GENERAL

Submission Date

Each tissue bank must submit an Annual Report for Tissue Procurement, Distribution, Revenues and Expenses and an audited financial report to the Organ and Tissue Procurement Program, Hospital and Outpatient Services, within 30 days after the annual certification anniversary date. Parts I and II (Donor Information and Distribution) are to be reported for the previous calendar year. Parts III and IV (Revenues and Expenses) are to be reported for the most recently completed fiscal or operational year.

Reporting Center

In the space provided at the top of the form above Part 1, list your d/b/a agency and the certificate number issued by the Agency for Health Care Administration, and list the calendar year this report covers.

PART I DONOR INFORMATION (REPORTED BY CALENDAR YEAR)

Total Number of Tissue Donors

List the total number of tissue donors.

Race

List the total number of donors in each category:

- White
- Asian/Pacific Islander
- Black
- American Indian/Alaskan Native
- Hispanic
- Other

Cause of Death

List the number of donors according to the cause of death:

- Motor Vehicle
- Drowning
- Gunshot/Stab
- Drug Intoxication
- Cerebrovascular
- Cardiovascular
- Head Trauma
- Other
- Asphyxiation
Source

List the total number of donors originating from the following sources:

Hospitals
Medical Examiners
Funeral Homes

Medical Examiner District

If a Florida medical examiner made the referral, indicate the number of donors referred from each medical examiner’s office. If a medical examiner was not involved in the referral, use code 99.

PART II TISSUE DISTRIBUTION SUMMARY (REPORTED BY CALENDAR YEAR)

Tissue Banks

For all tissue grafts retrieved and processed during the 12-month reporting period, indicate the total number which were distributed in-state, out-of-state, and internationally according to use (i.e., transplanted, used in research or discarded). Also, in the space provided, enter the total number of tissues retrieved and processed which remained in inventory at the end of the reporting year.

PART III REVENUES (REPORTED BY FISCAL YEAR)

Record the beginning and ending dates of your fiscal year and report the total gross revenues from procurement activities in Florida.

PART IV EXPENSES (REPORTED BY FISCAL YEAR)

TISSUE BANK REVENUES

1. Year Ending: Enter the ending date of your fiscal year.
2. Units: Enter the total number of allografts/ tissue sold.
3. $ Amount - Enter the total amount of tissue sold in this fiscal year.
4. Other: Enter any other revenues received from tissue activity.

EXPENSES

1. The dollar amounts for variable and fixed expenses, direct expenses, allocated overhead, total expenses, and tissue inventory are to be entered in the $ AMOUNT column.
2. Direct Expenses: Add Variable expenses plus Fixed expenses.
4. Tissue Inventory: Enter the $ value of tissue in storage at the end of your fiscal year.
ANNUAL REPORT FOR TISSUE PROCUREMENT, DISTRIBUTION, REVENUES AND EXPENSES

AGENCY NAME

CERTIFICATE # ___________ CALENDAR YEAR ___________

PART I DONOR INFORMATION (REPORTED BY CALENDAR YEAR)

Total Number of Donors ___________

Race

Indicate the number of donors in each category.

White Donors ___________
Black Donors ___________
Hispanic Donors ___________
Asian/ Pacific Islander Donors ___________
American Indian/ Alaskan Native Donors ___________
Other ___________

Cause of Death

Indicate the number of donors according to the cause of death.

Motor Vehicle ___________ Drowning ___________
Gunshot/Stab ___________ Drug Intoxication ___________
Cerebrovascular ___________ Cardiovascular ___________
Head Trauma ___________ Other ___________
Asphyxiation ___________

Source

Indicate the number of donors originating from each source.

Hospitals ___________
Medical Examiners ___________
Funeral Homes ___________
Medical Examiner District Offices

Indicate the number of medical examiner cases from each medical examiner district.

District 01 Pensacola
District 02 Tallahassee
District 03 (ME Services Provided by District 4)
District 04 Jacksonville
District 05 Leesburg
District 06 Largo
District 07 Daytona Beach
District 08 Gainesville
District 09 Orlando
District 10 Bartow
District 11 Miami
District 12 Sarasota
District 13 Tampa
District 14 Panama City
District 15 West Palm Beach
District 16 Marathon
District 17 Ft. Lauderdale
District 18 Rockledge
District 19 Ft. Pierce
District 20 Naples
District 21 Ft. Myers
District 22 Pt. Charlotte
District 23 St. Augustine
District 24 Sanford
District 99 (Medical Examiner Not Involved)

PART II TISSUE DISTRIBUTION SUMMARY (REPORTED BY CALENDAR YEAR)

CALENDAR YEAR: __________

TISSUE ALLOGRAFTS:

<table>
<thead>
<tr>
<th>FLORIDA</th>
<th>ALL OTHER US STATES &amp; PUERTO RICO</th>
<th>INTERNATIONAL</th>
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<tr>
<td>TRANSPLANTED</td>
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<tr>
<td>INVENTORY</td>
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PART III REVENUES (REPORTED BY FISCAL YEAR)

Total gross revenues produced from procurement activities (includes retrieval, processing, storage, or distribution) in Florida for fiscal year beginning on ____________ (month/ date/ year) and ending ____________ (month/ date/ year) are $ _____________________________.

AHCA Form 3140-2004-DEC 2008
59A-1.009, Florida Administrative Code
<table>
<thead>
<tr>
<th>REVENUES</th>
<th>UNITS</th>
<th>$ AMOUNT</th>
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<td>TISSUE FEES</td>
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<td>GROSS REVENUES</td>
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<table>
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<tr>
<td>DIRECT EXPENSES (A + B)</td>
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<td></td>
</tr>
</tbody>
</table>

| C. ALLOCATED OVERHEAD |       |          |
|TOTAL EXPENSES |     |          |
| TISSUE INVENTORY |   |          |
Types of tissue:

Bone
Cartilage
Dura Mater
Fascia
Heart Valve
Ligament
Pericardium
Sclera
Skin
Tendon
Vascular Graft