

## Monthly Kidney Transplant Activity Report (TAR) - ESRD NETWORK #15

Transplant Center \_\_\_\_\_

CMS Provider # \_\_\_\_\_ Month \_\_\_\_\_

Person Completing Form \_\_\_\_\_

Phone Number \_\_\_\_\_

**"Straight to Transplant"** - If transplant patient was NOT receiving regular, chronic dialysis at an outpatient facility prior to transplant, you MUST submit a CMS-2728 form (Medical Evidence Report).

Patient: Lname, Fname	Social Security Number	Date of Birth	Gender M/F	Pt home zip code	Date of Transplant	Donor Type - CAD, LRD, LURD	Straight to Transplant - Yes or No
1.							
2.							
3.							
4.							
5.							
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7.							
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9.							
10.							
11.							