**OPTN Membership Application - Surgeon or Physician Log**

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| **Surgeon** | Text Field |  |  |  |  |  |  |  |  |  |  |
| **Organ** | Drop Down | All Organs |  |  |  |  |  |  |  |  |  |
| **Pathway** | Drop Down | All Pathways |  |  |  |  |  |  |  |  |  |
| **Hospital** | Drop Down | All Existing TXHospitals |  |  |  |  |  |  |  |  |  |
| **Time Frame at Hospital** | **Start** | **End** |  |  |  |  |  |  |  |  |  |
|  | Calendar | Calendar |  |  |  |  |  |  |  |  |  |
| **Signature Required For:** | Drop Down Residency FellowshipINVCA PI | **Name**Text Field | **Title**Text Field |  |  |  |  |  |  |  |  |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **All Organs Included in OPTN Bylaws** | **Kidney and LDK** | **Intestine** | **Lung** | **Vascular Composite Allograft** | **Pancreas Islet** | **Components that perform transplants in recipients less than 18 years old** |
| **Type of Procedure** | **Date of : Procedure/****Eval Date/Date of Care Provided** | **Patient Identifier TX: MR#****Pro: Donor ID** | **Role of Surgeon** | **KI & LDK: Type of Donor** | **IN: Did the recovery also include the LI?** | **LU: Was this a combined H/L Transplant?** | **VCA: Other - Microvascular Procedure** | **VCA: Other - Name of Team Member with Microvascular Experience** | **PI: Was the Procedure Allogenic or Autologous?** | **Date of Birth** | **Weight at Time of Transplant if <25 kg** |
| Drop Down (see all below) | Calendar | Text Field | Drop Down PrimaryCo-Surgeon First Assistant | Drop Down Deceased Living | Check if applicable | Check if applicable | Text Field | Text Field | Drop down | CalendarCalc: DOT-DOB=Age | Text Field |
| Transplant (can be multi organ if organ applying for is included) (Transplant must be in the VCA Type applying for) |  |  |  |  |  |  |  |  |  |  |  |
| Procurement (must include organ applying for) |  |  |  |  |  |  |  |  |  |  |  |
| 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 TXPts |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Upper Limb - Post-Op Follow up of aRecipient for 1 Year |  |  |  |  |  |  |  |  |  |  |  |
| 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 Stiffness |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Upper Limb - Tumor |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Upper Limb - Microsurgical ProceduresFree Flaps |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Upper Limb - Non-surgical Management |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Upper Limb - Replantation or Transplant |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Head & Neck - Pre-Op Eval of Potential TXPts |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Head & Neck - Post-Op Follow up of aRecipient for 1 Year |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Head & Neck - Facial trauma with bonefixation |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Head & Neck - Head or neck free tissuereconstruction |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Other - Pre-Op Eval of Potential VCA TX Pts |  |  |  |  |  |  |  |  |  |  |  |
| VCA: Other - Microvascular Experience |  |  |  |  |  |  |  |  |  |  |  |
| PI: Management & Care of Islet TransplantPatients |  |  |  |  |  |  |  |  |  |  |  |
| PI: Management & Care - Selecting Donors |  |  |  |  |  |  |  |  |  |  |  |
| PI: Management & Care - Evaluating Islets |  |  |  |  |  |  |  |  |  |  |  |
| PI: Management & Care - Acessing Portal Vein for PI TX Procedures |  |  |  |  |  |  |  |  |  |  |  |
| PI: Management & Care - Overseeing the Infusion and Managing Immunosupression |  |  |  |  |  |  |  |  |  |  |  |
| PI: Perform Islet Isolation |  |  |  |  |  |  |  |  |  |  |  |
| PI: Observe Islet Isolation |  |  |  |  |  |  |  |  |  |  |  |

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| **Physician** | Text Field |  |  |  |  |  |  |  |  |  |  |
| **Organ** | Drop Down | All Organs |  |  |  |  |  |  |  |  |  |
| **Pathway** | Drop Down | All Pathways |  |  |  |  |  |  |  |  |  |
| **Hospital** | Drop Down | All Existing TXHospitals |  |  |  |  |  |  |  |  |  |
| **Time Frame at Hospital** | **Start** | **End** |  |  |  |  |  |  |  |  |  |
|  | Calendar | Calendar |  |  |  |  |  |
| **Signature Required For:** | Drop Down FellowshipKI Conditional KI EvalKI Combined | **Name**Text Field | **Title**Text Field |  |  |  |  |  |  |  |  |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **All Organs Included in OPTN Bylaws** | **Kidney & Liver** | **Intestine** | **Lung** |  |
| **Physicain Involvement** | **Date of Transplant or Procurement** | **Patient Identifier TX: MR#****Pro: Donor ID** | **KI & LI: Donor Type** | **KI & LI: Was this a pediatric transplant?** | **IN: Was this an isolated IN TX or Combined LI/IN or Multi-viscerl****TX?** | **LU: Did the recipient receive a combined H/L Transplant?** |  |  |
| Drop Down (see all below) | Calendar | Text Field | Drop Down Deceased Living | Check if applicable | Drop Down Isolated IN TX Combined LI/INMulti-visceral TX | Check if applicable | **Pre** | **Peri** | **Post** | **Date of Birth** | **Weight at Time of Transplant if <25 kg** |
|  |  |  |  |  |  |  | Check if applicable | Check if applicable | Check if applicable | CalendarCalc: DOT-DOB=Age |  |
| Primary Care of Newly Transplanted Recipients (including immediate post operative care ) |  |  |  |  |  |  |  |  |  |  |  |
| Procurement Observation |  |  |  |  |  |  |  |  |  |  |  |
| Transplant Observation |  |  |  |  |  |  |  |  |  |  |  |
| Peds: Observation of Donor Evaluation,Donation Process, and Management of Multi Organ Donors |  |  |  |  |  |  |  |  |  |  |  |
| KI: Evaluate Potential Recipients |  |  |  |  |  |  |  |  |  |  |  |
| KI: Evaluate Potential Living Donors |  |  |  |  |  |  |  |  |  |  |  |

# Health Resources and Services Administration Expiration Date: XX/XX/2023

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| --- | --- |
|  | Meaning/Action |
| Black Text | Headers |
| Red Text | IT function |
| Blue Text | Related options for IT function |
|  Shaded Gray  | these 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 08/31/2023. 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 non- profit 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. |