



HOW TO RETURN THIS FORM

Email: tissueusagerecord@stabilitybio.com
Fax: 210-424-7319
Mail to: Stability Biologics
1077 Central Parkway South, STE. 500
San Antonio, Texas 78232

TRANSPLANT UTILIZATION RECORD

FDA Regulations and Joint Commission Standards require tissue tracking systems in all hospitals, clinics and doctor’s offices using allograft for transplantation. In order to comply with these requirements, please complete ALL fields on this form and email, fax, or mail to the numbers or address at the top.

Patient’s Last Name: _____ First: _____ MI: _____

Date of Birth: _____ Sex: M F Patient ID: _____

Hospital / Clinic / Doctor’s Office: _____

Hospital / Clinic / Doctor’s Office Address: _____

Physician / Surgeon: _____ Date of Surgery: _____

Surgical Procedure: _____

Comments: _____

Form Completed By: _____ Date: _____

Adverse Reactions/Outcomes: As with any tissue grafting procedure, bacterial infection at the transplantation site may occur postoperatively and may not be apparent for months after grafting. Any adverse reaction and/or outcome that is suspected to have been caused by the Allograft must be reported promptly to Stability Biologics. Additionally, any other concerns, questions, or comments should be directed to Stability Biologics.

Traceability of Allografts: In order to maintain allograft records, the following information must be submitted to Stability Biologics. This information must be completed at the time the tissue is implanted or discarded. A copy of this form MUST be returned to Stability Biologics in compliance with FDA Regulations for tracking of transplantable tissues.

PLACE PEEL OFF LABEL OR WRITE TISSUE ID# IN SPACE(S) PROVIDED. ONE PATIENT, ONE PROCEDURE PER TRACKING FORM.