Form Approved

 OMB No. 0990-

 Exp. Date XX/XX/20XX



**THE NATIONAL TISSUE RECOVERY**

**THROUGH UTILIZATION SURVEY**

**SECTION 3 – Tissue Recovery & Acquisition**

The Office of the Assistant Secretary for Health, Department of Health and Human Services (HHS), through a contract with the American Association of Tissue Banks, is conducting the 2016 National Tissue Recovery through Utilization Survey (NTRUS).

xxxxx

Your responses will remain anonymous in the final dataset. While results of this survey will be released in aggregate form and data may be made available in the form of a de-identified dataset, no specific institutional identifiable information will be included.

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 0990-xxxx. The time required to complete this information collection is estimated to average 30 minutes 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: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

|  |
| --- |
| **Tissue Recovery & Acquisition** |
| **The survey provides definitions for specific donors and tissue types. To facilitate accurate totals, count donations using the descriptions provided. Where terms are *italicized*, use the definitions found at AATB Standard A2.000 DEFINITIONS OF TERMS. Some terms and/or definitions are new and some have been revised. Refer to the NTRUS Definitions of Terms document provided with this survey.** **Except where noted, all donations are for *transplantation*.** **Do NOT include ocular-only donors in this survey.** **To avoid double reporting, include numbers only for your main facility and your *satellite facilities* (if applicable). The information you are reporting is for the following physical locations(s) by name, city and state:**1. name, city, state
2. name, city, state

