

## Potential Disease Transmission Report Field Descriptions

Potential disease transmissions become part of a confidential medical peer review process. The OPTN Ad Hoc Disease Transmission Advisory Committee (DTAC) examines individual potential disease transmission cases reported to the OPTN in an effort to confirm transmissions of donor origin whenever possible.

The initial report documents the OPO's communication of the donor information to all transplant centers that utilized organs from the donor associated with the reported event. The report will be submitted for review by the DTAC. It is necessary to receive this document within 24 hours of the reported event into the Patient Safety System, in an effort to collect critical, time-sensitive information regarding the donor, organs, tissues, and extra vessels that were procured. The OPO should include all contact information for recipient center(s), tissue, and/or eye banks that have been notified of the potential for disease or malignancy transmission.

All fields on the initial report should be completed with the information available at the time of submission. It is acceptable that all information may not be available to submit within 24 hours of the report to the Patient Safety System.

### Disease Transmission Event ID & Donor ID

**Disease Transmission Event ID:** The disease transmission event ID displays. You can find this ID within the Patient Safety Portal or Event Notification/Acknowledgment e-mail. This field is **required**.

**Donor ID:** Enter the seven-digit donor ID. This ID consists of letters and numbers. This field is **required**.

### PDTR Contact Information – Person Submitting This Report

**First Name:** Enter the first name of the person submitting the form. Alphanumeric up to 50 characters. This field is **required**.

**Last Name:** Enter the last name of the person submitting the form. Alphanumeric up to 50 characters. This field is **required**.

**E-mail:** Enter the e-mail address of the person submitting the form. Alphanumeric up to 80 characters. This field is **required**.

**Phone:** Enter the phone number of the person submitting the form. Alphanumeric up to 10 characters. This field is **required**.

### Information

**The following suspected organism/disease(s) were reported:** The suspected organism or disease reported displays in read-only format.

**Additional Comments:** Enter additional information in the text box. If recipients of organs or vessels are deceased prior to the reported event, please also include this information in the comment section on the report. Alphanumeric up to 10,000 characters.

**As of today, the transmission is:** Select the response from the drop-down list of options. This field is **required**. If required fields are not applicable to this case or if information is unknown, select Unknown in the answer field.

**Suspected  
Confirmed  
Unknown**

**Date of Recovery:** The date of recovery displays in read-only format.

**Status of Infection/Disease in Donor**

**Donor symptomatic prior to procurement?:** This field is **required**.

**Yes  
No**

**Known at procurement?:** This field is **required**.

**Yes  
No**

**Was an autopsy performed on the donor?:** This field is **required**.

**Yes  
No  
Unknown**

**Note:** If an autopsy was completed or will be performed on the donor, please attach a copy to the event or email to the Patient Safety Coordinators once it is completed.

**What type of donor specimen(s)/samples are available for further testing?:** Enter the type of donor specimen or samples that are available for further testing. Alphanumeric up to 255 characters. This field is **required**.

**Was the donor blood sample obtained pre- or post-transfusion?:** This field is **required**.

**Pre-transfusion  
Post-transfusion  
N/A**

**If the sample was obtained post-transfusion, were hemodilution calculations performed?:** This field is **required**.

Yes  
No

**Were all specimens saved for further testing (donor hospital, OPO, and TX Center)?:** This field is **required**.

Yes  
No

**If blood specimens are available on the donor for testing, how much?:** Enter the amount of blood specimens available for testing. Alphanumeric up to 255 characters. This field is **required**.

#### Procuring/Host OPO Contact Information

**First Name:** Enter the first name of the OPO contact. Alphanumeric up to 50 characters. This field is **required**.

**Last Name:** Enter the last name of the OPO contact. Alphanumeric up to 50 characters. This field is **required**.

**Phone:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters. This field is **required**.

**Other:** Enter additional information. Alphanumeric up to 40 characters.

#### Reporting Status – Public Health Authority Contact Information

**Have the public health authorities been contacted?:**

Yes  
No

If yes, complete the following fields:

**First Name:** Enter the first name of the public health authority contact. Alphanumeric up to 100 characters. This field is **required**.

