

Organ Procurement Organization (OPO) / Tissue Recovery Center Intake Form

Facility Information			
Name of Organization			
Primary address			
Address, if different from Primary			
Phone Number			
Tax ID			
Organ recovery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tissue recovery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Primary contact	Name	Email	Phone
List of additional stakeholders and/or approvers	Name	Email	Job Role
Implementation Information			
Describe the timeline to begin donor testing with TCHHN			
Describe the donor ID the organization utilizes (ie, UNOS, another internal number)			
List what identifiers will be provided on the requisition. Are any identifiers required for iTransplant, if applicable?			
Please attach a list of tissue types the organization recovers, if applicable		<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Processing & Testing Information			
Describe the logistic business needs (i.e., specimen drop off to TCHHN, specimen archiving)			
Describe the specimen processing capabilities of the recovery location (i.e., in what condition will TCHHN receive specimens)			
Describe the hours of testing requested			
Describe anticipated turn-around time for result reporting			
Does your facility require access to TCHHN’s on-call list (for STAT organ testing)?		<input type="checkbox"/> Yes (IP address from workstation will be required) <input type="checkbox"/> No	
What testing is requested? (select all that apply):	<input type="checkbox"/> HBsAg <input type="checkbox"/> HBc Total <input type="checkbox"/> HCV <input type="checkbox"/> HIV 1&2 Plus O Ab <input type="checkbox"/> RPR <input type="checkbox"/> HIV/HCV/HBV NAT	<input type="checkbox"/> CMV IgG <input type="checkbox"/> CMV IgM <input type="checkbox"/> Toxo IgG <input type="checkbox"/> Toxo IgM <input type="checkbox"/> EBV IgG <input type="checkbox"/> EBV IgM	<input type="checkbox"/> HTLV I/II <input type="checkbox"/> ABO/Rh <input type="checkbox"/> Other (list):
Primary method of results reporting (ie, interface such as Transplant Connect/iTransplant, electronic portal, confidential email)			
Secondary method of results reporting			
Does your facility require a PDF of the final the report?		<input type="checkbox"/> Yes <input type="checkbox"/> No	