



★ ATTENTION HOSPITAL STAFF
 TRANSPLANTATION CARD
 TO BE COMPLETED
 PER FDA REGULATIONS

JR FORTHO



▶ HOW TO RETURN THIS FORM



SIMPLY COMPLETE
 THIS FORM ONLINE

JRFORTHO.org/TRFF



TRANSPLANTATION RECORD & FEEDBACK FORM

Please complete this form
using the QR Code or online at:
JRFORTHO.org/TRFF



Record the allograft ID# online and place peel-off label in the box(es) provided below.

PLACE LABEL OR RECORD
ALLOGRAFT ID# HERE

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ALLOGRAFT ID# HERE

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ALLOGRAFT ID# HERE

PLACE LABEL OR RECORD
ALLOGRAFT ID# HERE

Completion of this record at the time of graft usage is required by FDA regulations. We ask that your facility act responsibly by completing this form online and maintaining a copy in the patient chart.

PLEASE COMPLETE ALL FIELDS ONLINE

FDA Regulations and Joint Commission Standards require tissue tracking systems in all hospitals using allograft tissue for transplantation.

Date of Surgery: _____

**Patient's Medical Record Number
or Date of Birth:** _____

JRF Ortho does not consider the information requested on this form to be protected health information (PHI), as defined under the HIPAA regulations. Information considered to be PHI by the originator should not be released to JRF Ortho.

If any questions, problems, or adverse reactions occur, contact **877-255-6727**.

▶ PLEASE COMPLETE THIS FORM
ONLINE AT **JRFORTHO.ORG/TRFF**



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