

**Donor Histocompatibility (DHS)
Fields to be completed by member**

| Form Section | Field Label |
|--------------------------------------|--------------------------------|
| Provider Information | Lab Center Code |
| Provider Information | Lab Center Type |
| Provider Information | OPO Center Code |
| Provider Information | OPO Center Type |
| Donor Information | Donor Last Name |
| Donor Information | Donor First Name |
| Donor Information | Donor Middle Int |
| Donor Information | UNOS Donor ID//UNOS Donor ID # |
| Donor Information | Donor Type |
| Donor Typing | Donor HLA Typed |
| Donor Typing | Date Typing Complete Class I |
| Donor Typing | Target Source for Class I |
| Typing Method Class I | Typing Method Class I |
| Typing Method Class I | A |
| Typing Method Class I | A |
| Typing Method Class I | B |
| Typing Method Class I | B |
| Typing Method Class I | Bw4 |
| Typing Method Class I | Bw6 |
| Typing Method Class I | Cw |
| Typing Method Class I | Cw |
| Donor Typing | Date Typing Complete Class II |
| Donor Typing | Target Source for Class II |
| Typing Method Class II | Typing Method Class II |
| Typing Method Class II | DR |
| Typing Method Class II | DR |
| Typing Method Class II | DR51 |
| Typing Method Class II | DR51 |
| Typing Method Class II | DR52 |
| Typing Method Class II | DR52 |
| Typing Method Class II | DR53 |
| Typing Method Class II | DR53 |
| Typing Method Class II | DQB |
| Typing Method Class II | DQB |
| Typing Method Class II | DQA |
| Typing Method Class II | DQA |
| Typing Method Class II | DPB |
| Typing Method Class II | DPB |
| Typing Method Class II | DPA |
| Typing Method Class II | DPA |
| Living Donor Information | Living Recipient Last Name |
| Living Donor Information | Living Recipient First Name |
| Living Donor Information/File Layout | SSN |
| Living Donor Information | Organ |
| Living Donor Information | Transplant Date |
| Living Donor Information | Transplant Center |

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

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements 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 current control number for this information collection is 0915-0157 and it is valid until XX/XX/XX. All data collected is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected is (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit number of the Contractor's security features. The Contractor's security system meets prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Automated Information Systems Security Program Handbook. The public reporting estimated to average 0.27 hours per response, including the time for reviewing information and completing and reviewing the collection of information. Send comments regarding this collection of information, including suggestions for reducing this burden to Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov

