Disease Transmission Event
Fields to be completed by membe

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

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

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) c
the following OPTN functions: to assess whether applicants meet OPTN Bylaw requ
to monitor compliance of member organizations with OPTN Obligations. An agency
not required to respond to, a collection of information unless it displays a currently
control number for this information collection is 0915-0157 and it is valid until XX/X
required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected v
(Privacy Act System of Records #09-15-0055). Data collected by the private non-pr
number of the Contractor's security features. The Contractor's security system me
prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Inf
Automated Information Systems Security Program Handbook. The public reporting
estimated to average 0.27 hours per response, including the time for reviewing ins
and completing and reviewing the collection of information. Send comments regar
aspect of this collection of information, including suggestions for reducing this bur
Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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ollects this information in order to perform
uirements for membership in the OPTN; and
y may not conduct or sponsor, and a person is
y 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
ets or exceeds the requirements as
ormation Systems, and the Departments
; burden for this collection of information is
tructions, searching existing data sources,
ding this burden estimate or any other
den, to HRSA Reports Clearance Officer, 5600