TRR - Heart/Lung - Adult Fields to be completed by members

Form Section	Field Label
Recipient Information	Organ
Recipient Information	Recipient First Name
Recipient Information	Recipient Last Name
Recipient Information	Recipient Middle Initial
Recipient Information	SSN
Recipient Information	HIC
Recipient Information	DOB
Recipient Information	Gender Birth Sex
Recipient Information	Transplant Date and Time
Recipient Information	Transplant Time Zone
Recipient Information	State of Permanent Residence
Recipient Information	Permanent Zip
Provider Information	Recipient Center Code
Provider Information	Recipient Center Type
Provider Information	Physician Name
Provider Information	Physician NPI#
Provider Information	Surgeon Name
Provider Information	Surgeon NPI#
Donor Information	UNOS Donor ID #
Donor Information	Donor Type
Donor Information	OPO
Patient Status	Primary Diagnosis
Patient Status	Primary Diagnosis//Specify
Patient Status	Date: Last Seen, Retransplanted or Death
Patient Status	Patient Status
Patient Status	Primary Cause of Death
Patient Status	Cause of Death//Specify
Patient Status	Contributory Cause of Death
Patient Status	Contributory Cause of Death//Specify
Patient Status	Contributory Cause of Death
Patient Status	Contributory Cause of Death//Specify Date of Admission to Tx Center
Patient Status	
Patient Status Patient Status	Date of Discharge from Tx Center
Patient Status	Medical Condition at time of transplant Patient on Life Support
Patient Status	Extra Corporeal Membrane Oxygenation
Patient Status	Intra Aortic Balloon Pump
Patient Status	Other Mechanism
Patient Status	Other Mechanism Other Mechanism, Specify
Patient Status	Prostacyclin Infusion
Patient Status	Prostacyclin Inhalation
Patient Status	Patient on Ventricular Assist Device
Patient Status	Life Support: VAD Brand1
Patient Status	Life Support: VAD Brand1//Specify
Patient Status	Life Support: VAD Brand2
Patient Status	Life Support: VAD Brand2//Specify
Patient Status	Functional Status
Patient Status	Working for income
Patient Status	Primary Source of Payment
Patient Status	Primary Source of Payment, Specify
Pretransplant	Height
Pretransplant	Height in Centimeters//Status
Pretransplant	Height Percentile//Growth Percentiles//%ile
Pretransplant	Weight
Pretransplant	Weight in Kilograms//Status
Pretransplant	Weight Percentile//Growth Percentiles//%ile
Pretransplant	BMI
Pretransplant	BMI://%ile
Pretransplant	Previous Transplant Organ
Pretransplant	Previous Transplant Date
Pretransplant	Previous Transplant Graft Fail Date
Pretransplant	HIV Serostatus
Pretransplant	NAT HIV
Pretransplant	CMV Status
Pretransplant	HBV Core Antibody
Pretransplant	HBV Surface Antibody Total
Pretransplant	HBV Surface Antigen
Pretransplant	NAT HBV

Pretransplant	HCV Serostatus
Pretransplant	NAT HCV
Pretransplant	EBV Serostatus
Pretransplant	Did the recipient receive Hepatitis B vaccines prior to transplant?
Pretransplant	PA (sys)mm/Hg
Pretransplant	PA (sys)mm/Hg//Status
Pretransplant	PA(sys)mm/Hg Inotropes/VASODilators
Pretransplant	PA(dia) mm/Hg
Pretransplant	PA(dia) mm/HG//Status
Pretransplant	PA (dia) mm/Hg Inotropes/Vasodilators
Pretransplant	PA(mean) mm/Hg
Pretransplant	PA(mean) mm/Hg//Status
Pretransplant	PA (mean) mm/Hg Inotropes/Vasodilators
Pretransplant	PCWP mm/Hg
Pretransplant	PCWP mm/Hg//Status
Pretransplant	PCWP (mean) mm/Hg Inotropes/Vasodilators
Pretransplant	CO L/min
Pretransplant	CO L/min//Status
Pretransplant	CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators
Pretransplant	Most Recent Serum Creatinine
Pretransplant	Most Recent Serum Creatinine//Status
Pretransplant	Most Recent Total Bilirubin
Pretransplant	Most Recent Total Bilirubin//Status
Pretransplant	Chronic Steroid Use
•	FVC
Pretransplant	
Pretransplant	FVC % predicted//Status FeV1
Pretransplant	
Pretransplant	FeV1 % predicted//Status
D . 1 .	
Pretransplant	pCO2
Pretransplant	pCO2 mm/Hg//Status
Pretransplant	Transfusions
Pretransplant	Infection Requiring IV Therapy within 2 wks prior to Tx
Pretransplant	Dialysis
Pretransplant	Prior Cardiac Surgery (non-transplant)
Pretransplant	I f yes, check all that apply
Pretransplant	Prior Cardiac Surgery//Specify
Pretransplant	Prior Lung Surgery (non-transplant)
Pretransplant	If yes, check all that apply
Pretransplant	Prior Lung Surgery//Specify
Pretransplant	Episode of Ventilatory Support
Pretransplant	If yes, indicate most recent timeframe
Pretransplant	Tracheostomy
Transplant Procedure	Multiple Organ Recipient
Transplant Procedure	Were extra vessels used in the transplant procedure
Transplant Procedure	Procedure Type
Transplant Procedure	Heart Procedure
·	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time): Heart,
Transplant Procedure	Heart-Lung
Transplant Procedure	Total organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time)://Status
Transplant Procedure	Lung(s) perfused prior to transplant?
Transplant Procedure	Perfusion occurred at:
Transplant Procedure	Perfusion occurred at: Perfusion performed by:
Transplant Procedure	Total time on perfusion
Transplant Procedure	Lung(s) received at transplant center
Transplant Procedure	On ice
Transplant Procedure	On ice On pump
Transplant Procedure Transplant Procedure	Right Lung/Enbloc: Stayed on pump Put on ice Left Lung: Stayed on pump Put on ice Organ Check-In Date and Time
rianopiane rioceaure	organ oncen in Duc und rinte
Transplant Procedure	Check-In Time Zone
Transplant Procedure	TransNet Organ Check-In Times for Related Organs
Post Transplant	Graft Status

Post Transplant	Date of Graft Failure
Post Transplant	Primary Cause of Graft Failure
Post Transplant	Primary Cause of Graft Failure// Other Specify
Post Transplant	Stroke
Post Transplant	Dialysis
Post Transplant	Ventilator Support
Post Transplant	Reintubated
Post Transplant	Permanent Pacemaker
Post Transplant	Airway Dehiscence
Post Transplant	Did patient have any acute rejection episodes between transplant and discharge
Post Transplant Post Transplant	Intubated at 72 hours PaO2 at 72 hours
Post Transplant	PaO2 at 72 hours//Status
Post Transplant	FiO2 at 72 hours
Post Transplant	FiO2 at 72 hours//Status
Post Transplant	ECMO a 72 hours
Post Transplant	Inhaled NO at 72 hours
Post Transplant	Is Primary Graft Dysfunction (PGD) present? (24 hours)
Post Transplant	Is Primary Graft Dysfunction (PGD) present? (72 hours)
Post Transplant	PGD - Left Ventricular Dysfunction (PGD-LV) (24 hours)
Post Transplant	PGD - Left Ventricular Dysfunction (PGD-LV) (72 hours)
Post Transplant	PGD - Right Ventricular Dysfunction (PGD-RV) (24 hours)
Post Transplant	PGD - Right Ventricular Dysfunction (PGD-RV) (72 hours)
Post Transplant	Post Transplant Left Ventricular Ejection Fraction (LVEF) (24 hours)
Post Transplant	Post Transplant Left Ventricular Ejection Fraction (LVEF) (72 hours)
Post Transplant	Post Transplant Right Atrial (RA) Pressure (24 hours)
Post Transplant	Post Transplant Right Atrial (RA) Pressure (72 hours)
Post Transplant Post Transplant	Post Transplant Right Atrial (RA) Pressure Status (24 hours) Post Transplant Right Atrial (RA) Pressure Status (72 hours)
Post Transplant	Post Transplant Pulmonary Capillary Wedge Pressure (PWCP) (24 hours)
Post Transplant	Post Transplant Pulmonary Capillary Wedge Pressure (PWCP) (24 hours)
Post Transplant	Post Transplant Pulmonary Capillary Wedge Pressure (PWCP) Status (24 hours)
Post Transplant	Post Transplant Pulmonary Capillary Wedge Pressure (PWCP) Status (72 hours)
Post Transplant	Post Transplant Left Atrial (LA) Pressure (24 hours)
Post Transplant	Post Transplant Left Atrial (LA) Pressure (72 hours)
Post Transplant	Post Transplant Left Atrial (LA) Pressure Status (24 hours)
Post Transplant	Post Transplant Left Atrial (LA) Pressure Status (72 hours)
Post Transplant	Post Transplant Pulmonary Artery (PA) Systolic Pressure (24 hours)
Post Transplant	Post Transplant Pulmonary Artery (PA) Systolic Pressure (72 hours)
Post Transplant	Post Transplant Pulmonary Artery (PA) Systolic Pressure Status (24 hours)
Post Transplant Post Transplant	Post Transplant Pulmonary Artery (PA) Systolic Pressure Status (72 hours) Post Transplant Pulmonary Artery Diastolic Pressure (24 hours)
Post Transplant	Post Transplant Pulmonary Artery Diastolic Pressure (24 hours)
Post Transplant	Post Transplant Pulmonary Artery Diastolic Pressure (72 hours)
Post Transplant	Post Transplant Pulmonary Artery Diastolic Pressure Status (24 hours)
Post Transplant	Post Transplant Cardiac Output (CO) (24 hours)
Post Transplant	Post Transplant Cardiac Output (CO) (72 hours)
Post Transplant	Post Transplant Cardiac Output (CO) Status (24 hours)
Post Transplant	Post Transplant Cardiac Output (CO) Status (72 hours)
Post Transplant	Post Transplant Patient on Life Support (24 hours)
Post Transplant	Post Transplant Patient on Life Support (72 hours)
Post Transplant	Post Transplant Life Support: ECMO (24 hours)
Post Transplant	Post Transplant Life Support: ECMO (72 hours)
Post Transplant	Post Transplant Life Support: IABP (24 hours) Post Transplant Life Support: IABP (72 hours)
Post Transplant Post Transplant	Post Transplant Life Support: IABP (72 hours) Post Transplant Life Support: Inhaled NO (24 hours)
Post Transplant Post Transplant	Post Transplant Life Support: Inhaled NO (24 nours) Post Transplant Life Support: Inhaled NO (72 hours)
Post Transplant	Post Transplant Life Support: Patient on Ventricular Assist Device (24 hours)
Post Transplant	Post Transplant Life Support: Patient on Ventricular Assist Device (24 hours)
Post Transplant	Post Transplant Life Support: VAD Brand1 (24 hours)
Post Transplant	Post Transplant Life Support: VAD Brand1 (72 hours)
Post Transplant	Post Transplant Life Support: VAD Brand1 Other Specify (24 hours)
Post Transplant	Post Transplant Life Support: VAD Brand1 Other Specify (72 hours)
Post Transplant	Post Transplant Life Support: VAD Brand2 (24 hours)
Post Transplant	Post Transplant Life Support: VAD Brand2 (72 hours)

