

TCR - VCA - Adult/Ped  
Fields to be completed by men

Form Section	Field Label
Provider Information	Candidate Center:
Candidate Information	Organ Registered:
Candidate Information	Listing Date:
Candidate Information	Last Name:
Candidate Information	First Name:
Candidate Information	Middle Initial:
Candidate Information	SSN:
Candidate Information	Date of Birth:
Candidate Information	Birth Sex:
Candidate Information	Ethnicity:
Candidate Information	Race:
Clinical Information	Height (in)
Clinical Information	Weight (lbs.)
Clinical Information	ABO Blood Group:

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

**PUBLIC BURDEN STATEMENT:**

The private, non-profit Organ Procurement and Transplantation Network (OPTN) c following OPTN functions: to assess whether applicants meet OPTN Bylaw require compliance of member organizations with OPTN Obligations. An agency may not c respond to, a collection of information unless it displays a currently valid OMB con information collection is 0915-0157 and it is valid until XX/XX/202X. This informati per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protectio collected by the private non-profit OPTN also are well protected by a number of th security system meets or exceeds the requirements as prescribed by OMB Circular Information Systems, and the Departments Automated Information Systems Secur for this collection of information is estimated to average 0.27 hours per response, searching existing data sources, and completing and reviewing the collection of inf estimate or any other aspect of this collection of information, including suggestion Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland,

nbbers

Notes
Display Only - Cascades from Waitlist
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ollects this information in order to perform the  
ments for membership in the OPTN; and to monitor  
onduct or sponsor, and a person is not required to  
trol number. The OMB control number for this  
on collection is required to obtain or retain a benefit  
n (Privacy Act System of Records #09-15-0055). Data  
ie Contractor's security features. The Contractor's  
A-130, Appendix III, Security of Federal Automated  
ity Program Handbook. The public reporting burden  
including the time for reviewing instructions,  
ormation. Send comments regarding this burden  
s for reducing this burden, to HRSA Information  
20857 or paperwork@hrsa.gov.