

**Pediatric Heart and HeartLung Status 1A Initial Justification  
Fields to be completed by members**

<b>Form Section</b>	<b>Field Label</b>
1A Justification Status	Form title
1A Justification Status	Case number
1A Justification Status	Submitted date
1A Justification Status	Resolved date
1A Justification Status	Status
1A Justification Status	Effective
1A Justification Information	Transplant Center
1A Justification Information	Name
1A Justification Information	Date of birth
1A Justification Information	Waitlist ID
1A Justification Information	SSN
1A Justification Information	ABO
1A Justification Diagnosis	Diagnosis
1A Justification Criteria	By criteria
1A Justification Criteria	Congenital Heart Disease Diagnosis (Check all that apply)
1A Justification Criteria	Other
1A Justification Criteria	Dobutamine
1A Justification Criteria	Dopamine
1A Justification Criteria	Milrinone

1A Justification Criteria	Epinephrine
1A Justification Criteria	Norepinephrine (Levophed)
1A Justification Criteria	IV Nitroglycerin
1A Justification Criteria	Nesiritide (Natrecor)
1A Justification Criteria	Nitroprusside (Nipride, Nitropress)
1A Justification Criteria	Phenylephrine (Neo-Synephrine)
1A Justification Criteria	Vasopressin (Pitressin)
1A Justification Criteria	Requires assistance of a mechanical circulatory support device
1A Justification Criteria	By exception
1A Justification Justification Narrative	Justification narrative
1A Justification Authorization	Transplant physician name
1A Justification Authorization	Transplant physician NPI
1A Justification Authorization	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, reviewing the collection of information, sending comments, and completing and reviewing the collection of information. Send comments or 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](mailto:paperwork@hrsa.gov).

## ation 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  
a 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