



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 31st 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 TRANSPLANT PROGRAM

FIRST NAME:

LAST NAME:

TTS MEMBERSHIP: YES NO

ILTS MEMBERSHIP: YES NO

DEPARTMENT NAME:

STREET ADDRESS:

PO BOX: CITY:

STATE/PROV:

COUNTRY:

POSTAL CODE:

■ PTC LIAISON OFFICER

FIRST NAME:

LAST NAME:

EMAIL:

TELEPHONE:

FAX:

2. BASIC NATURE OF THE INSTITUTION

RESEARCH CENTER

SPECIALIZED MEDICAL CENTER

GENERAL HOSPITAL

DONOR CENTER

OTHER:

3. AFFILIATION/SPONSORSHIP

UNIVERSITY

STATE FACILITY

INSURANCE

NOT-FOR-PROFIT ORGANIZATION

PRIVATE FACILITY

OTHER:

4. LIVER AND TRANSPLANT SERVICE INFORMATION

■ MEDICAL PERSONNEL: (PLEASE PROVIDE A NUMBER IN EACH CATEGORY)

HIGHLY QUALIFIED

FELLOWS

RESIDENTS

PARA-MEDICAL PERSONNEL

■ SURGICAL PERSONNEL: (PLEASE PROVIDE A NUMBER IN EACH CATEGORY)

HIGHLY QUALIFIED

FELLOWS

RESIDENTS

■ BREAKDOWN OF CURRENT ACTIVITY (TIME ALLOCATION) OF THE PTC LIAISON OFFICER: (PLEASE PROVIDE APPROXIMATE PERCENTAGES)

% BASIC RESEARCH

% CLINICAL RESEARCH

% TEACHING

% PATIENT CARE

% EPIDEMIOLOGY

% TRANSPLANTS LIVING DONORS

% TRANSPLANTS DECEASED 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:**

ANY FORMAL TEACHING ACTIVITY? YES 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 INFORMATION

■ CLINICAL DIRECTOR TRANSPLANT PROGRAM

FIRST NAME:

LAST NAME:

TTS MEMBERSHIP: YES NO

ILTS MEMBERSHIP: YES NO

DEPARTMENT NAME:

STREET ADDRESS:

PO BOX:

CITY:

STATE/PROV:

COUNTRY:

POSTAL CODE:

■ PTC LIAISON OFFICER

FIRST NAME

LAST NAME:

EMAIL:

TELEPHONE:

FAX:

2. BASIC NATURE OF THE INSTITUTION

RESEARCH CENTER

SPECIALIZED MEDICAL CENTER

GENERAL HOSPITAL

DONOR CENTER

OTHER:

3. AFFILIATION/SPONSORSHIP

UNIVERSITY

STATE FACILITY

INSURANCE

NOT-FOR-PROFIT ORGANIZATION

PRIVATE FACILITY

OTHER:

4. LIVER AND TRANSPLANT SERVICE INFORMATION

■ MEDICAL PERSONNEL: (PLEASE PROVIDE A NUMBER IN EACH CATEGORY)

HIGHLY QUALIFIED

FELLOWS

RESIDENTS

PARA-MEDICAL PERSONNEL

■ SURGICAL PERSONNEL: (PLEASE PROVIDE A NUMBER IN EACH CATEGORY)

HIGHLY QUALIFIED

FELLOWS

RESIDENTS

■ BREAKDOWN OF CURRENT ACTIVITY (TIME ALLOCATION) OF THE PTC LIAISON OFFICER: (PLEASE PROVIDE APPROXIMATE PERCENTAGES)

% BASIC RESEARCH

% CLINICAL RESEARCH

% TEACHING

% PATIENT CARE

% EPIDEMIOLOGY

% TRANSPLANTS LIVING DONORS

% TRANSPLANTS DECEASED 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:**

ANY FORMAL TEACHING ACTIVITY? YES 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:

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):

MOTIVATION 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)

SIGNATURES

EMERGING CENTER LIAISON OFFICER

EC LIAISON OFFICER NAME:

SIGNATURE:

SUPPORTING CENTER LIAISON OFFICER

SC MAIN CONTACT NAME:

SIGNATURE:
