Workplace Partnership for Life Hospital Campaign
Promoting Organ, Eye, and Tissue Donation

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Campaign Results Form

Date: _____ **Reporting OPO/DLA:** _____ **Contact Person:** _____

Results for (check all that apply to your reporting period):

☐ **June–Aug. 2014** ☐ **Sept.–Nov. 2014** ☐ **Dec. 2014–Feb. 2015** ☐ **March–May 2015**

OPO/DLA Goal for Hospital Campaign Registrations thru May 2015 (optional): _____

Hospital Partner: _____

# of New Campaign Registrations: _____ # of Cumulative Campaign Registrations: _____

Strategies Implemented:

☐ Donor Drive Indicate whether strategy was: ◯ employee only ◯ public/community ◯ both Audience Reached (est.) _____
☐ Social Media Indicate whether strategy was: ◯ employee only ◯ public/community ◯ both Audience Reached (est.) _____
☐ Mass Email Indicate whether strategy was: ◯ employee only ◯ public/community ◯ both Audience Reached (est.) _____
☐ Other Strategy Indicate whether strategy was: ◯ employee only ◯ public/community ◯ both Audience Reached (est.) _____
Please Specify:

Additional Comments:

Hospital Partner: _____

# of New Campaign Registrations: _____ # of Cumulative Campaign Registrations: _____

Strategies Implemented:

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Please Specify:

Additional Comments:

If you are an OPO/DLA reporting for numerous hospitals in your area, submit as many forms as needed. Please indicate your OPO/DLA name at the top of each form.

Please contact Akoya at wpfl@akoyaonline.com or 412-481-9800 with any questions. To submit completed form, click "submit" button or fax to 412-432-1306.

SUBMIT