

TRR - Heart - Adult
Fields to be completed by members

Form Section	Field Label	Notes
Recipient Information	Organ	Display Only - Cascades from TCR
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	Not required
Recipient Information	SSN	Display Only - Cascades from TCR
Recipient Information	HIC	Display Only - Cascades from TCR
Recipient Information	DOB	Display Only - Cascades from TCR
Recipient Information	Gender	Display Only - Cascades from TCR
Recipient Information	Tx Date	Display Only - Cascades from feedback
Recipient Information	State of Permanent Residence	
Recipient Information	Permanent Zip	
Provider Information	Recipient Center Code	Display Only - Cascades from TCR
Provider Information	Recipient Center Type	Display Only - Cascades from TCR
Provider Information	Physician Name	
Provider Information	Physician NPI#	
Provider Information	Surgeon Name	
Provider Information	Surgeon NPI#	
Donor Information	UNOS Donor ID #	Display Only - Cascades from TCR
Donor Information	Donor Type	Display Only - Cascades from feedback
Donor Information	OPO	Display Only - Cascades from feedback
Patient Status	Primary Diagnosis	
Patient Status	Primary Diagnosis//Specify	
Patient Status	Date: Last Seen, Retransplanted or Death	
Patient Status	Patient Status	
Patient Status	Primary Cause of Death	
Patient Status	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	Date of Admission to Tx Center	
Patient Status	Date of Discharge from Tx Center	
Patient Status	Medical Condition at time of transplant	
Patient Status	Patient on Life Support	
Patient Status	Extra Corporeal Membrane Oxygenation	
Patient Status	Intra Aortic Balloon Pump	
Patient Status	Prostaglandins	
Patient Status	Intravenous Inotropes	
Patient Status	Inhaled NO	
Patient Status	Ventilator	
Patient Status	Other Mechanism	
Patient Status	Other Mechanism, Specify	
Patient Status	Patient on Ventricular Assist Device	
Patient Status	Life Support: VAD Brand1	
Patient Status	Life Support: VAD Brand1//Specify	
Patient Status	Life Support: VAD Brand2	
Patient Status	Life Support: VAD Brand2//Specify	

TRR - Heart
Fields to be compl

Form Section	Field Label
Recipient Information	Organ
Recipient Information	Recipient First Name
Recipient Information	Recipient Last Name
Recipient Information	Recipient Middle Initial
Recipient Information	SSN
Recipient Information	HIC
Recipient Information	DOB
Recipient Information	Gender
Recipient Information	Tx Date
Recipient Information	State of Permanent Residence
Recipient Information	Permanent Zip
Provider Information	Recipient Center Code
Provider Information	Recipient Center Type
Provider Information	Physician Name
Provider Information	Physician NPI#
Provider Information	Surgeon Name
Provider Information	Surgeon NPI#
Donor Information	UNOS Donor ID #
Donor Information	Donor Type
Donor Information	OPO
Patient Status	Primary Diagnosis
Patient Status	Primary Diagnosis//Specify
Patient Status	Date: Last Seen, Retransplanted or Death
Patient Status	Patient Status
Patient Status	Primary Cause of Death
Patient Status	Cause of Death//Specify
Patient Status	Contributory Cause of Death
Patient Status	Contributory Cause of Death//Specify
Patient Status	Contributory Cause of Death
Patient Status	Contributory Cause of Death//Specify
Patient Status	Date of Admission to Tx Center
Patient Status	Date of Discharge from Tx Center
Patient Status	Medical Condition at time of transplant
Patient Status	Patient on Life Support
Patient Status	Extra Corporeal Membrane Oxygenation
Patient Status	Intra Aortic Balloon Pump
Patient Status	Prostaglandins
Patient Status	Intravenous Inotropes
Patient Status	Ventilator
Patient Status	Inhaled NO
Patient Status	Other Mechanism
Patient Status	Other Mechanism, Specify
Patient Status	Patient on Ventricular Assist Device
Patient Status	Life Support: VAD Brand1
Patient Status	Life Support: VAD Brand1//Specify
Patient Status	Life Support: VAD Brand2
Patient Status	Life Support: VAD Brand2//Specify

