

# VCA - other genitourinary organ transplant recipient registration



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

The transplant recipient registration (TRR) forms are generated and available after a transplant event is reported to the OPTN. The TRR record is completed by the transplant hospital performing the transplant. The registration and hospital discharge follow-up information is combined in this record.

Complete the TRR at hospital discharge or six weeks post-transplant, whichever is first. If the recipient is still hospitalized at six weeks post-transplant, provide the most recent information available regarding the recipient's progress.

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

The TRR must be validated within 90 days of the record generation date. Example: If the recipient is removed as being transplanted on 10/1/XXXX, the TRR form will be due 90 days from that date, 12/30/XXXX. See OPTN Policies (<https://optn.transplant.hrsa.gov/policies-bylaws/policies>) for additional information.

## Recipient information

Question	Answers
Surgical procedure (prepopulated)*	<input type="checkbox"/> External and internal female genitalia (other than uterus, cervix, and vagina) <input type="checkbox"/> Internal male genitalia <input type="checkbox"/> Urinary bladder
Recipient first name (prepopulated)*	_____
Recipient last name (prepopulated)*	_____
Recipient middle initial (prepopulated)	_____
Date of birth (prepopulated)*	_____
SSN (prepopulated)*	_____
Birth sex (prepopulated)*	_____
HIC	_____
Transplant date (prepopulated)*	_____
State of permanent residence*	_____
Permanent ZIP code	_____
Expected date (prepopulated)*	_____

## Provider information

Question	Answers
Recipient center (prepopulated)*	_____
Lead reconstructive surgeon name*	_____
Lead reconstructive surgeon NPI #*	_____

## Donor information

Question	Answers
UNOS donor ID # (prepopulated)*	_____
Donor type (prepopulated)*	_____
OPO (prepopulated)	_____

## Patient status - Transplant hospitalization

Question	Answers
Date of admission to transplant center*	_____
Date of discharge from hospital	_____

## Patient status

Question	Answers
Date last seen, graft removed, or death*	_____
Patient status*	_____
<i>If patient status is "Dead", select the patient's cause of death</i>	
Primary cause of death	_____
Other, specify	_____

## Socio-demographic information: Pre-transplant

Question	Answers
Highest education level*	_____
<i>For recipients 18 years of age or older</i>	
Working for income	_____

## Socio-demographic information: Pre-transplant - Source of payment

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

## Clinical information: Pre-transplant

Question	Answers
<i>Enter height or height status</i>	
Height (cm: 1.00-225.00)	_____

Height status	_____
<i>Enter weight or weight status</i>	
Weight (kg: 0.45-294.84)	_____
Weight status	_____
Primary diagnosis for transplant*	_____
Primary diagnosis for transplant - other, specify	_____
Previous transplants (VCA or non-VCA organs)*	_____
Previous skin graft(s)*	_____
Was patient hospitalized during the last 90 days prior to the transplant admission*	_____
Medical condition at time of transplant*	_____
Any tolerance induction technique used*	_____
Pre-transplant blood transfusions*	_____
<i>For recipients whose birth sex is female</i>	
Number of pre-transplant pregnancies (which may or may not have resulted in a live birth: 0-50)	_____
Malignancies prior to transplant*	_____
<i>If malignancies prior to transplant is "Yes", select type</i>	
Specify type (select all that apply)	<input type="checkbox"/> Breast <input type="checkbox"/> CNS tumor <input type="checkbox"/> Genitourinary <input type="checkbox"/> Hepatocellular carcinoma <input type="checkbox"/> Leukemia/Lymphoma <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Skin: melanoma <input type="checkbox"/> Skin: non-melanoma <input type="checkbox"/> Thyroid <input type="checkbox"/> Tongue/throat/larynx <input type="checkbox"/> Other, specify
Other, specify	_____

## Clinical information: Pre-transplant - Amount of tissue loss

### Question

Other VCA organ type - other, specify

### Answers

\_\_\_\_\_

## Clinical information: Pre-transplant - Viral detection

### Question

HIV serostatus\*

CMV status\*

HBV core antibody\*

HBV surface antigen\*

### Answers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HCV serostatus*	_____
EBV serostatus*	_____
Did the recipient receive Hepatitis B vaccines prior to transplant?*	_____
Reason not vaccinated	_____
Other, specify	_____

