

**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 3140-2004 DEC 2008  
ANNUAL REPORT FOR TISSUE PROCUREMENT, DISTRIBUTION, REVENUES AND EXPENSES

**GENERAL**

**Submission Date**

Each tissue bank must submit an Annual Report for Tissue Procurement, Distribution, Revenues and Expenses and an audited financial report to the Organ and Tissue Procurement Program, Hospital and Outpatient Services, within 30 days after the annual certification anniversary date. Parts I and II (Donor Information and Distribution) are to be reported for the previous calendar year. Parts III and IV (Revenues and Expenses) are to be reported for the most recently completed fiscal or operational year.

**Reporting Center**

In the space provided at the top of the form above Part 1, list your d/b/a agency and the certificate number issued by the Agency for Health Care Administration, and list the calendar year this report covers.

**PART I DONOR INFORMATION (REPORTED BY CALENDAR YEAR)**

**Total Number of Tissue Donors**

List the total number of tissue 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 TISSUE DISTRIBUTION SUMMARY (REPORTED BY CALENDAR YEAR)**

**Tissue Banks**

For all tissue grafts 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). Also, in the space provided, enter the total number of tissues retrieved and processed which remained in inventory at the end of the reporting year.

**PART III REVENUES (REPORTED BY FISCAL YEAR)**

Record the beginning and ending dates of your fiscal year and report the total gross revenues from procurement activities in Florida.

**PART IV EXPENSES (REPORTED BY FISCAL YEAR)**

**TISSUE BANK REVENUES**

1. Year Ending: Enter the ending date of your fiscal year.
2. Units: Enter the total number of allografts/ tissue sold.
3. \$ Amount - Enter the total amount of tissue sold in this fiscal year.
4. Other: Enter any other revenues received from tissue activity.

**EXPENSES**

1. The dollar amounts for variable and fixed expenses, direct expenses, allocated overhead, total expenses, and tissue inventory are to be entered in the \$ AMOUNT column.
2. Direct Expenses: Add Variable expenses plus Fixed expenses.
3. Total Expenses: Add Direct Expenses plus Allocated Overhead.
4. Tissue Inventory: Enter the \$ value of tissue in storage at the end of your fiscal year.

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

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

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

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

**PART I DONOR INFORMATION (REPORTED BY CALENDAR YEAR)**

**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 02 Tallahassee \_\_\_\_\_
- District 03 (ME Services Provided by District 4) \_\_\_\_\_
- District 04 Jacksonville \_\_\_\_\_
- District 05 Leesburg \_\_\_\_\_
- District 06 Largo \_\_\_\_\_
- District 07 Daytona Beach \_\_\_\_\_
- District 08 Gainesville \_\_\_\_\_
- District 09 Orlando \_\_\_\_\_
- District 10 Bartow \_\_\_\_\_
- District 11 Miami \_\_\_\_\_
- District 12 Sarasota \_\_\_\_\_
- District 13 Tampa \_\_\_\_\_
- District 14 Panama City \_\_\_\_\_
- District 15 West Palm Beach \_\_\_\_\_
- District 16 Marathon \_\_\_\_\_
- District 17 Ft. Lauderdale \_\_\_\_\_
- District 18 Rockledge \_\_\_\_\_
- District 19 Ft. Pierce \_\_\_\_\_
- District 20 Naples \_\_\_\_\_
- District 21 Ft. Myers \_\_\_\_\_
- District 22 Pt. Charlotte \_\_\_\_\_
- District 23 St. Augustine \_\_\_\_\_
- District 24 Sanford \_\_\_\_\_
- District 99 \_\_\_\_\_  
(Medical Examiner Not Involved)

**PART II TISSUE DISTRIBUTION SUMMARY (REPORTED BY CALENDAR YEAR)**

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

**TISSUE ALLOGRAFTS:**

	FLORIDA	ALL OTHER US STATES & PUERTO RICO	INTERNATIONAL
TRANSPLANTED			
RESEARCH			
DISCARDED			
INVENTORY			

**PART III REVENUES (REPORTED BY FISCAL YEAR)**

Total gross revenues produced from procurement activities (includes retrieval, processing, storage, or distribution) in Florida for fiscal year beginning on \_\_\_\_\_ (month/ date/ year) and ending \_\_\_\_\_ (month/ date/ year) are \$ \_\_\_\_\_.

**PART IV REVENUES AND EXPENSES (REPORTED BY FISCAL YEAR)**

TISSUE BANK FISCAL YEAR ENDING \_\_\_\_\_

REVENUES	UNITS	\$ AMOUNT
TISSUE FEES		
OTHER		
GROSS REVENUES		
<b>EXPENSES</b>		
<b>A. VARIABLE</b>		
PURCHASED TISSUE		
PURCHASED MEDICAL SERVICES		
<b>B. FIXED</b>		
SALARIES & BENEFITS		
GENERAL & ADMINISTRATIVE		
INTEREST		
EQUIPMENT		
RENT/LEASE/DEPRECIATION		
DIRECT EXPENSES (A + B)		
<b>C. ALLOCATED OVERHEAD</b>		
TOTAL EXPENSES		
<b>TISSUE INVENTORY</b>		

Types of tissue:

Bone  
Cartilage  
Dura Mater  
Fascia  
Heart Valve  
Ligament  
Pericardium  
Sclera  
Skin  
Tendon  
Vascular Graft