Patient Status	Functional Status	
Patient Status	Working for income	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	Value or status is reported, not both
Pretransplant	Height Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	Weight	
Pretransplant	Weight in Kilograms//Status	Value or status is reported, not both
Pretransplant	Weight Percentile//Growth Percentiles//%ile	Calculated for display only
Pretransplant	BMI	Display Only - Cascades from Database
Pretransplant	BMI://%ile	Calculated for display only
Pretransplant	Previous Transplant Organ	Display Only - Cascades from Database
Pretransplant	Previous Transplant Date	Display Only - Cascades from Database
Pretransplant	Previous Transplant Graft Fail Date	Display Only - Cascades from Database
Pretransplant	HIV Serostatus	
Pretransplant	NAT HIV	
Pretransplant	CMV Status	
Pretransplant	HBV Core Antibody	
Pretransplant	HBV Surface Antibody Total	
Pretransplant	HBV Surface Antigen	
Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus	
Pretransplant	NAT HCV	
Pretransplant	EBV Serostatus	
Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?	
Pretransplant	PA (sys)mm/Hg	
Pretransplant	PA (sys)mm/Hg//Status	Value or status is reported, not both
Pretransplant	PA(sys)mm/Hg Inotropes/VASODilators	
Pretransplant	PA(dia) mm/Hg	
Pretransplant	PA(dia) mm/HG//Status	Value or status is reported, not both
Pretransplant	PA (dia) mm/Hg Inotropes/Vasodilators	
Pretransplant	PA(mean) mm/Hg	
Pretransplant	PA(mean) mm/Hg//Status	Value or status is reported, not both
Pretransplant	PA (mean) mm/Hg Inotropes/Vasodilators	
Pretransplant	PCW(mean) mm/Hg	
Pretransplant	PCW(mean) mm/Hg//Status	Value or status is reported, not both
Pretransplant	PCW (mean) mm/Hg Inotropes/Vasodilators	
Pretransplant	CO L/min	
Pretransplant	CO L/min//Status	Value or status is reported, not both
Pretransplant	CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators	
Pretransplant	Most Recent Serum Creatinine	
Pretransplant	Most Recent Serum Creatinine//Status	Value or status is reported, not both
Pretransplant	Most Recent Total Bilirubin	
Pretransplant	Most Recent Total Bilirubin//Status	Value or status is reported, not both
Pretransplant	Chronic Steroid Use	
Pretransplant	Transfusions	

Patient Status	Functional Status	
Patient Status	Academic Progress	
Patient Status	Academic Activity Level	
Patient Status	Primary Source of Payment	
Patient Status	Primary Source of Payment, Specify	
Patient Status	Cognitive Development	
Patient Status	Motor Development	
Pretransplant	Date of Measurement	
Pretransplant	Height	
Pretransplant	Height in Centimeters//Status	
Pretransplant	Height Percentile//Growth Percentiles//%ile	
Pretransplant	Weight	
Pretransplant	Weight in Kilograms//Status	
Pretransplant	Weight Percentile//Growth Percentiles//%ile	
Pretransplant	BMI	
Pretransplant	BMI://%ile	
Pretransplant	Previous Transplant Organ	
Pretransplant	Previous Transplant Date	
Pretransplant	Previous Transplant Graft Fail Date	
Pretransplant	HIV Serostatus	
Pretransplant	NAT HIV	
Pretransplant	CMV Status	
Pretransplant	HBV Core Antibody	
Pretransplant	HBV Surface Antibody Total	
Pretransplant	HBV Surface Antigen	
Pretransplant	NAT HBV	
Pretransplant	HCV Serostatus	
Pretransplant	NAT HCV	
Pretransplant	EBV Serostatus	
Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?	
Pretransplant	PA (sys)mm/Hg	
Pretransplant	PA (sys)mm/Hg//Status	
Pretransplant	PA(sys)mm/Hg Inotropes/VASODilators	
Pretransplant	PA(dia) mm/Hg	
Pretransplant	PA(dia) mm/HG//Status	
Pretransplant	PA (dia) mm/Hg Inotropes/Vasodilators	
Pretransplant	PA(mean) mm/Hg	
Pretransplant	PA(mean) mm/Hg//Status	
Pretransplant	PA (mean) mm/Hg Inotropes/Vasodilators	
Pretransplant	PCW(mean) mm/Hg	
Pretransplant	PCW(mean) mm/Hg//Status	
Pretransplant	PCW (mean) mm/Hg Inotropes/Vasodilators	
Pretransplant	CO L/min	
Pretransplant	CO L/min//Status	
Pretransplant	CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators	

Pretransplant	Infection Requiring IV Therapy within 2 wks prior to Tx	
Pretransplant	Dialysis	
Pretransplant	Prior Cardiac Surgery (non-transplant)	
Pretransplant	If yes, check all that apply	
Pretransplant	Prior Cardiac Surgery//Specify	
Pretransplant	Prior Lung Surgery (non-transplant)	
Pretransplant	If yes, check all that apply	
Pretransplant	Prior Lung Surgery//Specify	
Pretransplant	Episode of Ventilatory Support	
Pretransplant	If yes, indicate most recent timeframe	
Pretransplant	Cardiac Index	Display Only - Cascades from Database
Transplant Procedure	Multiple Organ Recipient	Display Only - Cascades from feedback
Transplant Procedure	Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Transplant Procedure	Procedure Type	Display Only - Cascades from feedback
Transplant Procedure	Heart Procedure	
Transplant Procedure	Total ischemia Time: Heart, Heart-Lung	
Transplant Procedure	Total ischemia Time: Heart, Heart-Lung//Status	Value or status is reported, not both
Post Transplant	Heart Graft Status	
Post Transplant	Heart Date of Graft Failure	
Post Transplant	Heart Primary Cause of Graft Failure	
Post Transplant	Heart Primary Cause of Graft Failure//Other Specify	
Post Transplant	Stroke	
Post Transplant	Dialysis	
Post Transplant	Permanent Pacemaker	
Post Transplant	Airway Dehiscence	
Post Transplant	Did patient have any acute rejection episodes between transplant and discharge	
Post Transplant	Primary Cause of Graft Failure//Specify	
Post Transplant	Are any medications given currently for maintenance or anti-rejection	
Immunosuppression Other	Immunosuppression medication	
Immunosuppression Other	Immunosuppression medication indication	
Immunosuppression Other	Days of induction	

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 OMB No. 0915-0157 Expiration Date: XX/XX/20XX§ 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 0.7 hours per response.

