**Transplant Types Covered by this Contract.**

The Contractor shall mark “Yes” or “No” for each type of transplant service that the Contractor elects to provide. Mark “**A”** for Adult Cases Only, “**P”** for Pediatric Cases Only, or “**B”** to provide services for Both Adult and Pediatric.

|  |  |  |
| --- | --- | --- |
| **Transplant Type** | **A = Adult Cases Only****P = Pediatric Cases Only****B = Both Adult and Pediatric** | **Contractor Elects to Provide Service** **(Mark Yes or No)** |
| Autologous Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT) |  |  |
| Allogeneic Related Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT) |  |  |
| Allogeneic Unrelated Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT) |  |  |
| Autologous Tandem |  |  |
| Allogeneic Related Tandem |  |  |
| Allogeneic Unrelated Tandem |  |  |
| Allogeneic Related Haploid |  |  |
| Total Body Irradiation |  |  |
| Heart |  |  |
| Heart and Lung |  |  |
| Simultaneous Heart/Liver |  |  |
| Simultaneous Heart/Kidney |  |  |
| Liver (cadaveric donor) |  |  |
| Liver (live donor) | P |  |
| Kidney (cadaveric donor) |  |  |
| Kidney (live donor) |  |  |
| Lung (single and double) |  |  |
| Pancreas After Kidney |  |  |
| Simultaneous Pancreas/Kidney |  |  |
| Simultaneous Liver/Kidney |  |  |
| Intestine only (cadaveric donor) | P |  |
| Intestine only (live donor) | P |  |
| Intestine with Liver (cadaveric donor) | P |  |
| Intestine with Liver (live donor) | P |  |
| Intestine with Pancreas  | P |  |
| Intestine with Liver and Pancreas (live donor) | P |  |
| Intestine with Liver and Pancreas (cadaveric donor) | P |  |