

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

INSTRUCTIONS FOR COMPLETING AHCA FORM 3140-2005-DEC 2008  
ANNUAL REPORT FOR EYE PROCUREMENT, DISTRIBUTION, REVENUES AND EXPENSES

**GENERAL**

**Submission Date**

Each eye bank shall submit the Annual Report for Eye Procurement, Distribution, Revenues and Expenses, together with an audited financial report, to the Organ and Tissue Procurement Program, Hospital and Outpatient Services, 30 days after the anniversary date of certification of each year. 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 most recently completed fiscal or operational year.

**Reporting Center**

In the space provided at the top of the form, enter the agency's reporting name and certificate number issued by the Division of Health Quality Assurance.

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

**Total Number of Eye Donors**

List the total number of eye donors.

**Race**

List the total number of donors in each category.

White	Asian/Pacific Islander
Black	American Indian/Alaskan Native
Hispanic	Other

**Cause of Death**

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

Motor Vehicle	Drowning
Gunshot/Stab	Drug Intoxication
Cerebrovascular	Cardiovascular
Head Trauma	Other
Asphyxiation	

**Source**

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

- Hospitals
- Medical Examiners
- Funeral Homes

**Medical Examiner District**

If a Florida medical examiner made the referral, indicate the number of donors referred from each medical examiner's office. If a medical examiner was not involved in the referral, use code 99.

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

**Eye Banks**

For all eye tissues retrieved and processed during the 12-month reporting period, indicate the total number which were distributed in-state, out-of-state and internationally according to use (i.e., transplanted, used in research or discarded).

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

**EYE BANK REVENUES**

1. Year Ending - on this line enter the date ending your fiscal year.
2. Units - in this column enter the total number of eyes billed.
3. \$ Amount - in this column enter the total amount of eyes billed in your fiscal year.
4. Other - in this column enter any other revenues received from eye bank activity.

**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 Overhead and Improvements.

**ANNUAL REPORT FOR EYE PROCUREMENT, DISTRIBUTION, REVENUES AND EXPENSES**

AGENCY NAME \_\_\_\_\_

CERTIFICATE # \_\_\_\_\_

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

**PART IDONOR INFORMATION (REPORTED ON A CALENDAR YEAR BASIS)**

**Total Number of Donors** \_\_\_\_\_

**Race**

Indicate the number of donors in each category.

White Donors \_\_\_\_\_

Black Donors \_\_\_\_\_

Hispanic Donors \_\_\_\_\_

Asian/Pacific Islander Donors \_\_\_\_\_

American Indian/Alaskan Native Donors \_\_\_\_\_

Other \_\_\_\_\_

**Cause of Death**

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

Motor Vehicle \_\_\_\_\_

Drowning \_\_\_\_\_

Gunshot/Stab \_\_\_\_\_

Drug Intoxication \_\_\_\_\_

Cerebrovascular \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Head Trauma \_\_\_\_\_

Other \_\_\_\_\_

Asphyxiation \_\_\_\_\_

**Source**

Indicate the number of donors originating from each source.

Hospitals \_\_\_\_\_

Medical Examiners \_\_\_\_\_

Funeral Homes \_\_\_\_\_

**Medical Examiner District Offices**

Indicate the number of medical examiner cases from each medical examiner district.

- |  |  |
|--|--|
| 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 _____<br>(Medical Examiner Not Involved) |

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

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

**CORNEAS/WHOLE EYES:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
SURGICAL USE			
RESEARCH			
DISCARDED			

**SCLERA:**

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
SURGICAL USE			
RESEARCH			
DISCARDED			

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

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

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

**EYE BANK YEAR ENDING \_\_\_\_\_**

<b>REVENUES</b>	<b>UNITS</b>	<b>\$ AMOUNT</b>
EYE FEES		
CONTRIBUTIONS		
OTHER		
<b>GROSS REVENUES</b>		
<b>EXPENSES</b>		
<b>A. VARIABLE</b>		
EYE TRANSPORTATION		
RETRIEVAL FEES		
LAB TESTS		
<b>B. FIXED</b>		
SALARIES & BENEFITS		
GENERAL & ADMINISTRATIVE		
SUPPLIES		
EQUIPMENT		
RENT/LEASE/DEPRECIATION		
DIRECT EXPENSES (A + B)		
<b>C. OVERHEAD &amp; IMPROVEMENTS</b>		
<b>TOTAL EXPENSES</b>		