## Tissue Trace® Allograft Tracking System

In order to maintain allograft record traceability, the following must be returned to MTF via e-mail (MTFTTC@sceris.com) or US Postal Service. Please note: emails may be sent secured, but must NOT be password or login protected; furthermore; PDF attachments must be scanned B&W at <=300 dpi. Surgeon Name **Procedure Type** Wound General Plastic Sports Cranio-Spine Non-spine Medicine maxillofacial Surgery **Date of Transplant** ICD-10-CM ICD-10-PCS Surgical Procedure Patient ID Age Gender **Facility Information Facility Name** State Zip Code Other Information (Optional)

<b>←SCORE</b>	FOLD HERE	FOLD HERE								
	Please Place Peel Off Sticker Here	Please adhe								
	Please Place Peel Off Sticker Here	Please adhere stickers only in the designated areas.								
	Please Place Peel Off Sticker Here	the designated a								
m - 1621, Rev. 11	Please Place Peel Off Sticker Here	ıreas.								

Patient Chart Copy

## Tissue Trace® Allograft Tracking System

In order to maintain allograft record traceability, the following must be returned to MTF via e-mail (MTFTTC@sceris.com) or US Postal Service. Please note: emails may be sent secured, but must NOT be password or login protected; furthermore; PDF attachments must be scanned B&W at <=300 dpi. Surgeon Name **Procedure Type** Ortho Wound Sports General Plastic Cranio-Spine Non-spine Surgery Surgery maxillofacial **Date of Transplant** ICD-10-CM ICD-10-PCS Surgical Procedure Pa

atient	nt ID										Α	ge			Gender			
																М		F
acility	/ Info	matic	n								L					_	_	
	Name		<u></u>															
			<u>.                                    </u>															
ate	Zip Code Other Information (Optional)											iai)						
	╝																	
	_																	
	- ·																	
COI	RE→							FO	LD H	ERE			1					
	Please Place Peel Off Sticker Here									<del>)</del>		<del>ਲ</del> ੱ					E	
													ase					0
													ad				S	Ó
													he				2	İ
													Please adhere stickers only in the designated				Return to MTF Biologics	6
													<del>ti</del>				9	ၓ
		PI	ease	Pla	ce F	Peel	Off	Stic	ker l	Here	<del>)</del>		<u> </u>				9	S
													S O				M	0
													루					9
	_												] =					
													he				5	
					_								de					
		PI	ease	Pla	ce F	<sup>2</sup> eel	Off	Stic	ker l	Here	;		sig				2	S
													nat				2	
													ed.				$\equiv$	
	_												areas				t	ā
. 1													às.				Φ	
Re		DI	ease	DIO	00 E	امما	Off	C+i^	lor I	امده								d
621,		71	case	rid	ce r	eel	OII	Juc	NEI I	iere	;							via e-mail (MTFTTC@sceris.con
١- ١																		15
Form - 1621, Rev. 11																		_
	Mı	sculos	keleta	l Tran	nsplar	nt Foi	undati	ion •	(800-	433-F	3576)		ı					

←PERFORATION→

POSTAGE	
REQUIRED	

## MTF Biologics c/o Sceris P.O. Box 10 Marlborough, MA 01752



