

## Donor Hospital Registration Field Descriptions

If a donor hospital is not listed in UNet<sup>SM</sup>, you may request that it be added. Approved institutions are automatically added to the OPO's list. UNOS Membership handles all requests for new transplant centers, OPOs, and labs. This request form is to add non-OPTN/UNOS member hospitals only. Existing OPTN/UNOS transplant centers should be listed on the main donor hospital list.

**CMS hospital name:** Enter the name of the donor hospital as it is registered with Medicare. This field is **required**.

**DonorNet donor hospital ID:** This field is populated automatically by the system.

**Provider ID:** Enter the provider ID of the donor hospital. This field is **required**.

**Display name:** Enter the display name of the donor hospital. This field is **required**.

**Status:** Select the hospital status. This field is **required**.

**Active**  
**Inactive**

**Street address:** Enter the street address of the donor hospital. This field is **required**.

**Does this donor hospital need to be an available option when adding a new donor?:** If the donor hospital needs to be an available option when adding a new donor, select **Yes**. If not, select **No**. This field is **required**.

**City:** Enter the city where the donor hospital is located. This field is **required**.

**Trauma level:** Select the hospital's trauma level (level I, II, III, IV or V).

**State:** Enter the state where the donor hospital is located. This field is **required**.

**Time Zone:** Select the time zone of the city where the donor hospital is located. This field is **required**.

**Eastern**  
**Central**  
**Mountain**  
**Pacific**  
**Alaska**  
**Hawaii**  
**Atlantic**

**ZIP code:** Enter the 5-digit ZIP code of the donor hospital. This field is **required**.

**Is Daylight Savings Time observed?:** Indicate if daylight savings time is observed in the city where the donor hospital is located. This field is **required**.

**Yes**  
**No**