

Primary Surgeon Log: Transplants

Name of Surgeon:

Organ:

Hospital:

Time Frame at Hospital:

Signature Name:

Signature Title:

Signature: _____

Date: _____

| # | Type of Procedure | Transplant Date | Patient Identifier | Primary/Co Surgeon | 1st Assistant | Pediatric Only | | | Other Pathway Specific Details |
|----|-------------------|-----------------|--------------------|--------------------|---------------|----------------|-----------|--------------|--------------------------------|
| | | | | | | DOB | Age at Tx | Weight at Tx | |
| 1 | Transplant | | | | | | | | |
| 2 | Transplant | | | | | | | | |
| 3 | Transplant | | | | | | | | |
| 4 | Transplant | | | | | | | | |
| 5 | Transplant | | | | | | | | |
| 6 | Transplant | | | | | | | | |
| 7 | Transplant | | | | | | | | |
| 8 | Transplant | | | | | | | | |
| 9 | Transplant | | | | | | | | |
| 10 | Transplant | | | | | | | | |
| 11 | Transplant | | | | | | | | |
| 12 | Transplant | | | | | | | | |
| 13 | Transplant | | | | | | | | |
| 14 | Transplant | | | | | | | | |
| 15 | Transplant | | | | | | | | |
| 16 | Transplant | | | | | | | | |
| 17 | Transplant | | | | | | | | |
| 18 | Transplant | | | | | | | | |
| 19 | Transplant | | | | | | | | |
| 20 | Transplant | | | | | | | | |
| 21 | Transplant | | | | | | | | |
| 22 | Transplant | | | | | | | | |
| 23 | Transplant | | | | | | | | |
| 24 | Transplant | | | | | | | | |
| 25 | Transplant | | | | | | | | |
| 26 | Transplant | | | | | | | | |
| 27 | Transplant | | | | | | | | |
| 28 | Transplant | | | | | | | | |
| 29 | Transplant | | | | | | | | |
| 30 | Transplant | | | | | | | | |
| 31 | Transplant | | | | | | | | |

| | | | | | | | | | |
|----|------------|--|--|--|--|--|--|--|--|
| 32 | Transplant | | | | | | | | |
| 33 | Transplant | | | | | | | | |
| 34 | Transplant | | | | | | | | |
| 35 | Transplant | | | | | | | | |
| 36 | Transplant | | | | | | | | |
| 37 | Transplant | | | | | | | | |
| 38 | Transplant | | | | | | | | |
| 39 | Transplant | | | | | | | | |
| 40 | Transplant | | | | | | | | |
| 41 | Transplant | | | | | | | | |
| 42 | Transplant | | | | | | | | |
| 43 | Transplant | | | | | | | | |
| 44 | Transplant | | | | | | | | |
| 45 | Transplant | | | | | | | | |
| 46 | Transplant | | | | | | | | |
| 47 | Transplant | | | | | | | | |
| 48 | Transplant | | | | | | | | |
| 49 | Transplant | | | | | | | | |
| 50 | Transplant | | | | | | | | |
| 51 | Transplant | | | | | | | | |
| 52 | Transplant | | | | | | | | |

Primary Surgeon Log: Procurements

Name of Surgeon:

Organ:

Hospital:

Time Frame at Hospital:

Signature Name:

Signature Title:

Signature: _____

Date: _____

| # | Type of Procedure | Procurement Date | Patient Identifier | Primary/Co Surgeon | 1st Assistant | Pediatric Only | | | LD/DD | Open/Lap | Other Pathway Specific Details |
|----|-------------------|------------------|--------------------|--------------------|---------------|----------------|-----------|--------------|-------|----------|--------------------------------|
| | | | | | | DOB | Age at Tx | Weight at Tx | | | |
| 1 | Procurement | | | | | | | | | | |
| 2 | Procurement | | | | | | | | | | |
| 3 | Procurement | | | | | | | | | | |
| 4 | Procurement | | | | | | | | | | |
| 5 | Procurement | | | | | | | | | | |
| 6 | Procurement | | | | | | | | | | |
| 7 | Procurement | | | | | | | | | | |
| 8 | Procurement | | | | | | | | | | |
| 9 | Procurement | | | | | | | | | | |
| 10 | Procurement | | | | | | | | | | |
| 11 | Procurement | | | | | | | | | | |
| 12 | Procurement | | | | | | | | | | |
| 13 | Procurement | | | | | | | | | | |
| 14 | Procurement | | | | | | | | | | |
| 15 | Procurement | | | | | | | | | | |
| 16 | Procurement | | | | | | | | | | |
| 17 | Procurement | | | | | | | | | | |
| 18 | Procurement | | | | | | | | | | |
| 19 | Procurement | | | | | | | | | | |
| 20 | Procurement | | | | | | | | | | |
| 21 | Procurement | | | | | | | | | | |
| 22 | Procurement | | | | | | | | | | |
| 23 | Procurement | | | | | | | | | | |
| 24 | Procurement | | | | | | | | | | |
| 25 | Procurement | | | | | | | | | | |

PUBLIC BURDEN STATEMENT

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0184 and it is valid until XX/XX/20XX. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 1.17 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Primary Physician Log: Recipient

