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 cur	rently applying for membership), or	
	(2) is controlled by another clinical transpression membership), to serve your organ procu	plant center that is an OPTN member (or currently applying for irement needs?	
	Yes No		
•	If yes , answer the questions in Section A bel	low.	
•	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.	Indica	ate full name of organization and CMS provider i	dentification number below.
	a)	Address:	
	b)	CMS Provider Number:	
2.	Ident	ify the CEO, Executive Director, Medical Director	or(s). Provide names, addresses, and CVs.
		Name	Mailing Address, Phone number, and email address
		CEO:	
		Executive Director:	
		Medical Director(s)	
3.	organ Socia	ization by the Secretary of the Department of H	organization has been designated as an organ procurement lealth and Human Services (HHS) under Section 1138(b) of the meets all requirements for such designation other than OPTI the OPTN.
4.	of pro each		inical transplant centers you serve and/or will serve and the typ pancreas, pancreas islet cell) that you serve and/or will serve for organization.
	Nan	ne & Address	Type of Program

5.	Outline purposes and goals of your organization as stipulated in your charter and bylaws. Attach copies of charter
	and bylaws.
6.	Attach a list of names and positions of the Board of Directors and/or Advisory Board.
7.	Attach a copy of non-profit status notification from federal and state offices.
8.	Is your OPO insured for professional liability? YesNo
	 If "yes", name your insurer and give the policy limits per person and per occurrence and the expiration date of your current insurance coverage. If "no" and you have a funded self-insurance program, give the name of the fund administrator and the
	amount of the self-insurance fund, and describe the coverage available to your institution from the fund.

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.

13.	Communication of Information for Organ Distribution: The OPO is responsible for equitable organ
	allocation within its service area according to OPTN policies and must be able to communicate in a timely
	manner appropriate information necessary to facilitate equitable organ distribution as well as perform other
	functions necessary to discharge this responsibility.

- Describe how this OPO will fulfill this requirement including the arrangements for recovery and distribution of renal and non-renal organs and tissues, and the arrangement for recovery and distribution of tissue (eye, bone, skin, etc).
- Attach agreements with tissue and eye banks within area.

14.	Describe current and anticipated procedures for complying with the data submission requirements of OPTN
	membership.

15. List the personnel who are/or will be responsible for data collection and submission. Indicate their background in this area and the percentage of their time that is dedicated to data collection and submission.

Name	Background	% of time dedicated to data collection & submission

16. List all personnel (by position) employed by this OPO. (Expand table rows as necessary).

Name	Position

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

		Contification Statem			
701 1		Certification Statement			
the best of developed,	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 Exec	eutive Officer		Date		

17.