



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 location(s) by name, city and state:

A. name, city, state

B. 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 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 *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:_____