

Liver Cystic Fibrosis (CF) Initial MELD/PELD Score Exception
Fields to be completed by members

| Form Section | Field Label |
|--------------|---|
| Diagnosis | Transplant Center |
| Diagnosis | Name |
| Diagnosis | Date of birth |
| Diagnosis | Waitlist ID |
| Diagnosis | SSN |
| Diagnosis | ABO |
| Diagnosis | Diagnosis |
| Diagnosis | Candidate MELD/PELD data |
| Details | Cystic fibrosis (CF) |
| Details | Has cystic fibrosis been confirmed by genetic analysis? |
| Details | Forced expiratory volume in one second (FEV1) % predicted |
| Results | Review results |
| Score | Policy score for candidates meeting standard criteria |
| Score | Please request an exception score |
| Score | Score adjusted from the median PELD at transplant (MPaT) |
| Score | Justification narrative |
| Confirm | Transplant physician name |
| Confirm | Transplant physician NPI |
| Confirm | Email decision to |

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) 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 reporting burden for this collection of information is estimated to average 0.27 hours per response, including searching existing data sources, gathering the data, 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.

and Extension Form

| Notes |
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tion in order to perform the following OPTN
; and to monitor compliance of member
quired 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
including the time for reviewing instructions,
nments regarding this burden estimate or any
Information Collection Clearance Officer, 5600