### Clinical information: Pre-transplant - Pre-transplant labs

Question	Answers
<i>Enter serum creatinine or serum creatinine status</i>	
Serum creatinine (mg/dL: 0.10-25.00)	_____
Serum creatinine status	_____
<i>Enter hemoglobin A1c or hemoglobin A1c status</i>	
Hemoglobin A1c (%: 0-100)	_____
Hemoglobin A1c status	_____
Calculated PRA (CPRA) at transplant (%: 0-100)*	_____
Donor crossmatch result*	_____

### Functional status: Pre-transplant

Question	Answers
<i>For recipients younger than 18 years of age at transplant</i>	
Motor development	_____

### Functional status: Pre-transplant - 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: Pre-transplant - 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 health (MH) score (0.0-100.0)

\_\_\_\_\_

Mental component summary (MCS) score (0.0-100.0)

\_\_\_\_\_

## Clinical information: Transplant procedure

**Question**

**Answers**

Multiple graft recipient\*

\_\_\_\_\_

Were extra allograft vessels/nerve/tissue from outside the donated graft used in the transplant procedure\*

\_\_\_\_\_

## Clinical information: Transplant procedure - Preservation information

**Question**

**Answers**

Warm ischemia time (include anastomotic time; minutes: 0-2880)

\_\_\_\_\_

Cold ischemia time (minutes: 0-2880)

\_\_\_\_\_

## 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 between transplant and discharge\*

\_\_\_\_\_

If yes, number of rejection episodes (1-100)

\_\_\_\_\_

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

### Clinical information: Post-transplant - Lab data at time of discharge from the hospital

Question	Answers
<i>Enter serum creatinine or serum creatinine status</i>	
Serum creatinine (mg/dL: 0.10-25.00)	_____
Serum creatinine status	_____
<i>Enter hemoglobin A1c or hemoglobin A1c status</i>	
Hemoglobin A1c (%: 0-100)	_____
Hemoglobin A1c status	_____

## Clinical information: Post-transplant - Major transplant complication

Question	Answers
Arterial thrombosis*	_____
Venous thrombosis*	_____
More than 5 pRBC (packed red blood cells) units*	_____
Cardiac arrest*	_____
DIC (Disseminated intravascular coagulation)*	_____
Graft/reperfusion syndrome*	_____
Other major transplant complications	_____
Other major transplant complications - other, specify	_____

## Treatment

Question	Answers
Antiviral prophylaxis*	_____
Antibacterial prophylaxis*	_____
Antifungal prophylaxis*	_____
Peri-operative anticoagulation*	_____

## Topical immunosuppressive medication - Topical drugs used for acute rejection or maintenance

Question	Answers
Steroids (Clobetasol)	<input type="checkbox"/> Maintenance indication <input type="checkbox"/> Anti-rejection indication
Tacrolimus (Protopic)	<input type="checkbox"/> Maintenance indication <input type="checkbox"/> Anti-rejection indication
Other, specify 1	_____
Other, specify 1 - Acute rejection or maintenance	<input type="checkbox"/> Maintenance indication <input type="checkbox"/> Anti-rejection indication
Other, specify 2	_____
Other, specify 2 - Acute rejection or maintenance	<input type="checkbox"/> Maintenance indication <input type="checkbox"/> Anti-rejection indication

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

Question	Answers
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol, Decadron)	<input type="checkbox"/> Induction indication <input type="checkbox"/> Maintenance indication <input type="checkbox"/> Anti-rejection indication
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol, Decadron) - Number of days of induction (0-365)	_____
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol, Decadron) - Status	_____

