Form Section	Field Label
1-Provider Information	Candidate Center:
2-Candidate Information	Organ Registered:
2-Candidate Information	Listing Date:
2-Candidate Information	Last Name:
2-Candidate Information	First Name:
2-Candidate Information	Middle Initial:
2-Candidate Information	SSN:
2-Candidate Information	Date of Birth:
2-Candidate Information	Gender:
2-Candidate Information	Ethnicity/Race:
5-Clinical Information	Height (in)
5-Clinical Information	Weight (lbs)
5-Clinical Information	ABO Blood Group:

PUBLIC BURDEN STATEMENT:

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) c following OPTN functions: to assess whether applicants meet OPTN Bylaw requirer compliance of member organizations with OPTN Obligations. An agency may not c respond to, a collection of information unless it displays a currently valid OMB con information collection is 0915-0157 and it is valid until Xi/Xi/20xx. This information per 42 CFR \$121.11(b)(2). All data collected will be subject to Privacy Act protectio collected by the private non-profit OPTN also are well protected by a number of the security system meets or exceeds the requirements as prescribed by OMB Circular Information Systems, and the Departments Automated Information Systems Secur for this collection of information is estimated to average 3 hours per response, incl existing data sources, and completing and reviewing the collection of information. any other aspect of this collection of information, including suggestions for reducir 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrs

nbers

Notes
Display Only - Cascades from Waitlist

collects this information in order to perform the ments for membership in the OPTN; and to monitor onduct or sponsor, and a person is not required to trol number. The OMB control number for this n collection is required to obtain or retain a benefit n (Privacy Act System of Records #09-15-0055). Data ie Contractor's security features. The Contractor's A-130, Appendix III, Security of Federal Automated ity Program Handbook. The public reporting burden luding the time for reviewing instructions, searching Send comments regarding this burden estimate or ug this burden, to HRSA Reports Clearance Officer, a.gov.