VCA - abdominal wall transplant recipient follow-up

OMB No. 0915-0157, Expiration date: 9/30/2026

The transplant recipient follow-up (TRF) forms are generated at six months, one year and annually thereafter following transplantation, until either graft failure, recipient death or lost to follow-up is reported. Forms are generated by the age at transplant, not the age at listing. The TRF record is completed by the transplant hospital responsible for follow-up of the recipient.

Complete the TRF with only the applicable patient information since the last follow-up period. It is not to contain information pertaining solely to the previous or next follow-up period. For example: the 6-month follow-up should contain information from the time after the TRR was completed to the 6-month transplant anniversary date; the 1-year follow-up should contain information from the day after the 6-month transplant anniversary date to the 1-year transplant anniversary date; the 2-year follow-up should contain information from the day after the 1-year transplant anniversary date to the 2-year anniversary date.

Complete one TRF form for recipients of bilateral upper limbs. Complete separate TRF forms for each VCA organ transplant.

The TRF must be validated within 90 days of the record generation date. See OPTN Policies (https://optn.transplant.hrsa.gov/policies-bylaws/policies) for additional information.

Recipient information

Question	Answers
TRF form type (prepopulated)*	
Recipient first name (prepopulated)*	
Recipient last name (prepopulated)*	
Recipient middle initial (prepopulated)	
Date of birth (prepopulated)*	
SSN (prepopulated)*	
Birth sex (prepopulated)*	
HIC (prepopulated)	
Transplant date (prepopulated)*	
State of permanent residence*	
Permanent ZIP code	
Expected date (prepopulated)*	

Provider information

Question	Answers
Treating reconstructive surgeon name*	
Treating reconstructive surgeon NPI #*	
Treating transplant physician name*	
Treating transplant physician NPI #*	
Follow-up care provided by*	
Other, specify	

Donor information

Question	Answers
UNOS donor ID # (prepopulated)*	

Donor type (prepopulated)*	
OPO (prepopulated)	

Patient status

Question	Answers
Date last seen, graft removed, or death*	
Patient status*	
If patient status is "Dead", select the patient's cause of death	
Primary cause of death	
Other, specify	
Has patient been hospitalized since the last patient status date*	
Number of hospitalizations (1-100)	

Socio-demographic information

Question	Answers
For recipients 18 years of age or older	
Working for income	

Socio-demographic information - Source of payment

Question	Answers
Grant funding*	
Institutional funding*	
Primary source of payment*	
If primary source of payment is "Foreign government, specify" select foreign government	
Primary source of payment - foreign government, specify	

Functional status

Question	Answers
For recipients younger than 18 years of age at transplant and younger than 26 years of age at follow-up	
Motor development	
Psychosocial consult performed*	

Functional status: SF-12 score - Physical health

Question	Answers
Physical functioning (PF) score (0.0-100.0)	
Role-physical (RP) score (0.0-100.0)	
Bodily pain (BP) score (0.0-100.0)	
General health (GH) score (0.0-100.0)	
Physical component summary (PCS) score (0.0-100.0)	

Functional status: SF-12 score - Mental health

Question	Answers
Vitality (VT) score (0.0-100.0)	
Social functioning (SF) score (0.0-100.0)	
Role-emotional (RE) score (0.0-100.0)	
Mental heath (MH) score (0.0-100.0)	
Mental component summary (MCS) score (0.0-100.0)	

Clinical information

Question	Answers
Enter height or height status	
Height (cm: 1.00-225.00)	
Height status	
Enter weight or weight status	
Weight (kg: 0.45-294.84)*	
Weight status	

Clinical information: Noncompliance

Question	Answers
Immunosuppression*	
Rehabilitation*	
Level of activity*	
Other*	
Other, specify	

Clinical information: Post-transplant

Question	Answers
Graft status*	
If "Failed"	
Date of graft failure	
Causes of graft failure	
Acute rejection	
Acute rejection - Banff score	
Acute rejection - visual skin changes	
Chronic rejection	
Chronic rejection - visual skin changes	
Vascular complications	
Sepsis / infection	
Trauma	
Patient requested removal	
Non-adherence	
Other	
Other, specify	
Did patient have any acute rejection episodes during the follow-up period	
If yes, number of episodes (1-100)	
Enter for each episode	
Date of acute rejection diagnosis	
Acute rejection was treated	
Visual skin changes	
Biopsy was done to confirm acute rejection	
Banff score	
Enter for each episode	
Date of acute rejection diagnosis	
Acute rejection was treated	
Visual skin changes	
Biopsy was done to confirm acute rejection	
Banff score	
Enter for each episode	
Date of acute rejection diagnosis	
Acute rejection was treated	
Visual skin changes	
Biopsy was done to confirm acute rejection	
Banff score	
Enter for each episode	
Date of acute rejection diagnosis	

