

Intake - FORM

# Organ Procurement Organization (OPO) Intake

Facility Information			
Name of OPO			
Primary address of OPO			
Address of OPO's organ/tissue recovery location (if different)			
Phone Number of OPO			
Tax ID of OPO			
Organ recovery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tissue recovery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Primary contact for OPO	Name	Email	Phone
List of additional OPO stakeholders and/or approvers	Name	Email	Job Role
Implementation Information			
Describe the time line to begin donor testing with TCHHN			
Describe the donor ID the OPO utilizes (ie, UNOS, another internal number)			
Please attach a list of tissue types the OPO recovers, if applicable		<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Processing & Testing Information			
Describe the logistic business needs (ie, specimen drop off to TCHHN)			
Describe the specimen processing capabilities of the OPO's recovery location (ie, 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 by the OPO (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	