Disease Transmission Event Fields to be completed by member

Form Section	Field Label
Event Information	Reporting Event for
Event Information	Donor ID
Event Information	Have all of the recipient centers been notified at this time?
Event Information	Recipient SSN
Event Information	Waitlist ID
Event Information	Donor ID of donor involved
	Has the Host OPO been notified
Event Information	regarding this report?
Event Information	Reporting Institution
Event Information	Detected by
Event Information	Date Occurred
	Infection/Malignancy/Other Medical
Event Information	Condition
Add Infection	Specify Type
Add Infection	Infection
Add Infection	Date Detected
Add Infection	At this time the diagnosis is
Add Malignancy	Malignancy
Add Malignancy	Date Detected
Add Malignancy	At this time the diagnosis is
Add Other Medical Condition	Other Medical Condition
Add Other Medical Condition	Date Detected
Add Other Medical Condition	At this time the diagnosis is
	Please attach any relevant documents,
	including lab or diagnostic testing
Add Other Medical Condition	results: Choose File
Add Other Medical Condition	Was an assay or other test used to
Add Other Medical Condition	identify organism disease?
Add Assay/Test Type	Assay/Test Type Results
Add Assay/Test Type	
Add Assay/Test Type	Date of test
Add Assay/Test Type	Was the donor blood sample obtained pre or post transfusion?
	What donor specimens remain for
Add Assay/Test Type	further testing? (Please indicate type and amount)
Aut Assay/rest Type	
Add Assay/Test Type	Was tissue recovered from this donor?
	Was an autopsy completed on this donor? (Please upload a copy of the
Add Assay/Test Type	autopsy report if available)
	For the second s
	Have local/state public health authorities been contacted regarding this
	event? (If appropriate for nationally
	notifiable infectious diseases as defined
Add Assay/Test Type	by the US Public Health Services)
Add Assay/Test Type	Enter narrative description of the event
	Who is the patient safety contact at your
Contact Information	institution for this event? First Name
Contact Information	Last Name
Contact Information	Phone contact (enter at least one)
Contact Information	Office
Contact Information	ext.
Contact Information	Mobile
Contact Information	ext.
Contact Information	Email
Contact Information	Other contact info
Contact Information	ext.
Contact Information	Person Submitting the Report
	First Name
Contact Information	
Contact Information	Last Name
Contact Information Contact Information	Email
Contact Information	

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

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 requ 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 v (Privacy Act System of Records #09-15-0055). Data collected by the private non-pri number 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 of this collection of information, including suggestions for reducing this burden, to Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork

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	Notes
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ollects this information in order to perform jirements 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 off OPTN also are well protected by a ets or exceeds the requirements as prmation Systems, and the Departments ; burden for this collection of information is tructions, searching existing data sources, ding this burden estimate or any other aspect HRSA Information Collection Clearance @hrsa.gov.