IPTA OUTREACH PROGRAM
APPLICANT CENTER FOLLOW-UP FORM

IPTA desires to develop a consistent follow-up on programs that have been named IPTA outreach programs. The Outreach committee has requested an annual assessment of current status of your program so that we can designate your program as an ongoing IPTA Outreach transplant site. Please complete the following up form and return to IPTA office by July 1 bi-annually.

IPTA OUTREACH CENTER   _____

Type of program: _____

Name of director: _____

Name of sponsoring center: _____

_____

Name of delegate of the sponsoring center: _____

Date of initial site visit/assessment:

_____

Delegate(s) of the Outreach Program: _____

_____

Has the program successfully initiated transplant activity (Y/N) and date

Is transplant program active currently?   (Y/N)

Please list the most important accomplishments of the transplant program resulting from or following the IPTA site visit:
> **1.**
> **2.**
> **3.**

List the most significant obstacles or barriers the transplant program has encountered since the IPTA visit.
> **1.**
> **2.**
> **3.**

List specific interactions and frequency <u>between</u> the transplant center and sponsoring institution (teleconferences, training, education etc)
> **1.**
> **2.**
> **3.**

Outreach program metrics of progress since the first IPTA Outreach Program visit:
1. Training (number and type of transplant professionals trained, each year):
2. New transplant program infrastructure, services established (designate by year launched):
3. Transplant clinical volume for each year since first visit (please also include up to 5 years pre-IPTA Outreach for comparison)
    a. Number of patients assessed/listed for transplant:
    b. Number and type of transplants performed:
    c. 1 year patient survival:
    d. 1 year graft survival:
    e. Additional post-transplant outcomes of note:

How could IPTA assist your program most strategically in the next two years?
1.
2.
3.

Is there an area that the IPTA program could address differently?
1.
2.
3.

Does your center wish to be recognized as an IPTA ongoing outreach participant center? (Yes/No) Comments:

Additional comments/questions: