

**Transplant Center Contact Manager**  
**Fields to be completed by member:**

Form Section	Field Label
Transplant Center Contact Management	Center
Transplant Center Contact Management	Organ Program
Transplant Center Contact Management	Local Offers Primary
Transplant Center Contact Management	Local Offers Secondary
Transplant Center Contact Management	Import Offers Primary
Transplant Center Contact Management	Import Offers Secondary
Transplant Center Contact Management	Import Offers Set to same as local contacts
Transplant Center Contact Management	Expedited Offers Primary
Transplant Center Contact Management	Expedited Offers Secondary
Transplant Center Contact Management	Expedited Offers Set to same as local contacts
Transplant Center Contact Management	User Type
Transplant Center Contact Management	First Name
Transplant Center Contact Management	Middle Initial
Transplant Center Contact Management	Last Name
Transplant Center Contact Management	Institution
Transplant Center Contact Management	Occupation
Transplant Center Contact Management	Voice Description
Transplant Center Contact Management	Voice Device Type
Transplant Center Contact Management	Voice Number/E-mail Address
Transplant Center Contact Management	Voice Default
Transplant Center Contact Management	Text Description
Transplant Center Contact Management	Text Device Type
Transplant Center Contact Management	Text Number/E-mail Address
Transplant Center Contact Management	Text Default
Transplant Center Contact Management	Organ Program
Transplant Center Contact Management	Primary
Transplant Center Contact Management	Secondary

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

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