Living Donor Event Fields to be completed by member

Form Section	Field Label
Event Information	Living Donor ID
Event Information	Living Donor Event (Choose all categories and subcategories that are applicable)
Event Information	Recovery surgery aborted after donor received anesthesia (Please describe in the Description field below):
Event Information	Living Donor dies within two years after organ donation
Event Information	Living liver or kidney donor is listed on the waitlist within two years after organ donation
Event Information	Select non-functioning organ
Event Information	Listing transplant center
Event Information	Date listed
Event Information	Living kidney donor on regularly administered dialysis as an ESRD patient within two years after organ donation
Event Information	Organ is recovered but not transplanted into any recipient
Event Information	Organ is recovered and transplanted in someone other than the intended recipient
Event Information	Other (Events that do not fall under the above categories may be reported here Please describe in Description field below.)
Event Information	Date of Event
Event Information	Date Reporting Member Aware of Event
Event Information	Did the event occur at an institution?
Event Information	At which institution did the event occur?
Event Information	Reporting Institution
Event Information	Description
Contact Information	Who is the patient safety contact at you institution for this event? First Name
Contact Information	Last Name
Contact Information	Phone contact (Enter at least one) Offi
Contact Information	ext.
Contact Information	Mobile
Contact Information	ext.
Contact Information	Email Other centract info
Contact Information Contact Information	Other contact info
Contact Information Contact Information	ext. First Name
Contact Information Contact Information	
Contact Information Contact Information	Last Name Email
Contact Information Contact Information	Submit

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

PUBLIC BURDEN STATEMENT:

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 requived 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/ required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected (Privacy Act System of Records #09-15-0055). Data collected by the private non-prinumber of the Contractor's security features. The Contractor's security system me prescribed by OMB Circular A-130, Appendix III, Security of Federal 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 and completing and reviewing the collection of information. Send comments regar aspect of this collection of information, including suggestions for reducing this burn Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Notes						

ollects this information in order to perform airements for membership in the OPTN; and / may not conduct or sponsor, and a person is / valid OMB control number. The OMB XX/202X. This information collection is vill be subject to Privacy Act protection offt 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