

**APPLICATION FOR APPROVAL OF LIVING DONOR LIVER
TRANSPLANTATION**

**IN AN EXISTING MEMBER TRANSPLANT CENTER APPROVED FOR
LIVER TRANSPLANTATION**

**ORGAN PROCUREMENT AND TRANSPLANTATION
NETWORK (OPTN)**

UNOS
700 North 4th Street
Richmond, VA 23219
Main Phone: 804-782-4800

Name of Hospital: _____

Hospital Address: _____

City, State, & Zip Code: _____

Contact Person and Title: _____

Phone: () _____

PUBLIC BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0184. Public reporting burden for the applicant for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

CERTIFICATION

The undersigned, a duly authorized representative of the applicant center, does hereby certify that the answers and attachments to this application are true, correct and complete, to the best of his or her knowledge after investigation. By submitting this application to the OPTN, the applicant agrees: (i) to be bound by the Organ Procurement and Transplantation Network's (OPTN) rules and requirements, including amendments thereto, if the applicant is granted membership and (ii) to be bound by the terms, thereof, including amendments thereto, in all matters relating to consideration of the application without regard to whether or not the applicant is granted membership.

Date: _____

Signature: _____

Center Code: _____

Print Name: _____

Print Title: _____

Applicant for Living Donor Liver Transplantation

Instructions

1. By submitting this application to the OPTN, the applicant acknowledges that its duly authorized representatives have received and read the current Charter, Bylaws, and Policies of OPTN and the applicant agrees: (i) to be bound by the terms thereof, including amendments thereto, if the applicant is granted membership and (ii) to be bound by the terms, thereof, including amendments thereto, in all matters relating to consideration of the application without regard to whether or not the applicant is granted membership. The Criteria for Institutional Membership are found in the Bylaws which can be accessed on the OPTN website at www.optn.org.
2. A duly authorized representative of the applicant must review the answers and attachments to the Application, perform sufficient investigation to determine accuracy and completeness, **and sign** and date the Certification on the cover page of the Application. Failure to furnish accurate and complete information in connection with the application and requests for supplemental information constitutes grounds for denial or suspension of OPTN membership. **Authorized representatives include hospital CEO/President and OPTN Representative. Individuals whose credentials are being submitted should not sign the application.**
3. Applications must be typed. Do not submit 2-sided pages. Do not omit pages that were not used. Electronic versions (Microsoft Word or Adobe PDF) of this application are available upon request.
4. Please attach additional pages as necessary and reference the question and page number on each attachment. **Table rows should be expanded as needed to fully respond to questions.**
5. Answer all questions in full and do not use both sides of the page. "See C.V." and "See Logs" are not acceptable answers.
6. CV's should be included for all primary and new personnel listed. Abbreviated CV's that do not include publications and presentations are preferred.
7. Supporting documentation such letters of support, letters of commitment, and patient logs should be included as requested to document compliance with OPTN requirements. Documentation may be blinded in such a way as to protect patient confidentiality. -Checklists are provided throughout the application to help applicants compile the documentation that is required. Each item in the checklist is cross referenced to the application questions.
8. Materials should be loose bound with tabs. Original and copy should be organized in the following sequence:
 - a) Cover/Certification page
 - b) Organ Specific Application
 - c) Documentation of Medicare/Medicaid certification for this program
 - d) Letters from Hospital Credentialing Committee
 - e) Letters of Commitment
 - f) Letters of Reference
 - g) Logs of transplants, procurements, and major hepatic resections/living donor hepatectomies for the primary surgeons. Title each log with surgeon name, date range, and hospital where the experience occurred. Please use a separate log for each institution.
 - h) Patient logs for the primary physician. Title each log with physician name, date range, and hospital where the experience occurred. Please use a separate log for each institution.

- i) CV's (individual CV's must be stapled in the original and hardcopy).
- 9. The Membership and Professional Standards Committee (MPSC) may not accept for review applications that are not appropriately completed and that are missing the supporting documents for the proposed primary individual(s). Applications determined to be incomplete may be returned to the institution.
- 10. The Criteria for Institutional Membership are found in the Bylaws which can be accessed on the OPTN website at www.optn.org.
- 11. Return the original and one (1) complete paper copy of all application materials. Also provide a copy of the application that has been scanned to a CD in PDF format. Label the CD with the Hospital name, contact name, date, and include an electronic table of contents.
- 12. Completed packets should be shipped as listed below:

Member Services
UNOS
700 North 4th Street
Richmond, VA 23219
Main Phone: 804-782-4800