Name of Physician:
 Organ:
 Hospital:
 Time Frame at Hospital:
 Signature Name:
 Signature Title:
 Signature: _____
 Date: _____

| # | Physician Involvement | Transplant Date | Patient Identifier | Pre-Operative Patient Care | Newly Transplanted Patient Care | Followed Patient for months | Pediatric Only | | | Other Pathway Specific Details |
|----|-----------------------|-----------------|--------------------|----------------------------|---------------------------------|-----------------------------|----------------|-----------|--------------|--------------------------------|
| | | | | | | | DOB | Age at Tx | Weight at Tx | |
| 1 | Recipient Care | | | | | | | | | |
| 2 | Recipient Care | | | | | | | | | |
| 3 | Recipient Care | | | | | | | | | |
| 4 | Recipient Care | | | | | | | | | |
| 5 | Recipient Care | | | | | | | | | |
| 6 | Recipient Care | | | | | | | | | |
| 7 | Recipient Care | | | | | | | | | |
| 8 | Recipient Care | | | | | | | | | |
| 9 | Recipient Care | | | | | | | | | |
| 10 | Recipient Care | | | | | | | | | |
| 11 | Recipient Care | | | | | | | | | |
| 12 | Recipient Care | | | | | | | | | |
| 13 | Recipient Care | | | | | | | | | |
| 14 | Recipient Care | | | | | | | | | |
| 15 | Recipient Care | | | | | | | | | |
| 16 | Recipient Care | | | | | | | | | |
| 17 | Recipient Care | | | | | | | | | |
| 18 | Recipient Care | | | | | | | | | |
| 19 | Recipient Care | | | | | | | | | |
| 20 | Recipient Care | | | | | | | | | |
| 21 | Recipient Care | | | | | | | | | |
| 22 | Recipient Care | | | | | | | | | |
| 23 | Recipient Care | | | | | | | | | |
| 24 | Recipient Care | | | | | | | | | |
| 25 | Recipient Care | | | | | | | | | |
| 26 | Recipient Care | | | | | | | | | |
| 27 | Recipient Care | | | | | | | | | |
| 28 | Recipient Care | | | | | | | | | |
| 29 | Recipient Care | | | | | | | | | |
| 30 | Recipient Care | | | | | | | | | |
| 31 | Recipient Care | | | | | | | | | |
| 32 | Recipient Care | | | | | | | | | |
| 33 | Recipient Care | | | | | | | | | |
| 34 | Recipient Care | | | | | | | | | |
| 35 | Recipient Care | | | | | | | | | |
| 36 | Recipient Care | | | | | | | | | |
| 37 | Recipient Care | | | | | | | | | |
| 38 | Recipient Care | | | | | | | | | |
| 39 | Recipient Care | | | | | | | | | |

| | | | | | | | | | | |
|----|----------------|--|--|--|--|--|--|--|--|--|
| 40 | Recipient Care | | | | | | | | | |
| 41 | Recipient Care | | | | | | | | | |
| 42 | Recipient Care | | | | | | | | | |
| 43 | Recipient Care | | | | | | | | | |
| 44 | Recipient Care | | | | | | | | | |
| 45 | Recipient Care | | | | | | | | | |
| 46 | Recipient Care | | | | | | | | | |
| 47 | Recipient Care | | | | | | | | | |
| 48 | Recipient Care | | | | | | | | | |
| 49 | Recipient Care | | | | | | | | | |
| 50 | Recipient Care | | | | | | | | | |

Primary Physician Log: Observations

Name of Physician:

Organ:

Hospital:

Time Frame at

Hospital:

Signature Name:

Signature Title:

Signature: _____

Date: _____

| # | Physician Involvement | Procurement Date | Donor ID | LD/DD |
|---|-------------------------|------------------|----------|-------|
| 1 | Procurement Observation | | | |
| 2 | Procurement Observation | | | |
| 3 | Procurement Observation | | | |

| | | | | | Pediatric Only |
|---|------------------------|-----------------|--------------------|-------|----------------|
| # | Physician Involvement | Transplant Date | Patient Identifier | LD/DD | Age at Tx |
| 1 | Transplant Observation | | | | |
| 2 | Transplant Observation | | | | |
| 3 | Transplant Observation | | | | |

Primary Physician Log: Evaluation

Name of Physician:

Organ:

Hospital:

Time Frame at Hospital:

Signature Name:

Signature Title:

Signature: _____

Date: _____

| # | Physician Involvement | Evaluation Date | Patient Identifier | Recipient/ Living Donor | Other Pathway Specific Details |
|----|-----------------------|-----------------|--------------------|----------------------------|--------------------------------|
| 1 | Evaluation | | | | |
| 2 | Evaluation | | | | |
| 3 | Evaluation | | | | |
| 4 | Evaluation | | | | |
| 5 | Evaluation | | | | |
| 6 | Evaluation | | | | |
| 7 | Evaluation | | | | |
| 8 | Evaluation | | | | |
| 9 | Evaluation | | | | |
| 10 | Evaluation | | | | |
| 11 | Evaluation | | | | |
| 12 | Evaluation | | | | |
| 13 | Evaluation | | | | |
| 14 | Evaluation | | | | |
| 15 | Evaluation | | | | |
| 16 | Evaluation | | | | |
| 17 | Evaluation | | | | |
| 18 | Evaluation | | | | |
| 19 | Evaluation | | | | |
| 20 | Evaluation | | | | |
| 21 | Evaluation | | | | |

| | | | | | |
|----|------------|--|--|--|--|
| 22 | Evaluation | | | | |
| 23 | Evaluation | | | | |
| 24 | Evaluation | | | | |
| 25 | Evaluation | | | | |
| 26 | Evaluation | | | | |
| 27 | Evaluation | | | | |
| 28 | Evaluation | | | | |
| 29 | Evaluation | | | | |
| 30 | Evaluation | | | | |
| 31 | Evaluation | | | | |
| 32 | Evaluation | | | | |
| 33 | Evaluation | | | | |
| 34 | Evaluation | | | | |
| 35 | Evaluation | | | | |
| 36 | Evaluation | | | | |
| 37 | Evaluation | | | | |

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