OPTN Membership Application - Surgeon or Physician Log

| OPTN Membership Application - Surgeon or I  | Physician Log   |  |   | -                               | 1  |  | 1  |   | 1  |   |   |
|---|---|--|---|---------------------------------|--|--|--|---|--|---|---|
| Surgeon<br>Organ  | Text Field<br>Drop Down                                       | All Organs                                     |   |                                 |  |  |  |   |  |   |   |
| Pathway   | Drop Down   | All Pathways                                   |   |                                 |  |  |  |   |  |   |   |
| Hospital  | Drop Down   | All Existing TX<br>Hospitals                   |   |                                 |  |  |  |   |  |   |   |
| Time Frame at Hospital  | Start   | End  |   |                                 |  |  |  |   |  |   |   |
|   | Calendar  | Calendar                                       |   |                                 |  |  |  |   |  |   |   |
|   | Drop Down   |  |   |                                 |  |  |  |   |  |   |   |
|   | Residency   |  |   |                                 |  |  |  |   |  |   |   |
| Signature Required For:   | FX<br>IN  | Name<br>Text Field                             | Title<br>Text Field                                   |                                 |  |  |  |   |  |   |   |
|   | VCA   | Text Field                                     | Text Field  |                                 |  |  |  |   |  |   |   |
|   | PI  |  |   |                                 |  |  |  |   |  |   |   |
|   |   |  |   |                                 |  |  |  |   |  |   |   |
|   |   |  |   |                                 |  |  |  |   |  |   |   |
|   | All Organs Included in OPTN Bylaws                            |  |   | Kidney and LDK                  | Intestine                                    | Lung   | Vascular Composite Allograft               |   | Pancreas Islet                                       | Components that perform transplants in recipients<br>less than 18 years old |   |
| Type of Procedure   | Date of :<br>Procedure/<br>Eval Date/Date of<br>Care Provided | Patient Identifier<br>TX: MR#<br>Pro: Donor ID | Role of Surgeon                                       | KI & LDK: Type of<br>Donor      | IN: Did the recovery<br>also include the LI? | LU: Was this<br>a combined<br>H/L<br>Transplant? | VCA: Other -<br>Microvascular<br>Procedure | VCA: Other - Name of<br>Team Member with<br>Microvascular<br>Experience | PI: Was the Procedure<br>Allogenic or<br>Autologous? | Date of Birth   | Weight at Time of<br>Transplant if <25 kg |
| Drop Down<br>(see all below)  | Calendar  | Text Field                                     | Drop Down<br>Primary<br>Co-Surgeon<br>First Assistant | Drop Down<br>Deceased<br>Living | Check if applicable                          | Check if applicable                              | Text Field                                 | Text Field  | Drop down  | Calendar<br>Calc: DOT-DOB=Age   | Text Field                                |
| Transplant (can be multi organ if organ   |   |  |   |                                 |  |  |  |   |  |   |   |
| applying for is included) (Transplant must be in<br>the VCA Type applying for)            |   |  |   |                                 |  |  |  |   |  |   |   |
| Procurement (must include organ applying for)<br>LDK: Open Nephrectomy                    |   |  |   |                                 |  |  |  |   |  |   |   |
| LDK: Lap Nephrectomy  |   |  |   |                                 |  |  |  |   |  |   |   |
| LDL: Major Liver Resection  |   |  |   |                                 |  |  |  |   |  |   |   |
| LDL: Major Liver Resection-Live Donor   |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Multi-Organ Procurement Observation  |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Pre-Op Eval of Potential TX   |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Post-Op Follow up of a<br>Recipient for 1 Year                          |   |  |   |                                 |  |  |  |   |  |   |   |
| Recipient for 1 Year<br>VCA: Upper Limb - Bone  |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Nerve   |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Tendon  |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Skin or Wound Problems  |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Contracture or Joint  |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Tumor   |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Microsurgical Procedures<br>Free Flaps                                  |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Non-surgical Management   |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Upper Limb - Replantation or Transplant  |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Head & Neck - Pre-Op Eval of Potential TX<br>Pts                                     |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Head & Neck - Post-Op Follow up of a<br>Recipient for 1 Year                         |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Head & Neck - Facial trauma with bone fixation                                       |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Head & Neck - Head or neck free tissue reconstruction                                |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Other - Pre-Op Eval of Potential VCA TX<br>Pts                                       |   |  |   |                                 |  |  |  |   |  |   |   |
| VCA: Other - Microvascular Experience   |   |  |   |                                 |  |  |  |   |  |   |   |
| PI: Management & Care of Islet Transplant<br>Patients                                     |   |  |   |                                 |  |  |  |   |  |   |   |
| PI: Management & Care - Selecting Donors  |   |  |   |                                 |  |  |  |   |  |   |   |
| PI: Management & Care - Evaluating Islets<br>PI: Management & Care - Acessing Portal Vein |   |  |   |                                 |  |  |  |   |  |   |   |
| for PLTX Procedures   |   |  |   |                                 |  |  |  |   |  |   |   |
| PI: Management & Care - Overseeing the<br>Infusion and Managing Immunosupression          |   |  |   |                                 |  |  |  |   |  |   |   |
| PI: Perform Islet Isolation   |   |  |   |                                 |  |  |  |   |  |   |   |
| PI: Observe Islet Isolation   |   |  |   |                                 |  |  |  |   |  |   |   |