Acute rejection was treated	
Visual skin changes	
Biopsy was done to confirm acute rejection	
Banff score	
Enter for each episode	
Date of acute rejection diagnosis	
Acute rejection was treated	
Visual skin changes	
Biopsy was done to confirm acute rejection	
Banff score	

Clinical information: Most recent lab data

Question	Answers
Enter serum creatinine or serum creatinine status	
Serum creatinine (mg/dL: 0.10-25.00)	
Serum creatinine status	
Enter hemoglobin A1c or hemoglobin A1c status	
Hemoglobin A1c (%: 0-100)	
Hemoglobin A1c status	
Donor specific antibodies (DSA)*	

Clinical information: Complications

Question	Answers
New onset diabetes*	
Metabolic complications*	
Infectious complications*	
Other complications*	
Other, specify	

Post-transplant malignancy

Question	Answers
Post-transplant malignancy*	

Post-transplant malignancy: Donor related

Question	Answers
If post-transplant malignancy is yes	
Donor related	_____
If yes, select one or more tumor types and diagnosis date for each	
Skin: Squamous cell	☐ Yes
Skin: Squamous cell - Diagnosis date	_____
Skin: Basal cell	☐ Yes
Skin: Basal cell - Diagnosis date	_____
Skin: Melanoma	☐ Yes
Skin: Melanoma - Diagnosis date	_____
Kaposi's sarcoma: Cutaneous	☐ Yes
Kaposi's sarcoma: Cutaneous - Diagnosis date	_____
Kaposi's sarcoma: Visceral	☐ Yes
Kaposi's sarcoma: Visceral - Diagnosis date	_____
Brain	_____
Brain - Other, specify	_____
Brain - Diagnosis date	_____
Renal carcinoma	☐ Yes
Renal carcinoma - Diagnosis date	_____
Carcinoma of vulva, perineum or penis, scrotum	☐ Yes
Carcinoma of vulva, perineum or penis, scrotum - Diagnosis date	_____
Carcinoma of the uterus	☐ Yes
Carcinoma of the uterus - Diagnosis date	_____
Ovarian	☐ Yes
Ovarian - Diagnosis date	_____
Testicular	☐ Yes
Testicular - Diagnosis date	_____
Esophagus	☐ Yes
Esophagus - Diagnosis date	_____
Stomach	☐ Yes
Stomach - Diagnosis date	_____
Small intestine	☐ Yes
Small intestine - Diagnosis date	_____
Pancreas	☐ Yes

Pancreas - Diagnosis date	_____
Larynx	☐ Yes
Larynx - Diagnosis date	_____
Tongue, throat	☐ Yes
Tongue, throat - Diagnosis date	_____
Thyroid	☐ Yes
Thyroid - Diagnosis date	_____
Bladder	☐ Yes
Bladder - Diagnosis date	_____
Breast	☐ Yes
Breast - Diagnosis date	_____
Prostate	☐ Yes
Prostate - Diagnosis date	_____
Colo-rectal	☐ Yes
Colo-rectal - Diagnosis date	_____
Primary hepatic tumor	☐ Yes
Primary hepatic tumor - Diagnosis date	_____
Metastatic liver tumor	☐ Yes
Metastatic liver tumor - Diagnosis date	_____
Lung	☐ Yes
Lung - Diagnosis date	_____
Leukemia	☐ Yes
Leukemia - Diagnosis date	_____
Sarcomas (excluding Kaposi's)	☐ Yes
Sarcomas (excluding Kaposi's) - Diagnosis date	_____
Other cancers	☐ Yes
Other cancers - Specify	_____
Other cancers - Diagnosis date	_____
Primary unknown	☐ Yes
Primary unknown - Diagnosis date	_____

Post-transplant malignancy: Recurrence of pretransplant malignancy

Question	Answers
If post-transplant malignancy is yes	
Recurrence of pre-transplant malignancy	_____
If yes, type of pre-existing tumor	

Type of pre-existing tumor	_____
If other cancer, specify	_____
Date of recurrence (post-transplant)	_____

