OPTN Membership Application - Surgeon or Physician Log											
Surgeon	Text Field										
Organ	Drop Down	All Organs									
Pathway	Drop Down	All Pathways									
Hospital	Drop Down	All Existing TX Hospitals									
Time Frame at Hospital	Start	End									
	Calendar	Calendar									
Signature Required For:	Drop Down Residency Fellowship IN VCA PI	Name Text Field	Title Text Field								

	All Organs Included in OPTN Bylaws		Kidney and LDK	Intestine	Lung	Vascular Composite Allograft		Pancreas Islet	Components that perform transplants in recipients less than 18 years old		
Type of Procedure	Date of : Procedure/ Eval Date/Date of Care Provided	Patient Identifier TX: MR# Pro: Donor ID	Role of Surgeon	KI & LDK: Type of Donor	IN: Did the recovery also include the LI?		VCA: Other - Microvascular Procedure	VCA: Other - Name of Team Member with Microvascular Experience	PI: Was the Procedure Allogenic or Autologous?	Date of Birth	Weight at Time of Transplant if <25 kg
Drop Down (see all below)	Calendar	Text Field	Drop Down Primary Co-Surgeon First Assistant	Drop Down Deceased Living	Check if applicable	Check if applicable	Text Field	Text Field	Drop down	Calendar Calc: DOT-DOB=Age	Text Field
Transplant (can be multi organ if organ applying for is included) (Transplant must be in the VCA Type applying for)											
Procurement (must include organ applying for)											
LDK: Open Nephrectomy											
LDK: Lap Nephrectomy LDL: Major Liver Resection											
LDL: Major Liver Resection-Live Donor											
VCA: Multi-Organ Procurement Observation											
VCA: Upper Limb - Pre-Op Eval of Potential TX Pts											
VCA: Upper Limb - Post-Op Follow up of a Recipient for 1 Year											
VCA: Upper Limb - Bone											
VCA: Upper Limb - Nerve VCA: Upper Limb - Tendon											
VCA: Upper Limb - Skin or Wound Problems											
VCA: Upper Limb - Contracture or Joint Stiffness											
VCA: Upper Limb - Tumor											
VCA: Upper Limb - Microsurgical Procedures Free Flaps											
VCA: Upper Limb - Non-surgical Management											
VCA: Upper Limb - Replantation or Transplant VCA: Head & Neck - Pre-Op Eval of Potential TX											
Pts VCA: Head & Neck - Post-Op Follow up of a											
Recipient for 1 Year VCA: Head & Neck - Facial trauma with bone											
fixation VCA: Head & Neck - Head or neck free tissue											
reconstruction											
VCA: Other - Pre-Op Eval of Potential VCA TX Pts											
VCA: Other - Microvascular Experience PI: Management & Care of Islet Transplant Patients											
PI: Management & Care - Selecting Donors											
Pl: Management & Care - Evaluating Islets											
PI: Management & Care - Acessing Portal Vein for PI TX Procedures											
PI: Management & Care - Overseeing the Infusion and Managing Immunosupression											
PI: Perform Islet Isolation											
PI: Observe Islet Isolation											

Physician	Text Field										
	Drop Down	All Organs									
	Drop Down	All Pathways									
		All Existing TX									
Hospital	Drop Down	Hospitals									
Time Frame at Hospital	Start	End									
·	Calendar	Calendar									
Signature Required For:	Drop Down Fellowship KI Conditional KI Eval KI Combined	Name Text Field	Title Text Field								
Signature:											
	All Organs Included in OPTN Bylaws		Kidney & Liver		Intestine	Lung					
	Date of Transplant or Procurement	Patient Identifier TX: MR# Pro: Donor ID	KI & LI: Donor Type	KI & LI: Was this a pediatric transplant?	IN: Was this an isolated IN TX or Combined LI/IN or Multi-viscerl TX?	LU: Did the recipient receive a combined H/L Transplant?					
Drop Down (see all below)	Calendar	Text Field	Drop Down Deceased Living	Check if applicable	Drop Down Isolated IN TX Combined LI/IN Multi-visceral TX	Check if applicable	Pre	Peri	Post	Date of Birth	Weight at Time of Transplant if <25 kg
							Check if applicable	Check if applicable	Check if applicable	Calendar Calc: DOT-DOB=Age	
Primary Care of Newly Transplanted Recipients (including immediate post operative care)											
Procurement Observation											
Transplant Observation											
Peds: Observation of Donor Evaluation,		1									
Donation Process, and Management of Multi											
Organ Donors											
KI: Evaluate Potential Recipients											
KI: Evaluate Potential Living Donors											

Department of Health and Human Services Health Resources and Services Administration

Meaning/Action

Black Text Headers

Red Text IT function

Blue Text Related options for IT function

Shaded Gray these are fields that are not required for the specified application

PUBLIC BURDEN STATEMENT

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. 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 information collection is 0915-0184 and it is valid until 08/31/2023. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private nonprofit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

OMB No. 0915-0184

Expiration Date: 08/31/2023