# The Transplantation Society and the International Liver Transplantation Society

# **Paired Transplant Centers Program**



### **APPLICATION FORM FOR NEW LEVEL 1 CENTERS LINKS**

#### **GENERAL INFORMATION**

Interested applicants are encouraged to read the detailed program information provided on the TTS-ILTS Paired Transplant Centers Program website: www.TTS-ILTS.org

This form is intended only for new center partnerships that wish to join the program at entry level 1. The deadline for application is **December 31**<sup>st</sup> every year.

#### **NOMENCLATURE:**

#### Pair applications |

The Emerging Center (EC) is the center from the developing country.

The Supporting Center (SC) is the experienced training center (usually from a developed country)

PTC Program: Paired Transplant Centers program

#### **MEMBERSHIP:**

It is expected that the liaison officer of the EC and SC are members of either TTS or ILTS

#### PTC CENTERS INFORMATION

EMERGING CENTER (EC):
COUNTRY:
NAME OF PROJECT:
GENERAL DESCRIPTION OF ACTIVITIES:

#### ■ SUPPORTING CENTER (SC):

COUNTRY:

NAME OF PROJECT:

**GENERAL DESCRIPTION OF ACTIVITIES:** 

# **EMERGING CENTER (EC) INFORMATION**

1.	CONTACT INFORMATION						
	CLINICAL DIRECTOR TRAN	NSPLANT PROGRAM					
	FIRST NAME:						
	LAST NAME:						
	TTS MEMBERSHIP: YES	NO	ILTS MEMBE	RSHIP: YES	NO		
	DEPARTMENT NAME:						
	STREET ADDRESS:						
	PO BOX: CITY:				STATE/PROV:		
	COUNTRY:				POSTAL CODE:	:	
	PTC LIAISON OFFICER						
	FIRST NAME:						
	LAST NAME:						
	LAST NAME.						
	EMAIL:			TELEPHONE:		FAX:	
2.	BASIC NATURE OF THE IN:	STITUTION					
	RESEARCH CENTER	SPECIALIZED MEDICAL	CENTER	GENERAL HOS	PITAL	DONOR CENTE	ER
	OTHER:						
	01112111						
3.	AFFILIATION/SPONSORSH	HIP					
	UNIVERSITY STAT	E FACILITY INS	URANCE	NOT-FOR-P	ROFIT ORGANIZ	ZATION	PRIVATE FACILITY
	OTHER:						
4.	LIVER AND TRANSPLANT		-				
	MEDICAL PERSONNEL: (P						
	HIGHLY QUALIFIED	FELLOWS	RESIDENTS	PARA-MEI	DICAL PERSONI	NEL	
	SURGICAL PERSONNEL: (F	DI EASE DOOVIDE A NIIA	ARED IN EACH C	MTECODY)			
	HIGHLY QUALIFIED	FELLOWS	RESIDENTS	AILGONI)			
	THOTEL QUALITIED	TELLOWS	NESIDENTS				
	BREAKDOWN OF CURREN	T ACTIVITY: (PLEASE PF	ROVIDE APPROX	IMATE PERCEN	ITAGES)		
	% BASIC RESEARCH	% CLINICAL RESEARCH		% TEACHII		% PATIENT CA	RE
	o/ EDIDENIO 2 57	o/ TD ANGD:	a Bouloss	0/ ===		ED DOL: 222	
	% EPIDEMIOLOGY	% TRANSPLANTS LIVIN	IG DONORS	% TRANSP	PLANTS DECEAS	ED DONORS	
	OTHER:						

# ■ BASIC/ CLINICAL RESEARCH MAIN AREAS OF INTEREST: NUMBER OF PEER-REVIEWED PUBLICATIONS OVER THE PAST THREE YEARS: (please quote three of the most significant publications produced by the institution over the last three years) 1: 2: 3: PLEASE QUOTE THREE OF THE MOST SIGNIFICANT PUBLICATIONS PRODUCED BY THE INSTITUTION OVER THE PAST DECADE: 1: 2: 3: PLEASE MENTION ANY GRANTS OR PRIZES AWARDED TO THE INSTITUTION OR ANY OF ITS FACULTY MEMBERS OVER THE PAST THREE YEARS: 1: 2: 3: **INVOLVEMENT IN TEACHING:** YES ANY FORMAL TEACHING ACTIVITY? NO DESCRIBE: ANY FORMAL TRAINING PROGRAMS FOR EXTERNAL TRAINEES? YES NO **DESCRIBE:** OTHER EDUCATIONAL FACILITIES/ACTIVITIES? YES NO DESCRIBE: ■ DIRECT PATIENT CARE: (PLEASE PROVIDE NUMBERS IN EACH CATEGORY) **OUTPATIENT CLINICS PER WEEK: NEW PATIENTS PER CLINIC: INPATIENT BEDS: CRITICAL CARE BEDS:** LIVER BIOPSIES PER YEAR: CLINICOPATHOLOGICAL MEETINGS PER WEEK: DEDICATED HISTOPATHOLOGICAL MEETINGS PER WEEK: OTHER ROUTINE INTERVENTIONAL PROCEDURES: TOTAL NUMBER OF LIVER TRANSPLANTS IN THE LAST YEAR: LIVE DONORS: **DECEASED DONORS: DONATION SERVICES: RETRIEVAL SERVICES:** TOTAL NUMBER OF LIVER TRANSPLANTS UNDER FOLLOW-UP:

