

**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
Event Information	Has the Host OPO been notified regarding this report?
Event Information	Reporting Institution
Event Information	Detected by
Event Information	Date Occurred
Event Information	Infection/Malignancy/Other Medical 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
Add Other Medical Condition	Please attach any relevant documents, including lab or diagnostic testing results: Choose File
Add Other Medical Condition	Was an assay or other test used to identify organism disease?
Add Assay/Test Type	Assay/Test Type
Add Assay/Test Type	Results
Add Assay/Test Type	Date of test
Add Assay/Test Type	Was the donor blood sample obtained pre or post transfusion?
Add Assay/Test Type	What donor specimens remain for further testing? (Please indicate type and amount)
Add Assay/Test Type	Was tissue recovered from this donor?
Add Assay/Test Type	Was an autopsy completed on this donor? (Please upload a copy of the autopsy report if available)
Add Assay/Test Type	Have local/state public health authorities been contacted regarding this event? (If appropriate for nationally notifiable infectious diseases as defined by the US Public Health Services)
Add Assay/Test Type	Enter narrative description of the event
Contact Information	Who is the patient safety contact at your 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	Pager/Beeper
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
Contact Information	First Name
Contact Information	Last Name
Contact Information	Email
Contact Information	Submit
Contact Information	Cancel

**PUBLIC BURDEN STATEMENT:**

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements to monitor compliance of member organizations with OPTN Obligations. An agency is not required to respond to, a collection of information unless it displays a currently valid control number for this information collection is 0915-0157 and it is valid until XX/XX/XX. All data collected is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected is (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit number of the Contractor's security features. The Contractor's security system meets prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Automated Information Systems Security Program Handbook. The public reporting burden is estimated to average 0.27 hours per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this collection of information, including suggestions for reducing this burden, to Washington, DC 20543, Paperwork Project Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or by email to [optn@optn.org](mailto:optn@optn.org).

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collects this information in order to perform requirements for membership in the OPTN; and may not conduct or sponsor, and a person is not to provide, unless it has a valid OMB control number. The OMB control number for this information collection is 3045-0047. This information collection is not subject to Privacy Act protection. Information collected in support of OPTN also are well protected by a variety of laws, rules, and policies that meet or exceeds the requirements as set forth in the Privacy Act, the Freedom of Information Systems, and the Departments of Health and Human Services. The burden for this collection of information is estimated to be 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and editing the collection of information, and sending this burden estimate or any other aspect of this collection of information, including comments and suggestions, to Washington, DC 20543-0001. Send comments to HHS, Office of Management and Budget, Paperwork Project Director, (202) 395-7042. HHS-0185 Information Collection Clearance @hhs.gov.