VCA - uterus 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)*	
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*	
If patient status is "Dead", select the patient's cause of death	
Primary cause of death	
Other, specify	

Socio-demographic information: Pre-transplant

Question	Answers
Highest education level*	
For recipients 18 years of age or older	
Working for income	

Socio-demographic information: Pre-transplant - 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	

Clinical information: Pre-transplant

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	
Primary diagnosis for transplant*	
Primary diagnosis for transplant - other, specify	
Previous transplants (VCA or non-VCA organs)*	
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*	
For recipients whose birth sex is female	
Number of pre-transplant pregnancies (which may or may not have resulted in a live birth: 0-50)	
Malignancies prior to transplant*	
If malignancies prior to transplant is "Yes", select type	
Specify type (select all that apply)	☐ Breast ☐ CNS tumor ☐ Genitourinary ☐ Hepatocellular carcinoma ☐ Leukemia/Lymphoma ☐ Liver ☐ Lung ☐ Skin: melanoma ☐ Skin: non-melanoma ☐ Thyroid ☐ Tongue/throat/larynx ☐ Other, specify
Other, specify	

Clinical information: Pre-transplant - Amount of tissue loss

Question	Answers
Other VCA organ type - other, specify	

Clinical information: Pre-transplant - Viral detection

Question	Answers
HIV serostatus*	
CMV status*	
HBV core antibody*	
HBV surface antigen*	
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
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	
Calculated PRA (CPRA) at transplant (%: 0-100)*	
Donor crossmatch result*	

Functional status: Pre-transplant

Question	Answers
For recipients younger than 18 years of age at transplant	
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 heath (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 "Planned removal"	
Date of removal	
If "Failed"	
Date of graft failure	
Causes of graft failure	
Acute rejection	
Acute rejection - Banff score	
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)	
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: Post-transplant - Lab data at time of discharge from the hospital

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	___

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	

Functional status: Post-transplant - Uterus

Question	Answers
Prior reconstructive gynecological procedures*	
If yes, specify procedure(s)	
Prior pregnancies*	
Diagnosed psychiatric condition(s) pre-transplant*	
If yes, specify condition(s)	
Subsequent surgeries required during admission*	
Enter for each subsequent surgery	
Surgical procedure	
Surgical date	
Enter for each subsequent surgery	
Surgical procedure	
Surgical date	
Enter for each subsequent surgery	
Surgical procedure	

Surgical date	
Enter for each subsequent surgery	
Surgical procedure	
Surgical date	
Enter for each subsequent surgery	
Surgical procedure	
Surgical date	
Visual change(s) noted on cervical examination*	
If yes, specify	

Treatment

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

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

Question	Answers
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol, Decadron)	☐ Induction indication ☐ Maintenance indication ☐ 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	☐ Induction indication ☐ Anti-rejection indication
Atgam - Number of days of induction (0-365)	
Atgam - Status	

Campath (alemtuzumab, anti-CD52)	☐ Induction indication ☐ Anti-rejection indication
Campath (alemtuzumab, anti-CD52) - Number of days of induction (0-365)	_____
Campath (alemtuzumab, anti-CD52) - Status	_____
Cytoxan (cyclophosphamide)	☐ Anti-rejection indication
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)	☐ Anti-rejection indication
OKT3 (Orthoclone, muromonab)	☐ Induction indication ☐ Anti-rejection indication
OKT3 (Orthoclone, muromonab) - Number of days of induction (0-365)	_____
OKT3 (Orthoclone, muromonab) - Status	_____
Rituxan (rituximab)	☐ Induction indication ☐ Anti-rejection indication
Rituxan (rituximab) - Number of days of induction (0-365)	_____
Rituxan (rituximab) - Status	_____
Simulect (basiliximab)	☐ Induction indication ☐ Anti-rejection indication
Simulect (basiliximab) - Number of days of induction (0-365)	_____
Simulect (basiliximab) - Status	_____
Thymoglobulin	☐ Induction indication ☐ Anti-rejection indication
Thymoglobulin - Number of days of induction (0-365)	_____
Thymoglobulin - Status	_____

Non-topical immunosuppressive medication - Drugs primarily used for maintenance

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

Myfortic (mycophenolate acid)	☐ Maintenance indicator
Nulojix (belatacept)	☐ Maintenance indicator
Rapamune (sirolimus, Rapamycin)	☐ Induction indication ☐ Maintenance indicator
Rapamune (sirolimus, Rapamycin) - Number of days of induction (0-365)	_____
Rapamune (sirolimus, Rapamycin) - Status	_____
Tacrolimus, select from the following:	
Astagraf XL (extended release tacrolimus)	☐ Maintenance indicator
Generic tacrolimus (generic Prograf)	☐ Maintenance indicator
Prograf (FK506)	☐ Maintenance indicator
Zortress (everolimus)	☐ Induction indication ☐ Maintenance indicator
Zortress (everolimus) - Number of days of induction (0-365)	_____
Zortress (everolimus) - Status	_____
Other drugs	
Other immunosuppressive medication, specify:	_____
Other immunosuppressive medication 1	☐ Induction indication ☐ Maintenance indication ☐ 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)	_____
Other immunosuppressive medication 2 - Status	_____

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)

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