**Last Name:** Enter the last name of the public health authority contact. This field is **required**.

**Phone:** Enter the phone number of the public health authority contact. Alphanumeric up to 10 characters. This field is **required**.

**Phone Ext:** Enter the phone number extension of the public health authority contact. Alphanumeric up to 50 characters.

## Assay Test

**Was an assay and/or other test used to identify organism/disease?:** This field is **required**.

Yes  
No  
Unknown

If yes, complete the following fields:

**Date of Test:** Enter the date of the test. MM/DD/YYYY format.

**Results:** Select the response from the drop-down list of options. This field is **required**.

Positive  
Negative  
Indeterminate  
Other

**Assay/Test Type:** This field is **required**.

Ab  
Acid Fast Smear  
Aerobic Cx  
AFB Cx  
BAL  
Blood Cx  
Bone Marrow Bx  
Bronchial Bx  
Bronchial Lavage  
Bx  
Cell block  
Cell Ct & Diff  
CMV stain,  
CT of abd  
CT of chest  
CT of head  
CT of pelvis  
CXR  
Cytology  
DNA testing  
FISH  
Fluid Cx  
Fungal Cx  
Fungal stain  
GMS stains  
Gram stain  
IgG  
IgM  
Legionella DFA & Cx  
Molecular Fingerprinting  
MRI of abd

MRI of chest  
MRI of head  
MRI of pelvis  
NAT  
PCR  
Pneumocystis IFA  
Pneumocystis stain  
PPD  
Silver stain  
Smear  
Sputum Cx  
Surface antigen  
Urinalysis  
Urine Cx  
US of abd  
US of pelvis  
Viral Cx  
RNA  
Other Specify

**Note:** If you need to add another Assay/Test, click on the **Add Additional Assay/Tests** link.

#### Organs – Heart

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Heart:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** Select the radio button. This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded

N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

|                             |
|-----------------------------|
| <b>Organs – Lung – Left</b> |
|-----------------------------|

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Lung – Left:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

### Organs – Lung – Right

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Lung – Right:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Organs – Liver – Whole**

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Liver - Whole:** This field is **required**.

Yes  
No



If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Organs – Liver – Segment 1**

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Liver – Segment 1:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Organs – Liver – Segment 2**

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Liver – Segment 2:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Organs – Intestine – Whole**

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Intestine – Whole:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Organs – Intestine – Segment 1**

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Intestine – Segment 1:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Organs – Intestine – Segment 2**

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Intestine – Segment 2:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes

**No**

If yes, complete the following fields:

**Date Contacted**: Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name**: Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name**: Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name**: Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email**: Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number**: Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

|                                  |
|----------------------------------|
| <b>Organs – Pancreas – Whole</b> |
|----------------------------------|

**Organ/Vessels Recovered**: This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Pancreas – Whole**: This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Organ Disposition**: This field is **required**.

**Transplanted**  
**Discarded**  
**Recovered for TX, but not TX**  
**Recovered, but not TX**

**Associated Vessels Disposition**: This field is **required**.

**Transplanted**  
**Stored**  
**Quarantined**  
**Discarded**  
**N/A**

**Unknown**

**Contacted by OPO?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Organs – Pancreas – Segment 1**

**Organ/Vessels Recovered:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Pancreas – Segment 1:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

**Transplanted**  
**Discarded**  
**Recovered for TX, but not TX**  
**Recovered, but not TX**

**Associated Vessels Disposition:** This field is **required**.



Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

### Organs – Pancreas – Segment 2

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Pancreas – Segment 2:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted

Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

#### Organs – Pancreas – Islet Cells

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Pancreas – Islet Cells:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Organs – Kidney – Right**

**Organ/Vessels Recovered:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Kidney – Right:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Associated Vessels Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
N/A  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Organs – Kidney – Left**

**Organ/Vessels Recovered:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Kidney – Left:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

**Transplanted**  
**Discarded**  
**Recovered for TX, but not TX**  
**Recovered, but not TX**

**Associated Vessels Disposition:** This field is **required**.

**Transplanted**  
**Stored**  
**Quarantined**  
**Discarded**  
**N/A**  
**Unknown**

**Contacted by OPO?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Vascular Composite Allograft – VCA – Abdominal Wall**