 *(need capability for multiple lines/entries)***DECEASED DONATION**How many deceased donors did your *tissue bank* *recover* *tissue* from for *transplantation*? \_\_\_\_(**Count one donor only once; Do not report donors or *tissues recovered* by another organization on your behalf; only report your own activity**)Of the total number of deceased donors, how many had an autopsy performed? \_\_\_\_Of the total number of deceased donors, how many were also organ donors? \_\_\_\_Of the total number of deceased donors, how many were also ocular donors? \_\_\_\_**LIVING DONATION**How many *living donors* provided *tissue* to your *tissue bank* that was *recovered/acquired* for *transplantation*? \_\_\_\_**(Count each donation event only once; Do not report donors or *tissues* *recovered/acquired* by another organization on your behalf; only report your own activity)** |
| **DECEASED DONATION**In the following section for deceased donors, a donor may be counted more than once, depending on *tissue* types donated.**Provide the number of donors in the following categories from which your *tissue bank* *recovered* these *tissue* types for *transplantation* (enter 0 for tissue types your *tissue bank* did not *recover*):**musculoskeletal \_\_\_\_ (i.e., bone, cartilage, *osteoarticular grafts*/joints, and the following soft tissue: fascia lata, ligaments, tendons, pericardium, nerves, and adipose other than from full-thickness *skin*)*cardiac* *tissue* \_\_\_\_*vascular* *tissue* \_\_\_\_*skin* \_\_\_\_*dura mater* \_\_\_\_other *tissue* from deceased donors (specify) \_\_\_\_; indicate number for each\_\_\_\_\_\_\_**LIVING DONATION** In the following section for *living donors*, a donor may be counted more than once, depending on *tissue* types donated.**Provide the number of donations in the following categories that your *tissue bank* *recovered* for *transplantation* (enter 0 for tissue types your *tissue bank* did not *recover*):***surgical bone* \_\_\_\_*skin* for *allogeneic* use \_\_\_\_*autologous* bone \_\_\_\_*autologous* parathyroid \_\_\_\_other *autologous*; specify \_\_\_\_\_\_\_\_\_\_; indicate number for each\_\_\_\_\_\_other *tissue recovered* from *living donors* (specify)\_\_\_\_\_\_\_\_\_\_; indicate number for each\_\_\_\_\_\_\_**Provide the number of *birth tissue* donations in the following categories that your *tissue bank* *acquired* for *transplantation* (enter 0 for tissue types your *tissue bank* did not *acquire*):**placenta (includes amniotic membrane, chorionic membrane, placental/chorionic disc) \_\_\_\_\_amniotic fluid \_\_\_\_\_Wharton’s jelly \_\_\_\_\_umbilical cord (includes umbilical vein)\_\_\_\_\_ |
| **Of the total number of deceased donors recovered for *transplantation*, indicate how many *tissue recoveries* occurred at each of the following *recovery* sites:**health care facility operating room \_\_\_\_\_\_hospital morgue \_\_\_\_\_funeral home \_\_\_\_*dedicated tissue recovery site* \_\_\_\_\_\_medical examiner office (dedicated room) \_\_\_\_\_\_medical examiner office (open autopsy area) \_\_\_\_\_\_other *recovery* *sites* (specify)\_\_\_\_\_\_; indicate number for each\_\_\_\_\_\_TOTAL \_\_\_\_\_\_\_□ Check if your *tissue bank* does not track this information (for deceased donors) |
| **Indicate how many donors of *birth tissue* your *tissue bank* *acquired* from the following:**hospital delivery/birth centers  \_\_\_\_\_\_\_freestanding birth centers  (not at a hospital) \_\_\_\_\_\_\_other (specify) \_\_\_\_\_\_\_\_\_\_\_□ Check if your *tissue bank* does not track this information for donors of *birth tissue.***Indicate how many donors of *birth tissue* delivered by:**cesarean section\_\_\_\_\_\_\_vaginally \_\_\_\_\_\_\_□ Check if your *tissue bank* does not track this information for donors of *birth tissue.* |
| **Indicate the number of donors whose *tissues* were *recovered* for *transplantation* in each of the following age and gender categories****Deceased Donors** Male Female newborn – 12 years \_\_\_\_\_\_ \_\_\_\_\_\_\_13 years – 20 years \_\_\_\_\_\_ \_\_\_\_\_\_\_21 years – 30 years \_\_\_\_\_\_ \_\_\_\_\_\_\_31 years – 40 years \_\_\_\_\_\_ \_\_\_\_\_\_\_41 years – 50 years \_\_\_\_\_\_ \_\_\_\_\_\_\_51 years – 60 years \_\_\_\_\_\_ \_\_\_\_\_\_\_61 years – 70 years \_\_\_\_\_\_ \_\_\_\_\_\_\_71 years – 80 years \_\_\_\_\_\_ \_\_\_\_\_\_\_Over 80 years \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ Check if your *tissue bank* does not track this information (for deceased donors)**Living Donors** Male Femalenewborn – 12 years \_\_\_\_\_\_ \_\_\_\_\_\_\_13 years – 20 years \_\_\_\_\_\_ \_\_\_\_\_\_\_21 years – 30 years \_\_\_\_\_\_ \_\_\_\_\_\_\_31 years – 40 years \_\_\_\_\_\_ \_\_\_\_\_\_\_41 years – 50 years \_\_\_\_\_\_ \_\_\_\_\_\_\_51 years – 60 years \_\_\_\_\_\_ \_\_\_\_\_\_\_61 years – 70 years \_\_\_\_\_\_ \_\_\_\_\_\_\_71 years – 80 years \_\_\_\_\_\_ \_\_\_\_\_\_\_Over 80 years \_\_\_\_\_\_ \_\_\_\_\_\_\_□ Check if your *tissue bank* does not track this information (for *living donors*) |
| **DECEASED DONATION** **Indicate the number of deceased donors determined ineligible at the *recovery* *site* for the following reasons:**related to blood samples (e.g. *plasma dilution*, no sample available) \_\_\_\_\_\_\_chart findings \_\_\_\_\_*physical assessment* findings \_\_\_\_\_logistics (e.g. insufficient body cooling, time expired, body no longer available) \_\_\_\_\_\_*authorization* rescinded \_\_\_\_\_post-incision findings \_\_\_\_\_results of rapid infectious disease testing performed at *recovery* \_\_\_\_\_other reason for ineligible donors at *recovery site* (specify) \_\_\_\_\_. indicate number \_\_\_\_\_\_TOTAL \_\_\_\_\_□ Check if your *tissue bank* does not track this information (for deceased donors)**LIVING DONATION****Indicate the number of *living donors* determined ineligible prior to *recovery/acquisition* for the following reasons:**related to blood samples (e.g. *plasma dilution*, no sample available) \_\_\_\_\_\_\_chart findings \_\_\_\_\_*physical examination* findings \_\_\_\_\_logistics \_\_\_\_\_\_*informed consent* rescinded \_\_\_\_\_other reason for ineligible donors at *recovery/acquisition* (specify) \_\_\_\_\_, indicate number\_\_\_\_\_\_TOTAL \_\_\_\_\_□ Check if your *tissue bank* does not track this information (for *living donors*) |
| **DECEASED DONATION** **Indicate the number of deceased donors determined ineligible after *recovery* for the following reasons (Note: this information may be obtainable from your *processing tissue banks*):**infectious disease testing \_\_\_\_\_\_pre-processing cultures \_\_\_\_\_medical history \_\_\_\_\_\_behavioral risk history \_\_\_\_\_autopsy results \_\_\_\_\_tissue quality \_\_\_\_\_\_other reason for ineligible donors after *recovery* (specify) \_\_\_\_\_; indicate number \_\_\_\_\_\_TOTAL \_\_\_\_\_□ Check if your *tissue bank* does not track this information (for deceased donors)**LIVING DONATION****Indicate the number of *living donors* determined ineligible after *recovery/acquisition* for the following reasons (Note: this information may be obtainable from your *processing* *tissue banks*, if different):**infectious disease testing \_\_\_\_\_\_pre-processing cultures \_\_\_\_\_medical history \_\_\_\_\_\_behavioral risk history \_\_\_\_\_tissue quality \_\_\_\_\_\_other reason for ineligible donors after *recovery/acquisition* (specify) \_\_\_\_\_; indicate number \_\_\_\_\_\_TOTAL \_\_\_\_\_□ Check if your *tissue bank* does not track this information (for *living donors*)  |
| □ **Check here if your *tissue bank* forwards *tissue* for *processing* into cell therapy products, biologics, or drugs (Note: this information may be obtainable from your *processing tissue banks*):****What type of *tissue* is sent?**□ bone□ adipose□ other (specify) \_\_\_\_\_ |
| **DECEASED DONATION****Provide the number of deceased donors where (any) *tissues* were *recovered* specifically for research:\_\_\_\_\_\_\_\_****LIVING DONATION****Provide the number of *living donors* where (any) *tissues* were *recovered/acquired* specifically for research:\_\_\_\_\_\_\_\_** |