

**Post Transplant Malignancy Form (PTM) - All Org:**  
**Fields to be completed by members**

| Form Section                           | Field Label                                                    |
|----------------------------------------|----------------------------------------------------------------|
| Recipient Information                  | Recipient last name                                            |
| Recipient Information                  | Recipient first name                                           |
| Recipient Information                  | Recipient Middle Initial                                       |
| Recipient Information                  | Date of birth                                                  |
| Recipient Information                  | Recipient SSN                                                  |
| Recipient Information                  | Recipient organ                                                |
| Recipient Information                  | TRF                                                            |
| Recipient Information                  | Follow-up code                                                 |
| Recipient Information                  | Transplant date                                                |
| Recipient Information                  | Follow-up Center Code                                          |
| Recipient Information                  | Follow-up Center Type                                          |
| Recipient Information                  | Follow-up Center                                               |
| Recipient Information                  | Transplant Center Code                                         |
| Recipient Information                  | Transplant Center Type                                         |
| Recipient Information                  | Transplant Center                                              |
| Donor Related                          | Diagnosis date:                                                |
| Donor Related                          | Tumor type:                                                    |
| Donor Related                          | Tumor Types: Skin: //squamous cell:                            |
| Donor Related                          | Tumor Types: Skin: //basal cell:                               |
| Donor Related                          | Tumor Types: Skin: //melanoma:                                 |
| Donor Related                          | Tumor Types: //Kaposi's sarcoma: cutaneous:                    |
| Donor Related                          | Tumor Types: //Kaposi's sarcoma: visceral:                     |
| Donor Related                          | Tumor Types: //Brain:                                          |
| Donor Related                          | Tumor Types: Brain: //Other specify:                           |
| Donor Related                          | Tumor Types: //Renal carcinoma - specify site(s):              |
| Donor Related                          | Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum: |
| Donor Related                          | Tumor Types: //Carcinoma of the uterus:                        |
| Donor Related                          | Tumor Types: //Ovarian:                                        |
| Donor Related                          | Tumor Types: //Testicular:                                     |
| Donor Related                          | Tumor Types: //Esophagus:                                      |
| Donor Related                          | Tumor Types: //Stomach:                                        |
| Donor Related                          | Tumor Types: //Small intestine:                                |
| Donor Related                          | Tumor Types: //Pancreas:                                       |
| Donor Related                          | Tumor Types: //Larynx:                                         |
| Donor Related                          | Tumor Types: //Tongue, throat:                                 |
| Donor Related                          | Tumor Types: //Thyroid:                                        |
| Donor Related                          | Tumor Types: //Bladder:                                        |
| Donor Related                          | Tumor Types: //Breast:                                         |
| Donor Related                          | Tumor Types: //Prostate:                                       |
| Donor Related                          | Tumor Types: //Colo-rectal:                                    |
| Donor Related                          | Tumor Types: //Primary hepatic tumor:                          |
| Donor Related                          | Tumor Types: //Metastatic liver tumor:                         |
| Donor Related                          | Tumor Types: //Lung:                                           |
| Donor Related                          | Tumor Types: //Leukemia:                                       |
| Donor Related                          | Tumor Types: //Sarcomas:                                       |
| Donor Related                          | Tumor Types: //Other cancers:                                  |
| Donor Related                          | Other Cancers: //Site(s):                                      |
| Donor Related                          | Tumor Types: //Primary unknown:                                |
| Recurrence of Pretransplant Malignancy | Type of pre-existing tumor:                                    |
| Recurrence of Pretransplant Malignancy | If other cancer, specify:                                      |
| Recurrence of Pretransplant Malignancy | Date of recurrence (post tx):                                  |
| Post Transplant De Novo Solid Tumor    | Tumor Types: Skin: //squamous cell:                            |
| Post Transplant De Novo Solid Tumor    | Tumor Types: Skin: //basal cell:                               |
| Post Transplant De Novo Solid Tumor    | Tumor Types: Skin: //melanoma:                                 |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Kaposi's sarcoma: cutaneous:                    |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Kaposi's sarcoma: visceral:                     |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Brain:                                          |
| Post Transplant De Novo Solid Tumor    | Tumor Types: Brain: //Other specify:                           |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Renal carcinoma - specify site(s):              |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum: |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Carcinoma of the uterus:                        |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Ovarian:                                        |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Testicular:                                     |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Esophagus:                                      |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Stomach:                                        |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Small intestine:                                |
| Post Transplant De Novo Solid Tumor    | Tumor Types: //Pancreas:                                       |

|                                                          |                                        |
|----------------------------------------------------------|----------------------------------------|
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Larynx:                 |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Tongue, throat:         |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Thyroid:                |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Bladder:                |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Breast:                 |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Prostate:               |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Colo-rectal:            |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Primary hepatic tumor:  |
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| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Lung:                   |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Leukemia:               |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Sarcomas:               |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Other cancers:          |
| Post Transplant De Novo Solid Tumor                      | Other Cancers: //Site(s):              |
| Post Transplant De Novo Solid Tumor                      | Tumor Types: //Primary unknown:        |
| Post Transplant De Novo Solid Tumor                      | Diagnosis date                         |
| Post Transplant Lymphoproliferative Disease and Lymphoma | PTLD: //Diagnosis date:                |
| Post Transplant Lymphoproliferative Disease and Lymphoma | PTLD: //Pathology:                     |
| Post Transplant Lymphoproliferative Disease and Lymphoma | PTLD: Pathology: //Other Specify:      |

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

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