| Carbon Control | Signature: | Signature: | | | | | | | | | | |
|--|---|------------------------------------|--|-----------------------|----------------|---------------------|---------------------|------------------------------|-----------------------------------|----------------|---------------|---|
| Procedure Very Development of Color Development of | | All Organs Included in OPTN Bylaws | | | Kidney and LDK | Intestine | Lung | Vascular Composite Allograft | | Pancreas Islet | | |
| See Industry Clear Laboration Clear Laboration | Type of Procedure | Procedure/ Eval Date/Date of | TX: MR# | Role of Surgeon | | | a combined H/L | Microvascular | Team Member with Microvascular | Allogenic or | Date of Birth | Weight at Time of Transplant if <25 kg |
| priving for is foot-dead (Transplant must be for VCA Type applying for IX CA T | Drop Down (see all below) | Calendar | Text Field | Primary Co-Surgeon | Deceased | Check if applicable | Check if applicable | Text Field | Text Field | Drop down | | Text Field |
| N. Open Personation I. Noticy Development Control Section II. Note Development Control Section III. Not | Transplant (can be multi organ if organ applying for is included) (Transplant must be in the VCA Type applying for) | | | | | | | | | | | |
| El con Neglectication Neglect | Procurement (must include organ applying for) | | | | | | | | | | | |
| A Mail Coap Processor Color Protection 1 TX A Value Coap Processor Color Processor Color Protection 1 TX A Value Coap Processor Color Processor Color Protection 1 TX A Value Coap Processor Color Processor Color Protection 1 TX A Value Coap Processor Color Processor | LDK: Lap Nephrectomy | | | | | | | | | | | |
| A Multi-Organ Procurement Observation A Upper Limb- Pro-Cy Evid of Peterstal TX A Upper Limb- Pro-Op Evid of Peterstal TX A Upper Limb - None A Upper Limb - None A Upper Limb - Sho on Wound Problems A Upper Limb - Sho on Wound Proble | | | - | | | | | | | | | |
| A Upper Limb - Post-Cip Follow up of a gloset for 1 Year or 1 Year | VCA: Multi-Organ Procurement Observation | | | | | | | | | | | |
| cyber timb - Store we will be seen a seen as a seed as a | VCA: Upper Limb - Pre-Op Eval of Potential TX | | | | | | | | | | | |
| At Upper Limb - Ferrendon At Upper Limb - Contracture or Johnt fines At Upper Limb - Contracture or Johnt fines At Upper Limb - Microsurgical Procedures At Upper Limb - Non-surgical Management At Upper Limb - Replantation or Transplant At Head & Neck - Pro-Op Evol of Potential TX At Head & Neck - Pro-O | VCA: Upper Limb - Post-Op Follow up of a Recipient for 1 Year | | | | | | | | | | | |
| At Upper Limb - Skin or Wound Problems A Upper Limb - Skin or Wound Problems A Upper Limb - Microsurgical Procedures Filton A Upper Limb - Microsurgical Procedures Filton A Upper Limb - Microsurgical Procedures Filton A Upper Limb - Non-surgical Management A Upper Limb - Non-surgical Management A Upper Limb - Replantation or Transplant B Upper Limb - Replantation or Transplant B Upper Limb - Replantation or Replantation B Upper Limb - Replantation or Transplant B Upper Limb - Replantation or Replantation B Upper Limb - Replantat | VCA: Upper Limb - Bone | | | | | | | | | | | |
| A: Upper Limb - Contracture or Joint fines A: Upper Limb - Microsurgical Procedures e Futps A: Upper Limb - Microsurgical Procedures e Futps A: Upper Limb - Non-surgical Management A: Upper Limb - Replantation or Transplant A: Head A: Neck - Peç-Op Eval of Potential TX A: Head A: Neck - Post-Op Follow up of a Opient for 1 Pesa - Post-Op Follow up of a Opient for 1 Pe | VCA: Opper Limb - Nerve VCA: Upper Limb - Tendon | | | | | | | | | | | |
| At Upper Limb - Microsurgical Procedures Fe Flaps At Upper Limb - Microsurgical Procedures Fe Flaps At Upper Limb - Non-surgical Management At Head & Neck - Pec-Op Eval of Potential TX At Head & Neck - Post-Op Follow up of a Oppient for 1 Year Oppient for 1 Year At Head & Neck - Post-Op Follow up of a Oppient for 1 Year At Head & Neck - Post-Op Follow up of a Oppient for 1 Year At Head & Neck - Flacial trauma with bone stone of the Common of the | VCA: Upper Limb - Skin or Wound Problems | | | | | | | | | | | |
| A: Upper Limb - Microsurgical Procedures Ee Flaps A: Upper Limb - Non-surgical Management A: Upper Limb - Non-surgical Management A: Upper Limb - Replantation or Transplant A: Upper Limb - Replantation or Transplant A: Head & Neck - Pre-Op Eval of Potential TX A: Head & Neck - Pre-Op Eval of Potential TX A: Head & Neck - Post-Op Follow up of a oppin for 1 Year A: Head & Neck - Facial trauma with bone of the street of t | VCA: Upper Limb - Contracture or Joint Stiffness | | | | | | | | | | | |
| A: Upper Limb - Non-surgical Management A: Upper Limb - Replantation or Transplant A: Head & Neck - Pre-Op Eval of Potential TX A: Head & Neck - Pre-Op Eval of Potential TX A: Head & Neck - Post-Op Follow up of a open to 1 Year A: Head & Neck - Post-Op Follow up of a open to 1 Year A: Head & Neck - Post-Op Follow up of a open to 1 Year A: Head & Neck - Facial trauma with bone etion A: Head & Neck - Facial trauma with bone etion A: Other - Pre-Op Eval of Potential VCA TX A: Other - Ner-Op Eval of Potential VCA TX Management & Care of Islet Transplant leints Management & Care - Selecting Donors Management & Care - Selecti | VCA: Upper Limb - Tumor VCA: Upper Limb - Microsurgical Procedures Free Flaps | | | | | | | | | | | |
| A: Head & Neck - Pre-Op Eval of Potential TX A: Head & Neck - Post-Op Follow up of a cipient for 1 Year A: Head & Neck - Post-Op Follow up of a cipient for 1 Year A: Head & Neck - Facial trauma with bone attion A: Head & Neck - Head or neck free tissue construction A: Other - Pre-Op Eval of Potential VCA TX A: Other - Microvascular Experience Management & Care of Islet Transplant telests Management & Care - Selecting Donors Management & Care - Selecting Donors Management & Care - Accessing Portal Vein PITX Procedures Management & Care - Accessing Portal Vein PITX Procedures Managing Immunosuppression | VCA: Upper Limb - Non-surgical Management | | | | | | | | | | | |
| A: Head & Neck - Post-Op Follow up of a cipient for 1 Year A: Head & Neck - Facial trauma with bone atton A: Head & Neck - Head or neck free tissue construction A: Other - Pre-Op Eval of Potential VCA TX in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the construction in the construction is a construction in the co | VCA: Upper Limb - Replantation or Transplant | | | | | | | | | | | |
| diplent for 1 Year | VCA: Head & Neck - Pre-Op Eval of Potential TX Pts | | | | | | | | | | | |
| At Head & Neck - Head or neck free tissue construction At Other - Pre-Op Eval of Potential VCA TX At Other - Microvasculair Experience Management & Care of Islet Transplant telests Management & Care - Selecting Donors Management & Care - Selecting Donors Management & Care - Acessing Portal Vein PITX Procedures Management & Care - Acessing Portal Vein PITX Procedures Management & Care - Overseeing the usion and Managing Immunosupression | Recipient for 1 Year | | | | | | | | | | | |
| A: Other-Pre-Op Eval of Potential VCA TX is A: Other-Pre-Op Eval o | fixation | | | | | | | | | | | |
| Ac Other - Microvascular Experience Management & Care of Islet Transplant tests Management & Care - Selecting Donors Management & Care - Acessing Portal Vein PI TX Procedures Management & Care - Acessing Portal Vein BI TX Procedures Was a processing Portal Vein Was a processing Portal Ve | VCA: Head & Neck - Head or neck free tissue reconstruction | | | | | | | | | | | |
| Management & Care - Selecting Donors Management & Care - Message Portal Vein PI TX Procedures Management & Care - Acessing Portal Vein PI TX Procedures Management & Care - Overseeing the usion and Managing Immunosupression | VCA: Other - Pre-Op Eval of Potential VCA TX Pts | | | | | | | | | | | |
| Management & Care - Selecting Donors Management & Care - Selecting Donors Management & Care - Acessing Portal Vein PITX Procedures Management & Care - Overseeing the usion and Managing Immunosupression | | | | | | | | | | | | |
| Management & Care - Acessing Portal Vein PIT X Procedures Management & Care - Acessing Portal Vein PIT X Procedures Management & Care - Careseing the usion and Managing Immunosupression | Patients | | | | | | | | | | | |
| Management & Care - Acessing Portal Vein P1 TX Procedures Management & Care - Overseeing the usion and Managing Immunosupression | PI: Management & Care - Selecting Donors PI: Management & Care - Evaluating Islets | | | | | | | | | | | |
| usion and Managing Immunosupression | PI: Management & Care - Acessing Portal Vein for PI TX Procedures | | | | | | | | | | | |
| Outron lebitorists | PI: Management & Care - Overseeing the Infusion and Managing Immunosupression | | | | | | | | | | | |
| | PI: Perform Islet Isolation PI: Observe Islet Isolation | | | | | | | | | | | |

