

PART 5: ORGAN PROCUREMENT ARRANGEMENTS

1. Do you work with an organ procurement organization (OPO) which either
(1) is itself a member of the OPTN (or is currently applying for membership), or
(2) is controlled by another clinical transplant center that is an OPTN member (or currently applying for membership), to serve your organ procurement needs?
Yes ____ No ____

- If yes, answer the questions in Section A below.
- If no, proceed to Section B

PART 5, SECTION A

- 1) Provide name, mailing address, and primary phone numbers for the OPO.

Name	Address /phone

- 2) Attach a copy of the current contract or letter of agreement with the OPO.

PART 5, SECTION B- APPLICATION FOR HOSPITAL BASED OPO

1. Indicate full name of organization and CMS provider identification number below.

a) IOPO Name: _____
 Address: _____

b) CMS Provider Number: _____

2. Identify the CEO, Executive Director, Medical Director(s). Provide names, addresses, and CVs.

Name	Mailing Address, Phone number, and email address
CEO:	
Executive Director:	
Medical Director(s)	

3. Provide documentation that demonstrates that this organization has been designated as an organ procurement organization by the Secretary of the Department of Health and Human Services (HHS) under Section 1138(b) of the Social Security Act; or that this organization that meets all requirements for such designation other than OPTN membership (OPO) and is eligible for membership in the OPTN.

4. If applicable, list below the names and addresses of clinical transplant centers you serve and/or will serve and the type of programs (i.e. kidney, heart, heart/lung, lung, liver, pancreas, pancreas islet cell) that you serve and/or will serve for each transplant center.

- Describe the regional transplant agreements
- Attach the written contracts/agreements with each organization.

Name & Address	Type of Program

9. Name below, and provide a copy of an agreement that documents arrangements with a CLIA certified laboratory (or certified laboratories), in the appropriate specialty or subspecialty or service, to provide donor infectious disease screening including acquired immune deficiency virus, consistent with OPTN standards.

10. Provide the name of histocompatibility laboratory(ies) with which you are affiliated that meets the OPTN standards for accreditation as a tissue-typing laboratory.
 - Attach copies of the agreements.

11. Describe the defined service area in terms of geographic region (counties served), population base and hospital allocation catchment area.
 - Indicate to what extent your defined service area is exclusive and for any non-exclusive service areas served, what other OPO's are involved.
 - Include a map diagramming the area.

12. Attach a list of donor hospitals served and provide a copy of each agreement.

17. Plan for Public Education on Organ Donation. Provide a description of activities with which the OPO will be/is involved regarding public education about organ donation, including how donor families, transplant patients, and transplant recipients participate.
- Attach a copy of the plan for addressing multi-cultural issues related to organ donation

17. Donation after Cardiac Death (DCD). OPOs must develop, and once developed must comply with, protocols to facilitate the recovery of organs from DCD donors. OPO DCD recovery protocols must address the required model elements set forth in the OPTN Bylaws.

Certification Statement

The undersigned, as the duly authorized Chief Executive Officer, hereby certifies after investigation that to the best of his or her knowledge a Donation after Cardiac Death (DCD) organ recovery protocol has been developed, adopted and will be implemented in accordance with OPTN Bylaws and that the DCD organ recovery protocol addresses the required model elements.

Chief Executive Officer

Date