Post-transplant malignancy: Post-transplant de novo solid tumor

Question	Answers
If post-transplant malignancy is yes	
De novo tumor	_____
If yes, select one or more tumor types and diagnosis date for each	
Skin: Squamous cell	☐ Yes
Skin: Squamous cell - Diagnosis date	_____
Skin: Basal cell	☐ Yes
Skin: Basal cell - Diagnosis date	_____
Skin: Melanoma	☐ Yes
Skin: Melanoma - Diagnosis date	_____
Kaposi's sarcoma: Cutaneous	☐ Yes
Kaposi's sarcoma: Cutaneous - Diagnosis date	_____
Kaposi's sarcoma: Visceral	☐ Yes
Kaposi's sarcoma: Visceral - Diagnosis date	_____
Brain	_____
Brain - Other, specify	_____
Brain - Diagnosis date	_____
Renal carcinoma	☐ Yes
Renal carcinoma - Diagnosis date	_____
Carcinoma of vulva, perineum or penis, scrotum	☐ Yes
Carcinoma of vulva, perineum or penis, scrotum - Diagnosis date	_____
Carcinoma of the uterus	☐ Yes
Carcinoma of the uterus - Diagnosis date	_____
Ovarian	☐ Yes
Ovarian - Diagnosis date	_____
Testicular	☐ Yes
Testicular - Diagnosis date	_____
Esophagus	☐ Yes
Esophagus - Diagnosis date	_____
Stomach	☐ Yes
Stomach - Diagnosis date	_____

Small intestine	☐ Yes
Small intestine - Diagnosis date	_____
Pancreas	☐ Yes
Pancreas - Diagnosis date	_____
Larynx	☐ Yes
Larynx - Diagnosis date	_____
Tongue, throat	☐ Yes
Tongue, throat - Diagnosis date	_____
Thyroid	☐ Yes
Thyroid - Diagnosis date	_____
Bladder	☐ Yes
Bladder - Diagnosis date	_____
Breast	☐ Yes
Breast - Diagnosis date	_____
Prostate	☐ Yes
Prostate - Diagnosis date	_____
Colo-rectal	☐ Yes
Colo-rectal - Diagnosis date	_____
Primary hepatic tumor	☐ Yes
Primary hepatic tumor - Diagnosis date	_____
Metastatic liver tumor	☐ Yes
Metastatic liver tumor - Diagnosis date	_____
Lung	☐ Yes
Lung - Diagnosis date	_____
Leukemia	☐ Yes
Leukemia - Diagnosis date	_____
Sarcomas (excluding Kaposi's)	☐ Yes
Sarcomas (excluding Kaposi's) - Diagnosis date	_____
Other cancers	☐ Yes
Other cancers - Specify	_____
Other cancers - Diagnosis date	_____
Primary unknown	☐ Yes
Primary unknown - Diagnosis date	_____

Post-transplant malignancy: Post-transplant lymphoproliferative disease and lymphoma

Question	Answers
If post-transplant malignancy is yes	
Post-transplant lymphoproliferative disease (PTLD) and Lymphoma	_____
Diagnosis date	_____
Pathology	_____
Other, specify	_____

Treatment

Question	Answers
Antiviral*	_____
Antibiotic*	_____
Antifungal*	_____

Topical immunosuppressive medication - Drugs used for acute rejection or maintenance

Question	Answers
Steroids (Clobetasol)	☐ Previous maintenance ☐ Current maintenance ☐ Anti-rejection indication
Tacrolimus (Protopic)	☐ Previous maintenance ☐ Current maintenance ☐ Anti-rejection indication
Other, specify 1	_____
Previous maintenance, current maintenance or anti-rejection	☐ Previous maintenance ☐ Current maintenance ☐ Anti-rejection indication
Other, specify 2	_____
Previous maintenance, current maintenance or anti-rejection	☐ Previous maintenance ☐ Current maintenance ☐ Anti-rejection indication

Non-topical immunosuppressive medication - Drug used for induction, acute rejection, or maintenance

Question	Answers
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol, Decadron)	☐ Previous maintenance ☐ Current maintenance ☐ Anti-rejection indication