## Non-topical immunosuppressive medication - Drugs used for induction or acute rejection

Question	Answers
Atgam	<input type="checkbox"/> Induction indication <input type="checkbox"/> Anti-rejection indication
Atgam - Number of days of induction (0-365)	_____
Atgam - Status	_____
Campath (alemtuzumab, anti-CD52)	<input type="checkbox"/> Induction indication <input type="checkbox"/> Anti-rejection indication
Campath (alemtuzumab, anti-CD52) - Number of days of induction (0-365)	_____
Campath (alemtuzumab, anti-CD52) - Status	_____
Cytosan (cyclophosphamide)	<input type="checkbox"/> Anti-rejection indication
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/> Anti-rejection indication
OKT3 (Orthoclone, muromonab)	<input type="checkbox"/> Induction indication <input type="checkbox"/> Anti-rejection indication
OKT3 (Orthoclone, muromonab) - Number of days of induction (0-365)	_____
OKT3 (Orthoclone, muromonab) - Status	_____
Rituxan (rituximab)	<input type="checkbox"/> Induction indication <input type="checkbox"/> Anti-rejection indication
Rituxan (rituximab) - Number of days of induction (0-365)	_____
Rituxan (rituximab) - Status	_____
Simulect (basiliximab)	<input type="checkbox"/> Induction indication <input type="checkbox"/> Anti-rejection indication
Simulect (basiliximab) - Number of days of induction (0-365)	_____
Simulect (basiliximab) - Status	_____
Thymoglobulin	<input type="checkbox"/> Induction indication <input type="checkbox"/> Anti-rejection indication
Thymoglobulin - Number of days of induction (0-365)	_____
Thymoglobulin - Status	_____



## Non-topical immunosuppressive medication - Drugs primarily used for maintenance

Question	Answers
<i>Cyclosporine, select from the following:</i>	
EON (generic cyclosporine)	<input type="checkbox"/> Maintenance indicator
Gengraf (Abbott cyclosporine)	<input type="checkbox"/> Maintenance indicator
Neoral (CyA-NOF)	<input type="checkbox"/> Maintenance indicator
Other generic cyclosporine, specify brand	_____
Other generic cyclosporine	<input type="checkbox"/> Maintenance indicator
Sandimmune (cyclosporine A)	<input type="checkbox"/> Maintenance indicator
Imuran (azathioprine, AZA)	<input type="checkbox"/> Maintenance indicator
Leflunomide (LFL)	<input type="checkbox"/> Maintenance indicator
<i>Mycophenolate acid, select from the following:</i>	
CellCept (MMF)	<input type="checkbox"/> Maintenance indicator
Generic MMF (generic CellCept)	<input type="checkbox"/> Maintenance indicator
Myfortic (mycophenolate acid)	<input type="checkbox"/> Maintenance indicator
Nulojix (belatacept)	<input type="checkbox"/> Maintenance indicator
Rapamune (sirolimus, Rapamycin)	<input type="checkbox"/> Induction indication <input type="checkbox"/> Maintenance indicator
Rapamune (sirolimus, Rapamycin) - Number of days of induction (0-365)	_____
Rapamune (sirolimus, Rapamycin) - Status	_____
<i>Tacrolimus, select from the following:</i>	
Astagraf XL (extended release tacrolimus)	<input type="checkbox"/> Maintenance indicator
Generic tacrolimus (generic Prograf)	<input type="checkbox"/> Maintenance indicator
Prograf (FK506)	<input type="checkbox"/> Maintenance indicator
Zortress (everolimus)	<input type="checkbox"/> Induction indication <input type="checkbox"/> Maintenance indicator
Zortress (everolimus) - Number of days of induction (0-365)	_____
Zortress (everolimus) - Status	_____
<i>Other drugs</i>	
Other immunosuppressive medication, specify:	_____
Other immunosuppressive medication 1	<input type="checkbox"/> Induction indication <input type="checkbox"/> Maintenance indication <input type="checkbox"/> Anti-rejection indication
Other immunosuppressive medication 1 - Number of days of induction (0-365)	_____
Other immunosuppressive medication 1 - Status	_____
Other immunosuppressive medication, specify:	_____

Other immunosuppressive medication 2

- Induction indication
- Maintenance indication
- Anti-rejection indication

Other immunosuppressive medication 2 - Number of days of induction (0-365)

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Other immunosuppressive medication 2 - Status

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## Public Burden/Privacy Act Statements

Department of Health and Human Services  
Health Resources and Services Administration

OMB No: 0915-0157  
Expiration Date: 9/30/2026

# ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK (OPTN)

## DATA COLLECTION

**DATA ACCURACY CERTIFICATION:** I certify that the data entered by me in UNet<sup>SM</sup> 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 CFR 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)

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