

## END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM ESRD FACILITY SURVEY (TRANSPLANT CENTER ONLY)

For Survey Period

### Kidney Transplants Performed — TO BE COMPLETED BY KIDNEY TRANSPLANT CENTERS ONLY

#### Patients Transplanted and Donor Type

<b>Patients who Received Transplants at this Facility</b>

42

Eligibility Status of Patients Transplanted at this Facility During the Survey Period			
Currently enrolled in Medicare	Medicare application pending	Non-Medicare	
		United States Resident	Other

43

44

45

46

Donors for Transplants Performed at this Facility			
Deceased	Living Related	Living Unrelated	Total Donors (Fields 47-49)

47

48

49

50

Transplants Performed at this Facility		
Kidney Only	Multi-Organ	Paired Exchange

51

52

53

Patients Awaiting Transplant	
Dialysis	Non-Dialysis

54

55

[Go to instructions](#)

#### Remarks and Comments

Completed by (Name)	Date	Title	Phone number
---------------------	------	-------	--------------

#### REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THE LAST PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42 CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0447 (Expires: 09/30/2028). This is a **mandatory** information collection. The time required to complete this information collection is estimated to average two (2) hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **\*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact ESRDNetworkProgram@cms.hhs.gov.**

---

## KIDNEY TRANSPLANTS PERFORMED (FOR COMPLETION BY KIDNEY TRANSPLANT CENTERS ONLY)

---

**Note:** Every kidney transplant must be reported in this category, even if the transplant never functioned.

### Patients/transplants

- **Field 42: Patients Who Received Transplant at This Facility.** Enter the number of patients who received a kidney transplant at your facility, during the survey period. If a patient received more than one transplant at your center during the survey period, the patient is to be counted only once. Total of fields 43 + 44 + 45 + 46.

### Patient Eligibility Status of Patients Transplanted During Survey Period

**Note:** Fields 43 through 46 refer to those patients actually transplanted during the survey period. Ensure that the total of fields 43 through 46 equals the count in field 42.

- **Fields 46 and 47 (Non-Medicare U.S. Residents and Other) refers to foreign nationals.** A foreign national is any person who is not a U.S. citizen, and includes permanent resident aliens.
- **Field 43: Currently Enrolled in Medicare.** Enter the number of patients transplanted during the survey period who were enrolled in Medicare, at the time of transplant. Count Medicare transplant recipients based on enrollment rather than primary insurer.
- **Field 44: Medicare Application Pending.** Enter the number of patients transplanted during the survey period that had Medicare applications pending, at the time of transplant.
- **Field 45: Non-Medicare, U.S. Residents.** Enter the number of patients transplanted during the survey period who, at the time of transplant, were not enrolled in Medicare and did not have Medicare applications pending, who were either U.S. citizens or a foreign national U.S. resident.
- **Field 46: Non-Medicare, Other.** Enter the number of patients transplanted during the survey period who, at the time of transplant, were not enrolled in Medicare, did not have Medicare applications pending, and were neither a U.S. citizen nor a U.S. resident (e.g., foreign national).

### Transplants Performed at This Facility

- **Field 47: Transplants Performed at This Facility-Deceased Donor.** Enter the number of deceased donor kidney transplants performed at your center, as of the last day of the survey period.
- **Field 48: Transplants Performed at This Facility-Living Related Donor.** Enter the number of living related donor kidney transplants performed at your center, as of the last day of the survey period.
- **Field 49: Transplants Performed at This Facility-Living Unrelated Donor.** Enter the number of living unrelated donor kidney transplants performed at your center, as of the last day of the survey period.
- **Field 50: Total Donors-Total Fields 47, 48, 49.** Enter the sum of fields 47 + 48 + 49.
- **Field 51: Transplants Performed at This Facility-Kidney Only.** Enter the number of kidney only transplants performed at your center, as of the last day of the survey period.
- **Field 52: Transplants Performed at This Facility-Multi-Organ.** Enter the number of multi-organ kidney transplants performed at your center (i.e. kidney-pancreas), as of the last day of the survey period.
- **Field 53: Transplants Performed at This Facility-Paired Exchange.** Enter the number of paired-exchange living donor kidney transplants performed at your center, as of the last day of the survey period.

### Patients Awaiting Transplant:

- **Field 54: Patients Awaiting Transplant—Dialysis.** Enter the number of dialysis patients actively awaiting a kidney transplant at your center, as of the last day of the survey period. These patients must (a) be medically able, (b) have given consent, and (c) be on an active transplant list. This count is limited to individuals awaiting transplant at the reporting center.
- **Field 55: Patients Awaiting Transplant—Non-Dialysis.** Following the criteria described above, enter the number of non-dialysis patients who were awaiting transplant, as of the last day of the survey period. This is to include patients scheduled for transplant who had not yet initiated a regular course of dialysis.

### Remarks and Comments

You may include here any remarks or additional information you wish to supply concerning the information furnished on this survey.

### Signatures Part Two of the Facility Survey requires signatures as follows:

Completed by: Enter the date completed and the name, title and telephone number of the person who completed the Facility Survey for your facility.