Primary Surgeon Log: Transplants

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

						Pediatric Only			
#	Type of Procedure	Transplant Date	Patient Identifier	Primary/Co Surgeon	1st Assistant	DOB	Age at Tx	Weight at Tx	Other Pathway Specific Details
1	Transplant								
2	Transplant								
3	Transplant								
4	Transplant								
5	Transplant								
6	Transplant								
7	Transplant								
8	Transplant								
9	Transplant								
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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: _____

						Pediatric Only					
#	Type of Procedure	Procurement Date	Patient Identifier	Primary/Co Surgeon	1st Assistant	DOB	Age at Tx	Weight at Tx	LD/DD	Open/Lap	Other Pathway Specific Details
1	Procurement										
2	Procurement										
3	Procurement										
4	Procurement										
5	Procurement										
6	Procurement										
7	Procurement										
8	Procurement										
9	Procurement										
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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: _____

							Pediatric Only			
#	Physician Involvement	Transplant Date	Patient Identifier	Pre-Operative Patient Care	Newly Transplanted Patient Care	Followed Patient for months	DOB	Age at Tx	Weight at Tx	Other Pathway Specific Details
1	Recipient Care									
2	Recipient Care									
3	Recipient Care									
4	Recipient Care									
5	Recipient Care									
6	Recipient Care									
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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				
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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				

PUBLIC BURDEN STATEMENT

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