| Physician | Text Field | | | | | | | | | | |
|--|---|--|---------------------------------|---|--|--|---------------------|---------------------|---------------------|-------------------------------|---|
| | Drop Down | All Organs | | | | | | | | | |
| | Drop Down | All Pathways | | | | | | | | | |
| | | All Existing TX | | | | | | | | | |
| Hospital | Drop Down | Hospitals | | | | | | | | | |
| Time Frame at Hospital | Start | End | | | | | | | | | |
| · | Calendar | Calendar | | | | | | | | | |
| Signature Required For: | Drop Down Fellowship KI Conditional KI Eval KI Combined | Name Text Field | Title Text Field | | | | | | | | |
| Signature: | | | | | | | | | | | |
| | All Organs Included in OPTN Bylaws | | Kidney & Liver | | Intestine | Lung | | | | | |
| | 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/IN Multi-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 | Calendar Calc: DOT-DOB=Age | |
| Primary Care of Newly Transplanted Recipients (including immediate post operative care) | | | | | | | | | | | |
| Procurement Observation | | | | | | | | | | | |
| Transplant Observation | | | | | | | | | | | |
| Peds: Observation of Donor Evaluation, | | 1 | | | | | | | | | |
| 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/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 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.

OMB No. 0915-0184

Expiration Date: XX/XX/2023