#### **EPIDEMIOLOGY:**

ANY INVOLVEMENT IN EPIDEMIOLOGY PROGRAMS? YES NO

DESCRIBE:

#### 5. HOW DID YOU FIND OUT ABOUT THE PTC PROGRAM

ILTS WEBSITE TTS WEBSITE ILTS OR TTS BOOTH AT CONGRESS ILTS OR TTS NEWSLETTER A COLLEAGUE

OTHER:

# **SUPPORTING CENTER (SC) INFORMATION**

1.	CONTACT INFORMATIO	ON						
	CLINICAL DIRECTOR TE	RANSPLANT PROG	RAM					
	FIRST NAME:							
	LAST NAME:							
	TTS MEMBERSHIP: YES	NO	ILTS MEMB	ERSHIP: YES	NO			
	DEPARTMENT NAME:							
	DEPARTMENT NAME.							
	STREET ADDRESS:							
	PO BOX: CITY	:			STATE/PROV	<b>/</b> :		
	COUNTRY:				POSTAL COI	DE:		
	PTC LIAISON OFFICER							
	FIRST NAME							
	LAST NAME:							
	EMAIL:			TELEPHONE:		FAX:		
	LMAIL.			TELET HONE.		IAA.		
2.	BASIC NATURE OF THE	INSTITUTION <b></b>						
	RESEARCH CENTER	SPECIALIZED M	NEDICAL CENTER	GENERAL HO	SPITAL	DONOR CEN	NTER	
	OTLIED.							
	OTHER:							
3.	AFFILIATION/SPONSO	RSHIP						
	UNIVERSITY ST	TATE FACILITY	INSURANCE	NOT-FOR-F	PROFIT ORGAN	NIZATION	PRIVATE FACILITY	
	OTHER:							
	OTHER.							
4.	LIVER AND TRANSPLA	NT SERVICE INFOR	MATION					
	MEDICAL PERSONNEL:	(PLEASE PROVIDE	A NUMBER IN EACH O	ATEGORY)				
	HIGHLY QUALIFIED	FELLOWS	RESIDENTS	PARA-ME	EDICAL PERSO	NNEL		
	SURGICAL PERSONNEL			CATEGORY)				
	HIGHLY QUALIFIED	FELLOWS	RESIDENTS					
		NEW ACTIVITY (DI	5465 DD01//D5 4 DDD	WILLIAM DED CE	NT1 656\			
	BREAKDOWN OF CURR					O/ DATIENT	C.4.D.F	
	% BASIC RESEARCH	% CLINICAL RE	SEARCH	% TEACH	ING	% PATIENT	CAKE	
	% EPIDEMIOLOGY	% TRANSPLAN	ITS LIVING DONORS	% TRANS	PLANTS DECE	ASED DONORS		
	OTHER							
	OTHER:							

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## 5. HOW DID YOU FIND OUT ABOUT THE PTC PROGRAM |

ANY INVOLVEMENT IN EPIDEMIOLOGY PROGRAMS? YES

ILTS WEBSITE TTS WEBSITE ILTS OR TTS BOOTH AT CONGRESS ILTS OR TTS NEWSLETTER A COLLEAGUE

NO

OTHER:

**DESCRIBE:** 

6.	POTENTIAL DONATIONS/SUPPORT ITEMS TO THE EMERGING CENTER
	Can the Supporting Center provide items such as a journal subscription, textbooks, software, equipment or provide cash support for educational activities? Please describe any such forms of tangible support that your center is able or willing to provide to the benefit of the Emerging Center's development. (Limited to 500 words):
M	OTIVATION AND PLANS FOR DEVELOPMENT
	This is the most important section in your application; the needs of the Emerging Center and the potential to address these have the strongest impact on the review.
	If your Paired Transplant Centers partnership embarks upon a successful path within the program your relationship could be supported during a minimum of 6 years; TTS and ILTS aim to support those links who can demonstrate that there is a real will between the centers to actively work on the development of liver transplantation at the Emerging Center that will benefit the community at large. In order to evaluate this potential, we ask you to motivate the current reasons for your application by detailing the needs that must be addressed at the Emerging Center, how the Supporting Center can assist and what the desired outcome would be.
	WHAT ARE THE PRINCIPLE AREAS AT THE EMERGING CENTER THAT REQUIRE ATTENTION AND IMPROVEMENT? (Limited to 250 words
	WHAT ARE THE PROPOSED MEASURES TO ADDRESS THE ABOVE NEEDS? (Limited to 250 words)

ACCORDING TO YOU WHAT ARE THE POSITIVE FACTORS IN YOUR RELATIONSHIP/SITUATION THAT COULD LEAD TO A SUCCESSFUL OUTCOME:(Limited to 250 words)
ADDITIONAL COMMENTS THAT YOU WOULD LIKE TO PROVIDE IN ORDER TO STRENGTHEN YOUR APPLICATION: (Limited to 250 words)
IGNATURES
EMERGING CENTER LIAISON OFFICER
EC LIAISON OFFICER NAME:
SIGNATURE:
SUPPORTING CENTER LIAISON OFFICER
SC MAIN CONTACT NAME:
SIGNATURE: