

Request to Unlock Form
Fields to be completed by member

Form Section	Field Label
Request to Unlock Form	Explanation
Request to Unlock Form	Approved By First Name
Request to Unlock Form	Last Name
Request to Unlock Form	Other Explanation

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. 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 measures 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 aspect of this collection of information, including suggestions for reducing this burden Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or [redacted]

Notes

ollects this information in order to perform
irements for membership in the OPTN; and
y may not conduct or sponsor, and a person
itly valid OMB control number. The OMB
XX/202X. This information collection is
will be subject to Privacy Act protection
ofit OPTN also are well protected by a
ets or exceeds the requirements as
ormation Systems, and the Departments
; burden for this collection of information is
tructions, searching existing data sources,
ding this burden estimate or any other
den, to HRSA Information Collection
paperwork@hrsa.gov.