|   |   | 1  |                                 |  | 1  | 1  |  |                     |                     |                               |   |
|---|---|--|---------------------------------|--|--|--|--|---------------------|---------------------|-------------------------------|---|
| Physician   | Text Field  |  |                                 |  |  |  |  |                     |                     |                               |   |
| Organ   | Drop Down   | All Organs                                     |                                 |  |  |  |  |                     |                     |                               |   |
| Pathway   | Drop Down   | All Pathways                                   |                                 |  |  |  |  |                     |                     |                               |   |
| Hospital  | Drop Down   | All Existing TX<br>Hospitals                   |                                 |  |  |  |  |                     |                     |                               |   |
| Time Frame at Hospital  | Start   | End  |                                 |  |  |  |  |                     |                     |                               |   |
|   | Calendar  | Calendar                                       |                                 |  |  |  |  |                     |                     |                               |   |
| Signature Required For:   | Drop Down<br>FX<br>KI Conditional<br>KI Eval<br>KI Combined | Name<br>Text Field                             | Title<br>Text Field             |  |  |  |  |                     |                     |                               |   |
|   | All Organs Included in OPTN Bylaws                          |  | Kidney & Liver                  |  | Intestine  | Lung   | Components that perform transplants in recipie |                     |                     | ents less than 18 years old   |   |
| Physicain Involvement   | Date of Transplant or<br>Procurement                        | Patient Identifier<br>TX: MR#<br>Pro: Donor ID | KI & LI: Donor Type             | KI & LI: Was this a<br>pediatric transplant? |  | LU: Did the recipient<br>receive a combined<br>H/L Transplant? | t<br>Liver                                     |                     |                     | Heart                         |   |
| Drop Down<br>(see all below)  | Calendar  | Text Field                                     | Drop Down<br>Deceased<br>Living | Check if applicable                          | Drop Down<br>Isolated IN TX<br>Combined Ll/IN<br>Multi-visceral TX | Check if applicable  | Pre  | Peri                | Post                | Date of Birth                 | Weight at Time of<br>Transplant if <25 kg |
|   |   |  |                                 |  |  |  | Check if applicable                            | Check if applicable | Check if applicable | Calendar<br>Calc: DOT-DOB=Age |   |
| Primary Care of Newly Transplanted Recipients<br>(including immediate post operative care ) |   |  |                                 |  |  |  |  |                     |                     |                               |   |
| Procurement Observation   |   |  |                                 |  |  |  |  |                     |                     |                               |   |
| Transplant Observation  | 1   |  |                                 |  |  |  |  |                     |                     |                               |   |
| Peds: Observation of Donor Evaluation,  |   |  |                                 |  |  |  |  |                     |                     |                               |   |
| Donation Process, and Management of Multi   |   |  |                                 |  |  |  |  |                     |                     |                               |   |
| Organ Donors  |   |  |                                 |  |  |  |  |                     |                     |                               |   |
| KI: Evaluate Potential Recipients   |   |  |                                 |  |  |  |  |                     |                     |                               |   |
| KI: Evaluate Potential Living Donors  |   |  |                                 |  |  |  |  |                     |                     |                               |   |

Department of Health and Human Services Health Resources and Services Administration

Meaning/ActionBlack TextHeadersRed TextIT functionBlue TextRelated options for IT functionShaded Graythese are fields that are not required for the specified application

## PUBLIC BURDEN STATEMENT

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0184 and it is valid until XX/XX/2023. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private nonprofit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B. Rockville, Maryland, 20857 or paperwork@hrsa.gov.