

Pediatric Heart Candidate Listing Registratio
Fields to be completed by members

Form Section	Field Label
Add new candidate registration	Transplant Hospital
Add new candidate registration	Organ
Candidate Add	Center
Candidate Add	Organ
Candidate Add	Age group
Candidate Add	SSN
Candidate Add	Confirm SSN
Provider Information	Transplant Center
Provider Information	24 hour contact phone number
Demographic Information	SSN
Demographic Information	Confirm SSN
Demographic Information	Last Name
Demographic Information	First Name
Demographic Information	MI
Demographic Information	Date of birth
Demographic Information	Confirm date of birth
Demographic Information	Birth sex
Demographic Information	Center's patient ID
Demographic Information	State of Permanent Residence
Demographic Information	Permanent ZIP Code
Demographic Information	Ethnicity
Demographic Information	Race
Clinical Information	ABO
Clinical Information	Accept an Intended Blood Group Incompatible Organ?
Clinical Information	Height (ft)
Clinical Information	Height (in)
Clinical Information	Height (cm)
Clinical Information	Weight (lbs)
Clinical Information	Weight (kg)
HLA CLASS I	A
HLA CLASS I	A
HLA CLASS I	B
HLA CLASS I	B
HLA CLASS I	BW4
HLA CLASS I	BW6
HLA CLASS I	C
HLA CLASS I	C

HLA CLASS II	DR
HLA CLASS II	DR
HLA CLASS II	DR51
HLA CLASS II	DR51
HLA CLASS II	DR52
HLA CLASS II	DR52
HLA CLASS II	DR53
HLA CLASS II	DR53
HLA CLASS II	DQB1
HLA CLASS II	DQB1
HLA CLASS II	DQA1
HLA CLASS II	DQA1
HLA CLASS II	DPB1
HLA CLASS II	DPB1
HLA CLASS II	DPA1
HLA CLASS II	DPA1
Confirm HLA CLASS I	A
Confirm HLA CLASS I	A
Confirm HLA CLASS I	B
Confirm HLA CLASS I	B
Confirm HLA CLASS I	BW4
Confirm HLA CLASS I	BW6
Confirm HLA CLASS I	C
Confirm HLA CLASS I	C
Confirm HLA CLASS II	DR
Confirm HLA CLASS II	DR
Confirm HLA CLASS II	DR51
Confirm HLA CLASS II	DR51
Confirm HLA CLASS II	DR52
Confirm HLA CLASS II	DR52
Confirm HLA CLASS II	DR53
Confirm HLA CLASS II	DR53
Confirm HLA CLASS II	DQB1
Confirm HLA CLASS II	DQB1
Confirm HLA CLASS II	DQA1
Confirm HLA CLASS II	DQA1
Confirm HLA CLASS II	DPB1
Confirm HLA CLASS II	DPB1
Confirm HLA CLASS II	DPA1
Confirm HLA CLASS II	DPA1
Organ Information	Candidate Medical Urgency Status
Organ Information	Inactive Reason
Organ Information	Heart Diagnosis Code

Organ Information	Preliminary Crossmatch Required
Organ Information	Number of previous Heart Transplants
Justification Form Status 1A	Patient must meet one of the following criteria
Justification Form Status 1A	Congenital Heart Disease Diagnosis
Justification Form Status 1A	Other
Justification Form Status 1A	Dobutamine
Justification Form Status 1A	Dopamine
Justification Form Status 1A	Milrinone
Justification Form Status 1A	Epinephrine
Justification Form Status 1A	Norepinephrine (Levophed)
Justification Form Status 1A	IV Nitroglycerin
Justification Form Status 1A	Nesiritide (Natrekor)
Justification Form Status 1A	Nitroprusside (Nipride, Nitropress)
Justification Form Status 1A	Phenylephrine (Neo-Synephrine)
Justification Form Status 1A	Vasopressin (Pitressin)
Justification Form Status 1A	Narrative
Justification Form Status 1A	Surgeon/Physician NPI
Justification Form Status 1A	Surgeon/Physician Name
Justification Form Status 1A	Email Addresses
Justification Form Status 1B	Patient must meet one of the following criteria
Justification Form Status 1B	Hypertrophic or Restrictive Cardiomyopathy
Justification Form Status 1B	Justification Narrative
Justification Form Status 1B	Surgeon/Physician NPI
Justification Form Status 1B	Surgeon/Physician Name
Justification Form Status 1B	Email Addresses
Additional Organs	Check any additional organs the candidate may need.
Donor Characteristics	Local Minimum acceptable donor age
Donor Characteristics	Import Minimum acceptable donor age
Donor Characteristics	Local Maximum acceptable donor age
Donor Characteristics	Import Maximum acceptable donor age
Donor Characteristics	Local Minimum acceptable donor height
Donor Characteristics	Import Minimum acceptable donor height
Donor Characteristics	Local Maximum acceptable donor height
Donor Characteristics	Import Maximum acceptable donor height
Donor Characteristics	Local Minimum acceptable donor weight
Donor Characteristics	Import Minimum acceptable donor weight
Donor Characteristics	Local Maximum acceptable donor weight
Donor Characteristics	Import Maximum acceptable donor weight
Donor Characteristics	Donor Birth Sex requirements

Donor Characteristics	Local Accept DCD donor?
Donor Characteristics	Import Accept DCD donor?
Medical and Social History	Accept a donor with a history of coronary artery disease?
Infectious diseases	Accept a Hepatitis B core antibody positive donor?
Infectious diseases	Accept an HBV NAT positive donor?
Infectious diseases	Accept an HCV antibody positive donor?
Infectious diseases	Accept an HCV NAT positive donor?
Recovery	Maximum nautical miles the organ or recovery team will travel
Unacceptable Antigens	A
Unacceptable Antigens	B
Unacceptable Antigens	BW
Unacceptable Antigens	C
Unacceptable Antigens	DR
Unacceptable Antigens	DR51
Unacceptable Antigens	DR52
Unacceptable Antigens	DR53
Unacceptable Antigens	DQB1
Unacceptable Antigens	DQA1
Unacceptable Antigens	DPB1 - unacceptable antigens
Unacceptable Antigens	DPB1 - unacceptable epitopes
Unacceptable Antigens	DPA1
Verify ABO	ABO

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 for the following functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not required to respond 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. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). Data collected by the private non-profit Contractor's security features. The Contractor's security system meets or exceeds the requirements of the Department of Health and Human Services, and the Department's Automated Information System. The reporting burden for this collection of information is estimated to average 0.27 hours per response, including reviewing existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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