**Vascular composite allograft (VCA) recovered?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**VCA – Abdominal Wall:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

**Transplanted**  
**Discarded**  
**Recovered for TX, but not TX**  
**Recovered, but not TX**

**Contacted by OPO?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Vascular Composite Allograft – VCA – Head and Neck**

**Vascular composite allograft (VCA) recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**VCA – Head and Neck:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

|  |
|--|
| <b>Vascular Composite Allograft – VCA – Upper Limb</b> |
|--|

**Vascular composite allograft (VCA) recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**VCA – Upper Limb:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

**Transplanted**  
**Discarded**  
**Recovered for TX, but not TX**  
**Recovered, but not TX**

**Contacted by OPO?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

### **Vascular Composite Allograft – VCA – Lower Limb**

**Vascular composite allograft (VCA) recovered?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**VCA – Lower Limb:** This field is **required**.



Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Vascular Composite Allograft – VCA – Musculoskeletal Composite Graft Segment**

**Vascular composite allograft (VCA) recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**VCA – Musculoskeletal Composite Graft Segment:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Vascular Composite Allograft – VCA – Spleen**

**Vascular composite allograft (VCA) recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**VCA – Spleen:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted

Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

|  |
|--|
| <b>Vascular Composite Allograft – VCA – Glands</b> |
|--|

**Vascular composite allograft (VCA) recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**VCA – Glands:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

|  |
|--|
| <b>Vascular Composite Allograft – VCA – Genitourinary Organs</b> |
|--|

**Vascular composite allograft (VCA) recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**VCA – Genitourinary Organs:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Discarded  
Recovered for TX, but not TX  
Recovered, but not TX

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted**: Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name**: Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name**: Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name**: Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email**: Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number**: Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Vascular Composite Allograft – VCA – Other**

**Vascular composite allograft (VCA) recovered?**: This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**VCA – Other**: This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Organ Disposition**: This field is **required**.

**Transplanted**  
**Discarded**  
**Recovered for TX, but not TX**  
**Recovered, but not TX**

**Contacted by OPO?**: This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Date Contacted**: Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Blood Vessels – Femoral**

**Tissues recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Blood Vessels – Femoral:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Blood Vessels – Iliac**

**Tissues recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Blood Vessels – Iliac:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Blood Vessels – Other**

**Tissues recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Blood Vessels – Other:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.



**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Bone**

**Tissues recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Tissues – Bone:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Fascia**

**Tissues recovered?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Tissues – Fascia:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

**Transplanted**  
**Stored**  
**Quarantined**  
**Discarded**  
**Unknown**

**Contacted by OPO?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Skin**

**Tissues recovered?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Tissues – Skin:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

**Transplanted**  
**Stored**  
**Quarantined**  
**Discarded**  
**Unknown**

**Contacted by OPO?:** This field is **required**.

**Yes**  
**No**

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Tendons**

**Tissues recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Tissues – Tendons:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Heart Valves**

**Tissues recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Tissues – Heart Valves:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Eyes/Corneas**

**Tissues recovered?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Tissues – Eyes/Corneas:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

Transplanted  
Stored  
Quarantined  
Discarded  
Unknown

**Contacted by OPO?:** This field is **required**.

Yes  
No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.

**Tissues – Tissue Other**

**Tissues recovered?:** This field is **required**.

- Yes
- No

If yes, complete the following fields:

**Tissues – Tissue Other:** This field is **required**.

- Yes
- No

If yes, complete the following fields:

**Organ Disposition:** This field is **required**.

- Transplanted
- Stored
- Quarantined
- Discarded
- Unknown

**Contacted by OPO?:** This field is **required**.

- Yes
- No

If yes, complete the following fields:

**Date Contacted:** Enter the date contacted by OPO. MM/DD/YYYY format. This field is **required**.

**Center Name:** Enter the center name. Alphanumeric up to 75 characters. This field is **required**.

**Contact First Name:** Enter the first name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Last Name:** Enter the last name of the program contact. Alphanumeric up to 50 characters. This field is **required**.

**Contact Email:** Enter the email address of the program contact. Alphanumeric up to 80 characters.

**Contact Phone Number:** Enter the phone number of the OPO contact. Alphanumeric up to 10 characters.