

## Transplant Survey

Organ(s) received by transplant (list all, enter unknown if data is unavailable)	Free text
Age (in days) at time of transplant (365 x yrs or 30 x months or counted days), Enter 99999 if missing information	Integer
Reason for transplant (enter unknown if data is unavailable)	Free text
Has patient continued to be followed by Metabolism on an outpatient basis post transplant(s)?	Missing/unknown data, yes, no
Number of outpatient metabolic visits in the last year post transplant (enter 99999 if missing/ unknown information)	Integer
Has patient had metabolic labs monitored post transplant?	Missing/unknown data, yes, no
Metabolic lab monitoring post transplant: Note date(s), test(s), and normal or abnormal result(s), enter N/A if not applicable, enter unknown if missing data	Free text
List any known complications during the transplant procedure (enter N/A if not applicable, enter unknown if missing information)	Free text
List any known complications post transplant (enter N/A if not applicable, enter unknown if missing information)	Free text