

TCR - Heart - 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 Birth Sex:	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:	Cascades from Waitlist
Race:	Cascades from Waitlist
Citizenship:	
Year of Entry to the U.S.	
Year of Entry to the U.S Status//ST=	Value or status is reported, not both
Country of Permanent Residence	
Highest Education Level:	
Patient on Life Support:	
Oxygenation	
Life Support://Intra Aortic Balloon Pump	
Life Support://Prostaglandins	
Life Support://Intravenous Inotropes	
Life Support://Inhaled NO	
Life Support://Ventilator	
Life Support://Other Mechanism, Specify	
Life Support: Other Mechanism//Specify:	
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:	
Working for income:	
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 for Waitlist
Primary Diagnosis:	
Primary Diagnosis//Specify:	
Diabetes:	
Dialysis:	
Symptomatic Cerebrovascular Disease:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Any previous Malignancy//Specify:	
Most Recent Serum Creatinine:	
Most Recent Serum Creatinine//ST=	Value or status is reported, not both
Total Serum Albumin:	
Total Serum Albumin//ST=	Value or status is reported, not both

Sudden Death:	
Implantable Defibrillator:	
Exercise Oxygen Consumption:	
Exercise Oxygen Consumption//ST=	Value or status is reported, not both
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:	

: XX/XX/20XX

ment and Transplantation Network (OPTN) collects this information in order to perform the whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to rizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not f information unless it displays a currently valid OMB control number. The OMB control 1 is 0915-0157 and it is valid until XX/XX/202X. This information collection is required to §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System ed by the private non-profit OPTN also are well protected by a number of the Contractor's curity system meets or exceeds the requirements as prescribed by OMB Circular A-130, mated Information Systems, and the Departments Automated Information Systems Security ing burden for this collection of information is estimated to average 0.27 hours per wing instructions, searching existing data sources, and completing and reviewing the ents regarding this burden estimate or any other aspect of this collection of information, s burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, ork@hrsa.gov.