Pretransplant	Cardiac Index	
Pretransplant	Most Recent Serum Creatinine	
Pretransplant	Most Recent Serum Creatinine//Status	
Pretransplant	Most Recent Total Bilirubin	
Pretransplant	Most Recent Total Bilirubin//Status	
Pretransplant	Chronic Steroid Use	
Pretransplant	Transfusions	
Pretransplant	Infection Requiring IV Therapy within 2 wks prior to Tx	
Pretransplant	Dialysis	
Pretransplant	Episode of Ventilatory Support	
Pretransplant	If yes, indicate most recent timeframe	
Pretransplant	Prior Thoracic Surgery other than prior transplant	
Pretransplant	If yes, number of prior sternotomies	
Pretransplant	If yes, number of prior thoracotomies	
Pretransplant	Prior congenital cardiac surgery	
Pretransplant	If yes, palliative surgery	
Pretransplant	If yes, corrective surgery	
Pretransplant	If yes, single ventricular physiology	
Pretransplant	If yes, specify type	
Pretransplant	Most Recent Anti-A Titer	
Pretransplant	Most Recent Anti-A Titer//Sample Date	
Pretransplant	Most Recent Anti-B Titer	
Pretransplant	Most Recent Anti-B Titer//Sample Date	
Transplant Procedure	Multiple Organ Recipient	
Transplant Procedure	Were extra vessels used in the transplant procedure	
Transplant Procedure	Procedure Type	
Transplant Procedure	Heart Procedure	
Transplant Procedure	Total ischemia Time: Heart, Heart-Lung	
Transplant Procedure	Total ischemia Time: Heart, Heart-Lung//Status	
Post Transplant	Heart Graft Status	
Post Transplant	Heart Date of Graft Failure	
Post Transplant	Heart Primary Cause of Graft Failure	
Post Transplant	Heart Primary Cause of Graft Failure//Other Specify	
Post Transplant	Stroke	
Post Transplant	Reintubated	
Post Transplant	Permanent Pacemaker	
Post Transplant	Airway Dehiscence	
Post Transplant	Did patient have any acute rejection episodes between transplant and discharge	
Post Transplant	Most Recent Anti-A Titer	
Post Transplant	Most Recent Anti-A Titer//Sample Date	
Post Transplant	Most Recent Anti-B Titer	
Post Transplant	Most Recent Anti-B Titer//Sample Date	

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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Immunosuppression Other	Are any medications given currently for maintenance or anti-rejection
Immunosuppression Other	Immunosuppression medication
Immunosuppression Other	Immunosuppression medication indication
Immunosuppression Other	Days of induction

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) perform the following OPTN functions: to assess whether applicants meet OPTN the OPTN; and to monitor compliance of member organizations with OPTN Obl sponsor, and a person is not required to respond to, a collection of information control number. The OMB control number for this information collection is 091 information collection is required to obtain or retain a benefit per 42 CFR §121. OMB No. 0915-0157 Expiration Date: XX/XX/20XX Privacy Act protection (Privacy Act system of Records #09-15-0055). Data collected well protected by a number of the Contractor's security features. The Contractor requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal the Departments Automated Information Systems Security Program Handbook. collection of information is estimated to average 0.7 hours per response, including searching existing data sources, and completing and reviewing the collection of burden estimate or any other aspect of this collection of information, including HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, MD

Value or status is reported, not both

Calculated for display only

Value or status is reported, not both

Calculated for display only

Display Only - Cascades from Database

Calculated for display only

Display Only - Cascades from Database

Display Only - Cascades from Database

Display Only - Cascades from Database

Value or status is reported, not both

Value or status is reported, not both

Value or status is reported, not both

Value or status is reported, not both

Value or status is reported, not both

Display Only - Cascades from Database

Value or status is reported, not both

Value or status is reported, not both

Display Only - Cascades from feedback

Display Only - Cascades from feedback

Display Only - Cascades from feedback

Value or status is reported, not both

4) collects this information in order to
4) Bylaw requirements for membership in
investigations. An agency may not conduct or
unless it displays a currently valid OMB
5-0157 and it is valid until XX/XX/202X. This
11(b)(2). All data collected will be subject to
collected by the private non-profit OPTN also are
if the system's security system meets or exceeds the
Federal Automated Information Systems, and
. The public reporting burden for this
including the time for reviewing instructions,
information. Send comments regarding this
suggestions for reducing this burden, to
Washington, Maryland, 20857 or paperwork@hrsa.gov.