

TCR - Heart/Lung - Pediatric
Fields to be completed by members

| Field Label | Notes |
|--|---------------------------------------|
| Transplant Center Code | Display Only - Cascades from Waitlist |
| Transplant Center Type://Recipient Center | Display Only - Cascades from Waitlist |
| Organ Registered: | Display Only - Cascades from Waitlist |
| Date of Listing or Add: | Display Only - Cascades from Waitlist |
| Last Name: | Cascades from Waitlist |
| First Name: | Cascades from Waitlist |
| Middle Initial://MI: | Not required |
| Previous Surname: | Not required |
| SSN: | Display Only - Cascades from Waitlist |
| Gender: | Cascades from Waitlist |
| HIC: | Not required |
| Date of Birth://DOB: | Cascades from Waitlist |
| State of Permanent Residence: | Cascades from Waitlist |
| Permanent ZIP Code: | Cascades from Waitlist |
| Ethnicity/Race: | Cascades from Waitlist |
| Citizenship: | |
| Year of Entry to the U.S. | |
| Year of Entry to the U.S Status//ST= | |
| Country of Permanent Residence | |
| Highest Education Level: | |
| Patient on Life Support: | |
| Life Support://Extra Corporeal Membrane Oxygenation | |
| Life Support://Intra Aortic Balloon Pump | |
| Life Support://Ventilator | |
| Life Support://Prostacyclin Infusion | |
| Life Support://Prostacyclin Inhalation | |
| Life Support://Intravenous Inotropes | |
| Life Support://Inhaled NO | |
| Life Support://Other Mechanism, Specify | |
| Life Support:Other Mechanism//Specify: | |
| Life Support://Patient on Ventricular Assist Device: | |
| Life Support://VAD Brand1: | |
| Life Support://VAD Brand2: | |
| Life Support:VAD Brand1//Specify: | |
| Life Support:VAD Brand2//Specify: | |
| Functional Status: | |
| Cognitive Development: | |
| Motor Development: | |
| Academic Progress: | |
| Academic Activity Level: | |
| Previous Transplant//Organ | Display Only - Cascades from Database |
| Previous Transplant//Date | Display Only - Cascades from Database |
| Previous Transplant//Graft Fail Date | Display Only - Cascades from Database |
| Source of Payment//Primary: | |
| Foreign Government//Specify: | |
| Height Measurement Date: | |
| Height in cm://Height: | |
| Height Status//ST= | Value or status is reported, not both |
| Height Growth percentiles//%ile | Calculated for display only |
| Weight Measurement Date: | |
| Weight in kg://Weight: | |
| Weight Status//ST= | Value or status is reported, not both |
| Weight Growth percentiles//%ile | Calculated for display only |
| BMI: | Display Only - Cascades from Database |
| BMI://%ile | Calculated for display only |
| ABO Blood Group: | Display Only - Cascades from Waitlist |
| Primary Diagnosis: | |
| Primary Diagnosis//Specify: | |
| Diabetes: | |
| Any previous Malignancy: | |
| Any previous Malignancy//Specify Type: | |
| Any previous Malignancy//Specify: | |
| Total Serum Albumin: | |
| Total Serum Albumin//ST= | Value or status is reported, not both |
| Sudden Death: | |
| Implantable Defibrillator: | |
| Exercise Oxygen Consumption: | |

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|--|---------------------------------------|
| Exercise Oxygen Consumption//ST= | Value or status is reported, not both |
| Pan-Resistant Bacterial Lung Infection: | |
| PA (sys) mm/Hg: | |
| PA (sys) mm/Hg//ST= | Value or status is reported, not both |
| PA (sys) mm/Hg Inotropes/Vasodilators | |
| PA (dia) mm/Hg: | |
| PA (dia) mm/Hg//ST= | Value or status is reported, not both |
| PA (dia) mm/Hg Inotropes/Vasodilators | |
| PA (mean) mm/Hg: | |
| PA (mean) mm/Hg//ST= | Value or status is reported, not both |
| PA (mean) mm/Hg Inotropes/Vasodilators | |
| PCW (mean) mm/Hg: | |
| PCW (mean) mm/Hg//ST= | Value or status is reported, not both |
| Inotropes/Vasodilators | |
| CO L/min: | |
| CO L/min//ST= | Value or status is reported, not both |
| CO L/min Inotropes/Vasodilators | |
| History of Cigarette Use: | |
| Duration of Abstinence: | |
| Prior Thoracic Surgery other than prior transplant: | |
| Prior Thoracic Surgery//If yes, number of prior sternotomies: | |
| Prior Thoracic Surgery//If yes, number of prior thoracotomies: | |
| Prior Thoracic Surgery//Prior congenital cardiac surgery: | |
| Prior congenital cardiac surgery//If yes, palliative surgery: | |
| Prior congenital cardiac surgery//If yes, corrective surgery: | |
| Prior congenital cardiac surgery//If yes, single ventricular physiology: | |

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 organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person
 ection of information unless it displays a currently valid OMB control number. The OMB
 1 collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is
 fit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection
 -15-0055). Data collected by the private non-profit OPTN also are well protected by a
 / features. The Contractor's security system meets or exceeds the requirements as
 Appendix III, Security of Federal Automated Information Systems, and the Departments
 :curity Program Handbook. The public reporting burden for this collection of information is
 response, including the time for reviewing instructions, searching existing data sources,
 :ollection of information. Send comments regarding this burden estimate or any other
 ion, including suggestions for reducing this burden, to HRSA Reports Clearance Officer,
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