Request to Unlock Form Fields to be completed by member

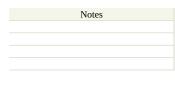
Form Section	Field Label
Request to Unlock Form	Explanation
Request to Unlock Form	Approved By First Name
Request to Unlock Form	Last Name
Request to Unlock Form	Other Explanation

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

PUBLIC BURDEN STATEMENT:

PUBLIC BURDEN STATEMENT: The private, non-profit Organ Procurement and Transplantation Network (OPTN) c the following OPTN functions: to assess whether applicants meet OPTN Bylaw requ to monitor compliance of member organizations with OPTN Obligations. An agency is not required to respond to, a collection of information unless it displays a curren control number for this information collection is 0915-0157 and it is valid until XX/; required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected v (Privacy Act System of Records #09-15-0055). Data collected by the private non-pri number of the Contractor's security features. The Contractor's security system me prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems Security Program Handbook. The public reporting estimated to average 0.7 hours per response, including the time for reviewing insti completing and reviewing the collection of information. Send comments regarding this collection of information, including suggestions for reducing this burden, to HF Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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ollects this information in order to perform jirements for membership in the OPTN; and y may not conduct or sponsor, and a person thy valid OMB control number. The OMB XX/202X. This information collection is vill be subject to Privacy Act protection ofit OPTN also are well protected by a ets or exceeds the requirements as ormation Systems, and the Departments ; burden for this collection of information is ructions, searching existing data sources, and ; this burden estimate or any other aspect of tSA Reports Clearance Officer, 5600 Fishers