Non-topical immunosuppressive medication - Drugs used for acute rejection

Question	Answers
Atgam	☐ Anti-rejection indication
Campath (alemtuzumab, anti-CD52)	☐ Anti-rejection indication
Cytoxan (cyclophosphamide)	☐ Anti-rejection indication
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)	☐ Anti-rejection indication
OKT3 (Orthoclone, muromonab)	☐ Anti-rejection indication
Rituxan (rituximab)	☐ Anti-rejection indication
Simulect (basiliximab)	☐ Anti-rejection indication
Thymoglobulin	☐ Anti-rejection indication

Non-topical immunosuppressive medication - Drug used for previous maintenance or current maintenance

Question	Answers
Cyclosporine, select from the following:	
EON (generic cyclosporine)	☐ Previous maintenance ☐ Current maintenance
Gengraf (Abbott cyclosporine)	☐ Previous maintenance ☐ Current maintenance
Neoral (CyA-NOF)	☐ Previous maintenance ☐ Current maintenance
Other generic cyclosporine, specify brand	_____
Other generic cyclosporine	☐ Previous maintenance ☐ Current maintenance
Sandimmune (cyclosporine A)	☐ Previous maintenance ☐ Current maintenance
Imuran (azathioprine, AZA)	☐ Previous maintenance ☐ Current maintenance
Leflunomide (LFL)	☐ Previous maintenance ☐ Current maintenance
Mycophenolate acid, select from the following:	
CellCept (MMF)	☐ Previous maintenance ☐ Current maintenance
Generic MMF (generic CellCept)	☐ Previous maintenance ☐ Current maintenance

Myfortic (mycophenolate acid)	☐ Previous maintenance ☐ Current maintenance
Nulojix (belatacept)	☐ Previous maintenance ☐ Current maintenance
Rapamune (sirolimus, Rapamycin)	☐ Previous maintenance ☐ Current maintenance
Tacrolimus, select from the following:	
Astagraf XL (extended release tacrolimus)	☐ Previous maintenance ☐ Current maintenance
Generic tacrolimus (generic Prograf)	☐ Previous maintenance ☐ Current maintenance
Prograf (FK506)	☐ Previous maintenance ☐ Current maintenance
Zortress (everolimus)	☐ Previous maintenance ☐ Current maintenance
Other drugs	
Other immunosuppressive medication 1, specify:	_____
Other immunosuppressive medication 1	☐ Previous maintenance ☐ Current maintenance ☐ Anti-rejection indication
Other immunosuppressive medication 2, specify:	_____
Other immunosuppressive medication 2	☐ Previous maintenance ☐ Current maintenance ☐ Anti-rejection indication

Public Burden/Privacy Act Statements

Department of Health and Human Services
Health Resources and Services Administration

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ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK (OPTN)

DATA COLLECTION

DATA ACCURACY CERTIFICATION: I certify that the data entered by me in UNet^{SM} are accurate, timely, and complete to the best of my knowledge, information and belief. These data are based upon information contained in corresponding medical records and other source documents, or where appropriate, are based upon clinical observation.

PUBLIC BURDEN STATEMENT: 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 project is 0915-0157. Public reporting burden for the applicant for this collection of information is estimated to average 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 1033, Rockville, Maryland 20857.

PRIVACY ACT STATEMENT: In accordance with the requirements of the Privacy Act of 1974 (https://www.federalregister.gov/documents/2022/08/01/2022-16344/privacy-act-of-1974-system-of-records) as amended, 42 U.S.C. § 273, et seq., and 42 CRF Part 121 authorize collection of this information by the OPTN. This information is distributed to the Scientific Registry of Transplant Recipients (SRTR) and the Health Resources and Services Administration (HRSA), with the United States Department of Health and Human Services. The primary uses of this information are to match organ donors with recipients, to monitor compliance of member organizations with OPTN requirements, to review and report on the status of organ donation and transplantation in the United States, and to provide data to researchers and government agencies to study transplantation. The routine uses which may be made of this information are: (i) to organ procurement organizations and transplant hospitals to match organ donors with compatible recipients and validate the accuracy of donor and recipient; (ii) to the Department of Justice to use in defending litigation; (iii) to a congressional office upon the request of an individual concerning records pertaining to him/her; (iv) for research purposes, if certain requirements are satisfied and data use agreements are executed; and (v) to Agency contractors who have been engaged by the Agency to assist in accomplishment of an Agency function relating to the purposes of this system and who need to have access to the records in order to assist the Agency. Furnishing the remaining information requested is required by law of organ procurement organizations and transplant hospitals and the failure to submit such information may result in enforcement actions resulting from noncompliance with OPTN requirements.
HRSA (08/02)