical Information
Display Only - Cascades from Database	5-Clinical Information
Value or status is reported, not both	5-Clinical Information
Display Only - Cascades from Database	5-Clinical Information
Display Only - Cascades from Database	5-Clinical Information
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	5-Clinical Information
Value or status is reported, not both	5-Clinical Information
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Display Only - Cascades from Database	5-Clinical Information
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5-Clinical Information
7-Immunosuppressive Information
7-Immunosuppressive Information
7-Immunosuppressive Information
7-Immunosuppressive Information

e: XX/XX/201X

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	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
Followup Center Code	Display Only - Cascades from Database
Followup 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	
Date of Measurement	
Height	
Height//Status	Value or status is reported, not both
Height Percentile	Calculated for display only
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
FeV1	Display Only - Cascades from Database
FeV1://Status	Value or status is reported, not both
O2 Requirement at Rest	Display Only - Cascades from Database
O2 Requirement at Rest L/min//Status	Value or status is reported, not both
Bronchiolitis Obliterans Syndrome	Display Only - Cascades from Database
Bronchial Stricture (Since last follow-up)	Display Only - Cascades from Database

If yes, Stent	
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	

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