Post Transplant	Post Transplant Life Support: VAD Brand2 Other Specify (24 hours)	
Post Transplant	Post Transplant Life Support: VAD Brand2 Other Specify (72 hours)	
Post Transplant	Post Transplant Epoprostenol (24 hours)	
Post Transplant	Post Transplant Epoprostenol (72 hours)	
Post Transplant	Post Transplant Epinephrine dose (mcg/kg/min) (24 hours)	
Post Transplant	Post Transplant Epinephrine dose (mcg/kg/min) (72 hours)	
Post Transplant	Post Transplant Milrinone dose (mcg/kg/min) (24 hours)	
Post Transplant	Post Transplant Milrinone dose (mcg/kg/min) (72 hours)	
Post Transplant	Post Transplant Dobutamine dose (mcg/kg/min) (24 hours)	
Post Transplant	Post Transplant Dobutamine dose (mcg/kg/min) (72 hours)	
Post Transplant	Post Transplant Dopamine dose (mcg/kg/min) (24 hours)	
Post Transplant	Post Transplant Dopamine dose (mcg/kg/min) (72 hours)	
Post Transplant	Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (24 hours)	
Post Transplant	Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (72 hours)	
Post Transplant	Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (Unit of measure) (24 hours)	
Post Transplant	Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (Unit of measure) (72 hours)	
Post Transplant	Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (mcg/min dosage) (24 hours)	
Post Transplant	Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (mcg/min dosage) (72 hours)	
Post Transplant	Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (mcg/kg/min dosage) (24 hours)	
Post Transplant	Post Transplant Vasopressors-Levo - (Norepinephrine - Levophed) (mcg/kg/min dosage) (72 hours)	
Post Transplant	Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (24 hours)	
Post Transplant	Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (72 hours)	
Post Transplant	Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (Unit of measure) (24 hours)	
Post Transplant	Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (Unit of measure) (72 hours)	
Post Transplant	Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (mcg/min dosage) (24 hours)	
Post Transplant	Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (mcg/min dosage) (72 hours)	
Post Transplant	Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (mcg/kg/min dosage) (24 hours)	
Post Transplant	Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (mcg/kg/min dosage) (72 hours)	
Post Transplant	Post Transplant Vasopressors-Vaso (Vasopressin – Pitressin) (units per min) (24 hours)	
Post Transplant	Post Transplant Vasopressors-Vaso (Vasopressin – Pitressin) (units per min) (72 hours)	
Immunosuppression Other	Are any medications given currently for maintenance or anti-rejection	
Immunosuppression Other	Immunosuppression medication	
Immunosuppression Other	Immunosuppression medication indication	
Immunosuppression Other	Days of induction	

