



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

JRFORTHO



▶ HOW TO RETURN THIS FORM

SIMPLY COMPLETE  
THIS FORM ONLINE



[JRFORTHO.org/TRFF](https://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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