

**AGENCY FOR HEALTH CARE ADMINISTRATION  
HEALTH QUALITY ASSURANCE  
LABORATORY SERVICES UNIT, MAIL STOP # 32  
2727 Mahan Drive  
Tallahassee, Florida 32308  
(850) 414-0359**

INSTRUCTIONS FOR COMPLETING AHCA FORM 3140-2002-April 2008  
ANNUAL REPORT FOR ORGAN PROCUREMENT, DISTRIBUTION, REVENUES AND EXPENSES

**GENERAL**

**Submission Date**

Each organ procurement organization (OPO) shall submit the Annual Report for Organ Procurement, Distribution, Revenues and Expenses, together with an audited financial report, to the Laboratory Services Unit within the 30 days after the annual certification date anniversary. Parts I and II, donor information and distribution, shall be reported for the previous calendar year. Parts III and IV, Revenues and Expenses, shall be reported for the fiscal year (operational year) ending within the calendar year reported.

**Reporting Center**

In the space provided at the top of the form, enter the d/b/a agency name and the certificate number issued by the Agency for Health Care Administration.

**PART I DONOR INFORMATION (REPORTED ON A CALENDAR YEAR BASIS)**

**ID (Donor Identification Number)**

Each donor shall be assigned a four-digit identification number to be determined by each reporting agency. Please copy the form for any additional pages needed.

**Race**

List the total number of donors in each category.

- |              |                                    |
|--------------|------------------------------------|
| 1 = White    | 4 = Asian/Pacific Islander         |
| 2 = Black    | 5 = American Indian/Alaskan Native |
| 3 = Hispanic | 6 = Other                          |

**Cause of Death (COD)**

List the number of donors according to the cause of death.

- |                     |                       |
|---------------------|-----------------------|
| 1 = Motor Vehicle   | 6 = Drowning          |
| 2 = Gunshot/Stab    | 7 = Drug Intoxication |
| 3 = Cerebrovascular | 8 = Cardiovascular    |
| 4 = Head Trauma     | 9 = Other             |
| 5 = Asphyxiation    |                       |

**Source**

List the total number of donors originating from the following sources.

- 1 = Hospitals
- 2 = Medical Examiners
- 3 = Funeral Homes

**Medical Examiner District**

If a Florida medical examiner made the referral, indicate the appropriate two-digit medical examiner district code numbered between 01 and 24. If a medical examiner was not involved in the referral, use code 99.

- |  |                             |
|--|-----------------------------|
| District 01 Pensacola                            | District 13 Tampa           |
| District 02 Tallahassee                          | District 14 Panama City     |
| District 03 (ME Services Provided By District 4) | District 15 West Palm Beach |
| District 04 Jacksonville                         | District 16 Marathon        |
| District 05 Leesburg                             | District 17 Ft. Lauderdale  |
| District 06 Largo                                | District 18 Rockledge       |
| District 07 Daytona Beach                        | District 19 Ft. Pierce      |
| District 08 Gainesville                          | District 20 Naples          |
| District 09 Orlando                              | District 21 Ft. Myers       |
| District 10 Bartow                               | District 22 Pt. Charlotte   |
| District 11 Miami                                | District 23 St. Augustine   |
| District 12 Sarasota                             | District 24 Sanford         |

District 99  
(Medical Examiner Not Involved)

**PART II ORGAN DISTRIBUTION SUMMARY (REPORTED ON A CALENDAR YEAR BASIS)**

**Organ Procurement Organizations**

For all organs retrieved and distributed during the 12-month reporting period, enter the total number of each type of organ which was distributed in-state, out-of-state, or internationally by use (i.e., transplanted, used in research or discarded) in the blanks provided.

**PART III REVENUES (REPORTED ON A FISCAL YEAR BASIS)**

Report the total gross revenues from procurement activities in Florida and indicate the fiscal year time frame.

## **PART IV EXPENSES (REPORTED ON A FISCAL YEAR BASIS)**

### ORGAN PROCUREMENT ORGANIZATION REVENUES

1. Standard Acquisition Cost (SAC) - in this column enter your OPO's SAC for each organ.
2. Billable Organs - in this column enter the total number of organs your OPO billed for in your fiscal year.
3. \$ Amount - in this column enter the dollar amount billed in your fiscal year (i.e., multiply the SAC times the number of billable organs and enter the amount in "\$ Amount" column).
4. Year Ending - on this line enter the date ending your fiscal year.
5. Gross Revenues - in this column enter the total of the "\$ Amount" columns for all the organs.
6. Adjustments (+/-) - in this column enter dollar amount paid (-) or dollar amount received (+) for an adjustment.
7. Total Revenues - in this column total Gross Revenues plus or minus adjustments.

### EXPENSES

1. All entries for expenses are made in the "\$ Amount" column.
2. \$ Amount - in this column enter your fiscal year expenses for each category. Add Variable and Fixed to equal Direct Expenses.
3. Total Expenses - in this column add Direct Expenses plus Allocated Overhead.





CALENDAR YEAR: \_\_\_\_\_

**LEFT KIDNEY:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**RIGHT KIDNEY:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**LIVER:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**HEART:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**HEART VALVES:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**HEART-LUNG:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			

RESEARCH			
DISCARDED			

**LUNGS-ENBLOC:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**LEFT LUNG:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**RIGHT LUNG:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**PANCREAS:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**PANCREAS ISLETS:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**SMALL BOWEL:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			

**PART III REVENUES (REPORTED ON A FISCAL YEAR BASIS)**

Total gross revenues produced from procurement activities in Florida for fiscal year \_\_\_\_\_ M/D/Y  
are \_\_\_\_\_.



**PART IV REVENUES AND EXPENSES (REPORTED ON A FISCAL YEAR BASIS)**

ORGAN PROCUREMENT ORGANIZATION FISCAL YEAR ENDING \_\_\_ / \_\_\_ / \_\_\_

REVENUES	SAC	BILLABLE ORGANS	\$ AMOUNT
KIDNEY			
LIVER			
HEART			
HEART VALVES			
HEART/LUNG			
PANCREAS			
PANCREAS ISLET			
LUNG			
OTHER			
<b>GROSS REVENUES</b>			
ADJUSTMENTS (+/-)			
TOTAL REVENUES			
<b>EXPENSES</b>			
<b>A. VARIABLE</b>			
PURCHASED MEDICAL SERVICES			
<b>B. FIXED</b>			
SALARIES & BENEFITS			
GENERAL & ADMINISTRATIVE			
INTEREST			
EQUIPMENT			
RENT/LEASE/ DEPRECIATION			
<b>DIRECT EXPENSES (A + B)</b>			
<b>C. ALLOCATED OVERHEAD</b>			
<b>TOTAL EXPENSES</b>			