

OPTN Waiting Time Transfer Form
Fields to be completed by members

Form Section	Field Label
OPTN Wait Time Transfer	CANDIDATE NAME
OPTN Wait Time Transfer	WAITING LIST ORGAN
OPTN Wait Time Transfer	CANDIDATE HIC #/SSN
OPTN Wait Time Transfer	DATE OF BIRTH
OPTN Wait Time Transfer	Check here to confirm the candidate has been registered on the waiting list at the new transplant program
OPTN Wait Time Transfer	OPTION 1: Transfer Waiting Time and Remove from Earlier Transplant Program
OPTN Wait Time Transfer	I wish to transfer my accumulated waiting time from (Transplant Program Name/Code)
OPTN Wait Time Transfer	To my new listing at (Transplant Program Name/Code)
OPTN Wait Time Transfer	And in addition be removed from (Transplant Program Name/Code)
OPTN Wait Time Transfer	OPTION 2: Transfer Waiting Time and Maintain Multiple Registrations
OPTN Wait Time Transfer	I wish to transfer my accumulated waiting time from (Transplant Program Name/Code)
OPTN Wait Time Transfer	To my new listing at (Transplant Program Name/Code) and remain on the waiting list at both programs
OPTN Wait Time Transfer	CANDIDATE SIGNATURE
OPTN Wait Time Transfer	DATE
OPTN Wait Time Transfer	Transplant Program Contact Name
OPTN Wait Time Transfer	Transplant Program Contact Email
OPTN Wait Time Transfer	Transplant Program Contact Phone Number

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

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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.

