

**Disease Transmission Event
Fields to be completed by member**

| Form Section | Field Label |
|-----------------------------|--|
| Event Information | Reporting Event for |
| Event Information | Donor ID |
| Event Information | Have all of the recipient centers been notified at this time? |
| Event Information | Recipient SSN |
| Event Information | Waitlist ID |
| Event Information | Donor ID of donor involved |
| Event Information | Has the Host OPO been notified regarding this report? |
| Event Information | Reporting Institution |
| Event Information | Detected by |
| Event Information | Date Occurred |
| Event Information | Infection/Malignancy/Other Medical Condition |
| Add Infection | Specify Type |
| Add Infection | Infection |
| Add Infection | Date Detected |
| Add Infection | At this time the diagnosis is |
| Add Malignancy | Malignancy |
| Add Malignancy | Date Detected |
| Add Malignancy | At this time the diagnosis is |
| Add Other Medical Condition | Other Medical Condition |
| Add Other Medical Condition | Date Detected |
| Add Other Medical Condition | At this time the diagnosis is |
| Add Other Medical Condition | Please attach any relevant documents, including lab or diagnostic testing results: Choose File |
| Add Other Medical Condition | Was an assay or other test used to identify organism disease? |
| Add Assay/Test Type | Assay/Test Type |
| Add Assay/Test Type | Results |
| Add Assay/Test Type | Date of test |
| Add Assay/Test Type | Was the donor blood sample obtained pre or post transfusion? |
| Add Assay/Test Type | What donor specimens remain for further testing? (Please indicate type and amount) |
| Add Assay/Test Type | Was tissue recovered from this donor? |
| Add Assay/Test Type | Was an autopsy completed on this donor? (Please upload a copy of the autopsy report if available) |
| Add Assay/Test Type | Have local/state public health authorities been contacted regarding this event? (If appropriate for nationally notifiable infectious diseases as defined by the US Public Health Services) |
| Add Assay/Test Type | Enter narrative description of the event |
| Contact Information | Who is the patient safety contact at your institution for this event? First Name |
| Contact Information | Last Name |
| Contact Information | Phone contact (enter at least one) |
| Contact Information | Office |
| Contact Information | ext. |
| Contact Information | Pager/Beeper |
| Contact Information | ext. |
| Contact Information | Mobile |
| Contact Information | ext. |
| Contact Information | Email |
| Contact Information | Other contact info |
| Contact Information | ext. |
| Contact Information | Person Submitting the Report |
| Contact Information | First Name |
| Contact Information | Last Name |
| Contact Information | Email |
| Contact Information | Submit |
| Contact Information | Cancel |

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements to monitor compliance of member organizations with OPTN Obligations. An agency is not required to respond to, a collection of information unless it displays a currently valid control number for this information collection is 0915-0157 and it is valid until XX/XX/20XX. All data collected is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected is exempt from the Privacy Act System of Records #09-15-0055). Data collected by the private non-profit is protected by the Contractor's security features. The Contractor's security system meets the requirements prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data, reviewing the collection of information, completing and reviewing the collection of information. Send comments regarding this collection of information, including suggestions for reducing this burden, to HR Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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irements for membership in the OPTN; and
y may not conduct or sponsor, and a person is
/ valid OMB control number. The OMB
XX/202X. This information collection is
will be subject to Privacy Act protection
ofit OPTN also are well protected by a
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; burden for this collection of information is
ructions, searching existing data sources, and
; this burden estimate or any other aspect of
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