

**Donor Hospital Registration**  
Fields to be completed by members

Form Section	Field Label
Request New Donor Hospital	CMS hospital name
Request New Donor Hospital	DonorNet donor hospital ID
Request New Donor Hospital	Provider ID
Request New Donor Hospital	Display name
Request New Donor Hospital	Status
Request New Donor Hospital	Street address
Request New Donor Hospital	Does this donor hospital need to be an available option when adding a new donor?
Request New Donor Hospital	City
Request New Donor Hospital	Trauma level
Request New Donor Hospital	State
Request New Donor Hospital	Time Zone
Request New Donor Hospital	ZIP code
Request New Donor Hospital	Is Daylight Savings Time observed?

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

**PUBLIC BURDEN STATEMENT:**

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organization agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15 private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Dep Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.27 hr time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Notes
Display only

following OPTN functions: to assess  
itions with OPTN Obligations. An  
rently valid OMB control number.  
s required to obtain or retain a  
-0055). Data collected by the  
n meets or exceeds the  
artments Automated Information  
ours per response, including the  
comments regarding this burden  
Collection Clearance Officer, 5600