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

PUBLIC BURDEN STATEMENT:

POBLIC BORDEN STATEMENT: The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN ft. OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency main required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this inform until XX/XX/202X. 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 F Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departm Security Program Handbook. The public reporting burden for this collection of information. Send comments regarding this burden estimate or any including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 o

Notes
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Form Section **Recipient Information Recipient Information** Provider Information **Provider Information** Provider Information **Provider Information** Provider Information Provider Information Donor Information Donor Information Donor Information Patient Status Pretransplant Pretransplant

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Transplant Procedure Post Transplant Post Transplant

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Inctions: to assess whether applicants meet by not conduct or sponsor, and a person is not lation collection is 0915-0157 and it is valid Privacy Act protection (Privacy Act System of Contractor's security system meets or lents Automated Information Systems g the time for reviewing instructions, other aspect of this collection of information, r paperwork@hrsa.gov.

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OMB No. 0915-0157; Expiratio **PUBLIC BURDEN STATEMENT:** The private, non-profit Organ I meet OPTN Bylaw requiremen person is not required to respc and it is valid until XX/XX/202X Act System of Records #09-15meets or exceeds the requiren Systems Security Program Han instructions, searching existing of information, including sugge

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PUBLIC BURDEN STATEMENT: The private, non-profit Organ I meet OPTN Bylaw requiremen person is not required to respc and it is valid until 9/30/2026. Act System of Records #09-15meets or exceeds the requiren Systems Security Program Han instructions, searching existing of information, including sugge paperwork@hrsa.gov.

TRR - Heart/Lung - Pediatric Fields to be completed by members

Field Label	Notes
Organ	Display Only - Cascades from TCR
Recipient First Name	Display Only - Cascades from TCR
Recipient Last Name	Display Only - Cascades from TCR
Recipient Middle Initial	Not required
SSN	Display Only - Cascades from TCR
HIC	Display Only - Cascades from TCR
DOB	Display Only - Cascades from TCR
Gender Birth Sex	Display Only - Cascades from TCR
Transplant Date and Time	Display Only - Cascades from Database Display Only - Cascades from Database
Transplant Time Zone State of Permanent Residence	Display Only - Cascades from Database
Permanent Zip	
Recipient Center Code	Display Only - Cascades from TCR
Recipient Center Type	Display Only - Cascades from TCR
Physician Name	Display only Cascades from Fore
Physician NPI#	
Surgeon Name	
Surgeon NPI#	
UNOS Donor ID #	Display Only - Cascades from TCR
Donor Type	Display Only - Cascades from feedback
OPO	Display Only - Cascades from feedback
Primary Diagnosis	
Primary Diagnosis//Specify	
Date: Last Seen, Retransplanted or Death	
Patient Status	
Primary Cause of Death	
Cause of Death//Specify Contributory Cause of Death	Not required
Contributory Cause of Death//Specify	Not required Not required
Contributory Cause of Death	Not required
Contributory Cause of Death//Specify	Not required
Date of Admission to Tx Center	itorrequired
Date of Discharge from Tx Center	
Medical Condition at time of transplant	
Patient on Life Support	
Extra Corporeal Membrane Oxygenation	
Intra Aortic Balloon Pump	
Prostaglandins	
Intravenous Inotropes	
Ventilator	
Inhaled NO	
Other Mechanism	
Other Mechanism, Specify	
Prostacyclin Infusion	
Prostacyclin Inhalation Patient on Ventricular Assist Device	
Life Support: VAD Brand1	
Life Support: VAD Brand1//Specify	
Life Support: VAD Brand2	
Life Support: VAD Brand2//Specify	
Functional Status	
Academic Progress	
Academic Activity Level	
Primary Source of Payment	
Primary Source of Payment, Specify	
Cognitive Development	
Motor Development	
Height Measurement Date	
Height	17.1
Height in Centimeters//Status	Value or status is reported, not both
Height Percentile//Growth Percentiles//%ile	Calculated for display only
Weight Measurement Date Weight	
Weight in Kilograms//Status	Value or status is reported, not both
Weight Percentile//Growth Percentiles//%ile	Calculated for display only
	calculated for display only
BMI	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
Previous Transplant Organ	Display Only - Cascades from Database

