

Potential Disease Transmission Report

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.

Organs – Lung – Left

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**.

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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.

Organs – Pancreas – Whole

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.

Vascular Composite Allograft – VCA – Upper Limb
--

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**.

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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.

Vascular Composite Allograft – VCA – Glands
--

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.

Vascular Composite Allograft – VCA – Genitourinary Organs
--

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.

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 0915-0157 and it is valid until XX/XX/202X. 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 0.27 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.