

Safety Situation
Fields to be completed by member

Form Section	Field Label
Situation Information	Reporting Institution
Situation Information	Type of Safety Event (Choose all categories and subcategories that are applicable)
Situation Information	The issue reported involved the following (choose all categories that are applicable)
Situation Information	Communication
Situation Information	Data Entry
Situation Information	Data Entry – DonorNet
Situation Information	Data Entry – Waitlist
Situation Information	Data Entry – Other
Situation Information	Transportation
Situation Information	Transportation – Airline (commercial)
Situation Information	Transportation – Airline (charter/private)
Situation Information	Transportation – Ground
Situation Information	Transportation – Other (please describe in the description field below)
Situation Information	Packaging/Shipping
Situation Information	Labeling
Situation Information	Recovery Procedure/Process
Situation Information	Transplant Procedure/Process
Situation Information	Testing
Situation Information	Testing – ABO
Situation Information	Testing – HLA
Situation Information	Testing – Infectious Disease
Situation Information	Testing – Other (Please describe in the description field below)
Situation Information	Organ Allocation/Placement
Situation Information	Other (please describe in description field below)
Situation Information	The issue reported involves the following (choose all categories that are applicable): Recipient/Candidate
Situation Information	Waitlist ID
Situation Information	SSN
Situation Information	Donor Organ/Extra Vessels
Situation Information	Donor ID associated with the event
Situation Information	Did this event involve the entire donor or were only specific organs involved?
Situation Information	Organ Type
Situation Information	Did this safety situation cause or contribute to
Situation Information	The discard of any organ(s)?
Situation Information	A delay (prologue ischemic time) for any organ(s) transplanted?
Situation Information	Other (please describe in the description field below)
Situation Information	Date Event Occurred
Situation Information	Detailed description of the event
Situation Information	Has a root cause analysis (RCA) been completed?
Situation Information	Please specify additional details regarding the RCA
Contact Information	Who at your institution should OPTN contact about this case?
Contact Information	First Name
Contact Information	Last Name
Contact Information	Phone contact (Enter at least one)
	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	Submit

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 req 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-pr 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 Inf 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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Optional

ollects this information in order to perform
irements 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
will be subject to Privacy Act protection
ofit OPTN also are well protected by a
ets or exceeds the requirements as
ormation 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.