Previous Transplant Date	Display Only - Cascades from Database
Previous Transplant Graft Fail Date	Display Only - Cascades from Database
HIV Serostatus	
NAT HIV CMV Status	
HBV Core Antibody	
HBV Surface Antibody Total	
HBV Surface Antigen	
NAT HBV	
HCV Serostatus	
NAT HCV	
EBV Serostatus	
Did the recipient receive Hepatitis B vaccines prior to transplant? PA (sys)mm/Hg	
PA (sys)mm/Hg//Status	Value or status is reported, not both
PA(sys)mm/Hg Inotropes/VASODilators	value of status is reported, not both
PA(dia) mm/Hg	
PA(dia) mm/HG//Status	Value or status is reported, not both
PA (dia) mm/Hg Inotropes/Vasodilators	
PA(mean) mm/Hg	
PA(mean) mm/Hg//Status	Value or status is reported, not both
PA (mean) mm/Hg Inotropes/Vasodilators	
PCWP mm/Hg PCWP mm/Hg//Status	Value or status is reported not both
PCWP mm/Hg//Status PCWP (mean) mm/Hg Inotropes/Vasodilators	Value or status is reported, not both
CO L/min	
CO L/min//Status	Value or status is reported, not both
CO L/min Inotropes/Vasodilators CO L/min Inotropes/Vasodilators	······································
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Cardiac Index	Display Only - Cascades from Database
Most Recent Serum Creatinine	
Most Recent Serum Creatinine//Status	Value or status is reported, not both
Most Recent Total Bilirubin	
Most Recent Total Bilirubin//Status Chronic Steroid Use	Value or status is reported, not both
FVC	
FVC % predicted//Status	Value or status is reported, not both
FeV1	value of builds is reported, not bour
FeV1 % predicted//Status	Value or status is reported, not both
pCO2	
pCO2 mm/Hg//Status	Value or status is reported, not both
Transfusions	
Infection Requiring IV Therapy within 2 wks prior to Tx	
Dialysis Episode of Ventilatory Support	
If yes, indicate most recent timeframe	
Tracheostomy	
Prior Thoracic Surgery other than prior transplant	
If yes, number of prior sternotomies	
If yes, number of prior thoracotomies	
Prior congenital cardiac surgery	
If yes, palliative surgery If yes, corrective surgery	
If yes, single ventricular physiology	
Most Recent Anti-A Titer	
Most Recent Anti-A Titer//Sample Date	
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Most Decent Anti P Titer	
Most Recent Anti-B Titer Most Recent Anti-B Titer//Sample Date	
nos recent fint-D file//outpic Dut	
Multiple Organ Recipient	Display Only - Cascades from feedback
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Were extra vessels used in the transplant procedure	Display Only - Cascades from feedback
Procedure Type	Display Only - Cascades from feedback
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pind organ preservation time from cross clamp to in-situ reperfusion (include warm and cold time); Hear, mg/Saturespind organ preservation time from cross clamp to in-situ reperfusion (include warm and cold mg/Satures)mg/SaturesValue or status is reported, not both control of the control of the contro	ן הי זו	
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Post Transplant Life Support: ECMO (24 hours)	
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Post Transplant Epoprostenol (24 hours)	
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Post Transplant Epinephrine dose (mcg/kg/min) (24 hours)	
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Post Transplant Vasopressors-Neo (Phenylephrine – Neosynephrine) (mcg/kg/min dosage) (72 hours)	
Post Transplant Vasopressors-Vaso (Vasopressin – Pitressin) (units per min) (24 hours)	
Post Transplant Vasopressors-Vaso (Vasopressin – Pitressin) (units per min) (72 hours)	
Are any medications given currently for maintenance or anti-rejection	
Immunosuppression medication	
Immunosuppression medication indication	
Days of induction	

n Date: XX/XX/20XX

Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants ts for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a ond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0157 (055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security features. The Contractor's security formation collection is collection is information in setting a number of the contractor's security features. The Contractor's security system nents as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information doverage 0.27 hours per response, including the time for reviewing cata sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection astions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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