

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

| Form Section | Field Label |
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| 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: |
| Donor Related | 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: |
| Post Transplant De Novo Solid Tumor | Tumor Types: //Colo-rectal: |
| 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
id to monitor compliance of member
ed to respond to, a collection of information
ollection 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
rescribed by OMB Circular A-130, Appendix III,
ms Security Program Handbook. The public
ding the time for reviewing instructions,
ents regarding this burden estimate or any
ports Clearance Officer, 5600 Fishers Lane,