

## **IPTA OUTREACH PROGRAM**

### **ONLINE APPLICATION QUESTIONS**

<https://www.surveymonkey.com/r/K35NDBQ>

1. Please provide the contact information for your Institution.
2. Please provide the main applicant's contact information:
3. Is the Applicant listed above a current member of IPTA?
4. Please indicate the type of transplant program that is requiring assistance.
5. Is this application for a yet to be established center/program?
6. Is this an application for a program that is established but in need of additional training/support?
7. Does your institution currently have an adult transplant program?
8. What type of adult transplant program?
9. Do you have the following pediatric specialists? Please enter the full time equivalent for each specialist listed:
  - Nephrologist
  - Hepatologist
  - Cardiologist
  - Please outline the types of Surgeons you have on staff.
  - Organ Specialist
  - Pediatric Surgeon
  - Transplant Surgeon
10. Does your institution have the following? Check all that apply.
  - Anaesthesia
  - Pediatric ICU
  - Radiologist
  - Dialysis Facilities
  - Transplant Coordinator
  - Drug Monitoring Lab
  - Infectious Disease
  - HLA tissue typing lab
  - Pathology
11. Induction or treatment antibody available?
12. Do you have a regional/national organ procurement organization?
13. Is there an existing law that permits the practice of deceased organ donation and transplantation? If the response is yes, please comment.
14. Is there an existing law that permits the practice of living donation and transplantation? If the response is yes, please comment.
15. Should your center be accepted to the program, do you have a specific sponsor center in mind that you would like to work with for the training period in phase three.
16. Describe the political and institutional authorities support for this transplant program.
17. What is the size of the patient population that your institution serves? Provide an estimate of the annual number of potential recipients or current waiting list depending on the type of program requesting assistance.
18. What type of funding system do you have – social security, private health insurance, other?
19. How do you handle patients that need a transplant but are unable to pay?
20. What is the availability of immunosuppression and post-transplant medication on a long-term basis?
21. What are the specific personnel training needs you require at this time?

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22. Depending on the needs and results of the needs assessment (phase 2), please let us know how you think the IPTA Outreach program will benefit your center (i.e. infrastructure, patient recruitment, patient survival, training, funding, etc). What do you believe is the time frame needed to achieve these results?
23. Is there a qualified surgeon at your center to perform the transplant procedure and address potential surgical complications?
24. Does your institution have access to HLA typing and HLA antibody testing and interpretation?
25. Does your institution have budgeted resources already dedicated to supporting the clinical services for the transplant program? Please detail existing resources
26. Does your institution have budgeted resources dedicated to program training and development, and quality monitoring? Please detail existing resources.
27. Do you have a commitment of financial support with anticipated additional budget for this program development from the local institution, and the regional and/or national authorities who will have to cover the costs of all aspects of the project (infrastructure, personnel, medical costs including immunosuppressive drugs, education and training)?
28. Identify current assets as well as deficiencies and needs for training and education:
29. Does your Organ Procurement Organization policy grant priority for transplantation to children for your organ and/or are there systemic barriers that are associated with low priority given to transplantation of children

### **My Institution agrees to the following ethical practices**

- 1. The institution adheres to current transplant ethics and guidelines as defined by IPTA, other Transplant Associations, and Scientific Societies.**
- 2. The program does not and will not be involved in organ commerce.**
- 3. The program does not discriminate against patients unable to pay.**
- 4. The program dissuades private practice in the field of organ transplantation since organs to be transplanted, either from living or deceased donors, are “free gifts”.**
- 5. Writing of a protocol, approved by the local Ethics Committee or the Institution Review board, concerning the selection and management of living donors, particularly regarding full respect of donor’s autonomy, absence of financial compensation, known relationship, either biological or emotional, between donor and recipient and safety for the donor.**
- 6. Regarding deceased donors, existence of a national transplant law excluding e.g. the procurement of organs from prisoners sentenced to death in countries still accepting death penalty.**
- 7. The program agrees to provide an annual report of activity to IPTA should the program be accepted into the IPTA Outreach Program.**
- 8. The institution will agree to abide by and conduct its affairs in accordance with the Declaration of Istanbul.**