

**Post Transplant Malignancy Form (PTM) - All Org**  
**Fields to be completed by members**

| Form Section                           | Field Label  |
|--|--|
| Recipient Information                  | Recipient last name  |
| Recipient Information                  | Recipient first name   |
| Recipient Information                  | Recipient Middle Initial                                       |
| Recipient Information                  | Date of birth  |
| Recipient Information                  | Recipient SSN  |
| Recipient Information                  | Recipient organ  |
| Recipient Information                  | TRF  |
| Recipient Information                  | Follow-up code   |
| Recipient Information                  | Transplant date  |
| Recipient Information                  | Follow-up Center Code  |
| Recipient Information                  | Follow-up Center Type  |
| Recipient Information                  | Follow-up Center   |
| Recipient Information                  | Transplant Center Code   |
| Recipient Information                  | Transplant Center Type   |
| Recipient Information                  | Transplant Center  |
| Donor Related                          | Diagnosis date:  |
| Donor Related                          | Tumor type:  |
| Donor Related                          | Tumor Types: Skin: //squamous cell:                            |
| Donor Related                          | Tumor Types: Skin: //basal cell:                               |
| Donor Related                          | Tumor Types: Skin: //melanoma:                                 |
| Donor Related                          | Tumor Types: //Kaposi's sarcoma: cutaneous:                    |
| Donor Related                          | Tumor Types: //Kaposi's sarcoma: visceral:                     |
| Donor Related                          | Tumor Types: //Brain:  |
| Donor Related                          | Tumor Types: Brain: //Other specify:                           |
| Donor Related                          | Tumor Types: //Renal carcinoma - specify site(s):              |
| Donor Related                          | Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum: |
| Donor Related                          | Tumor Types: //Carcinoma of the uterus:                        |
| Donor Related                          | Tumor Types: //Ovarian:  |
| Donor Related                          | Tumor Types: //Testicular:                                     |
| Donor Related                          | Tumor Types: //Esophagus:                                      |
| Donor Related                          | Tumor Types: //Stomach:  |
| Donor Related                          | Tumor Types: //Small intestine:                                |
| Donor Related                          | Tumor Types: //Pancreas:                                       |
| Donor Related                          | Tumor Types: //Larynx:   |
| Donor Related                          | Tumor Types: //Tongue, throat:                                 |
| Donor Related                          | Tumor Types: //Thyroid:  |
| Donor Related                          | Tumor Types: //Bladder:  |
| Donor Related                          | Tumor Types: //Breast:   |
| Donor Related                          | Tumor Types: //Prostate:                                       |
| Donor Related                          | Tumor Types: //Colo-rectal:                                    |
| Donor Related                          | Tumor Types: //Primary hepatic tumor:                          |
| Donor Related                          | Tumor Types: //Metastatic liver tumor:                         |
| Donor Related                          | Tumor Types: //Lung:   |
| Donor Related                          | Tumor Types://Leukemia:  |
| Donor Related                          | Tumor Types: //Sarcomas:                                       |
| Donor Related                          | Tumor Types: //Other cancers:                                  |
| Donor Related                          | Other Cancers: //Site(s):                                      |
| Donor Related                          | Tumor Types: //Primary unknown:                                |
| Recurrence of Pretransplant Malignancy | Type of pre-existing tumor:                                    |
| Recurrence of Pretransplant Malignancy | If other cancer, specify:                                      |
| Recurrence of Pretransplant Malignancy | Date of recurrence (post tx):                                  |
| Post Transplant De Novo Solid Tumor    | Tumor Types: Skin: //squamous cell:                            |
| Post Transplant De Novo Solid Tumor    | Tumor Types: Skin: //basal cell:                               |
| Post Transplant De Novo Solid Tumor    | Tumor Types: Skin: //melanoma:                                 |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Kaposi's sarcoma: cutaneous:                    |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Kaposi's sarcoma: visceral:                     |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Brain:  |
| Post Transplant De Novo Solid Tumor    | Tumor Types: Brain: //Other specify:                           |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Renal carcinoma - specify site(s):              |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum: |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Carcinoma of the uterus:                        |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Ovarian:  |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Testicular:                                     |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Esophagus:                                      |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Stomach:  |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Small intestine:                                |

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|--|--|
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Pancreas:               |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Larynx:                 |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Tongue, throat:         |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Thyroid:                |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Bladder:                |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Breast:                 |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Prostate:               |
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| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Primary hepatic tumor:  |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Metastatic liver tumor: |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Lung:                   |
| Post Transplant De Novo Solid Tumor                      | Tumor Types://Leukemia:                |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Sarcomas:               |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Other cancers:          |
| Post Transplant De Novo Solid Tumor                      | Other Cancers: //Site(s):              |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Primary unknown:        |
| Post Transplant De Novo Solid Tumor                      | Diagnosis date                         |
| Post Transplant Lymphoproliferative Disease and Lymphoma | PTLD: //Diagnosis date:                |
| Post Transplant Lymphoproliferative Disease and Lymphoma | PTLD: //Pathology:                     |
| Post Transplant Lymphoproliferative Disease and Lymphoma | PTLD: Pathology: //Other Specify:      |

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

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In order to perform the following OPTN  
and to monitor compliance of member  
and to respond to, a collection of information  
collection is 0915-0157 and it is valid until  
( ). All data collected will be subject to Privacy  
TN also are well protected by a number of the  
described by OMB Circular A-130, Appendix III,  
arms Security Program Handbook. The public  
during the time for reviewing instructions,  
concerns regarding this burden estimate or any  
contacts Clearance Officer, 5600 Fishers Lane,