

Intestinal Waiting Time Reinstatement Form
Fields to be completed by members

Form Section	Field Label
OPTN Intestinal Waiting Time	CANDIDATE NAME
OPTN Intestinal Waiting Time	CANDIDATE HIC #/SSN
OPTN Intestinal Waiting Time	TRANSPLANT PROGRAM NAME/CODE
OPTN Intestinal Waiting Time	DATE OF TRANSPLANT
OPTN Intestinal Waiting Time	Patient has been re-listed
OPTN Intestinal Waiting Time	Operative report attached for the removal of the transplanted intestine
OPTN Intestinal Waiting Time	Date of removal (must be within 7 days of transplant)
OPTN Intestinal Waiting Time	TRANSPLANT PHYSICIAN/SURGEON SIGNATURE
OPTN Intestinal Waiting Time	DATE
OPTN Intestinal Waiting Time	TRANSPLANT PHYSICIAN/SURGEON NAME (Please print or type)
OPTN Intestinal Waiting Time	Transplant Program Contact Name
OPTN Intestinal Waiting Time	Transplant Program Contact Email
OPTN Intestinal Waiting Time	Transplant Program Contact Phone Number

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) (b) Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit Contractor's security features. The Contractor's security system meets or exceeds the requirements of a Security of Federal Automated Information Systems, 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 searching existing data sources, gathering the data needed, reviewing the collection of information, 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.

Notes

tion in order to perform the following OPTN
; and to monitor compliance of member
uired to respond to, a collection of information
n collection is 0915-0157 and it is valid until
) (2). All data collected will be subject to Privacy
OPTN also are well protected by a number of the
is prescribed by OMB Circular A-130, Appendix III,
ystems Security Program Handbook. The public
cluding the time for reviewing instructions,
nments regarding this burden estimate or any
Information Collection Clearance Officer, 5600