

**Pediatric Heart and HeartLung Status 1B Initial Justific
Fields to be completed by members**

Form Section	Field Label
1B Justification Status	Form title
1B Justification Status	Case number
1B Justification Status	Submitted date
1B Justification Status	Resolved date
1B Justification Status	Status
1B Justification Status	Effective
1B Justification Information	Transplant Center
1B Justification Information	Name
1B Justification Information	Date of birth
1B Justification Information	Waitlist ID
1B Justification Information	SSN
1B Justification Information	ABO
1B Justification Diagnosis	Diagnosis
1B Justification Criteria	By criteria
1B Justification Criteria	Is less than one year old at the time of the candidate's initial registration and has a diagnosis of hypertrophic or restrictive cardiomyopathy
1B Justification Criteria	By exception
1B Justification Justification Narrative	Justification narrative
1B Justification Authorization	Transplant physician name

1B Justification Authorization	Transplant physician NPI
1B 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) (b) Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN is protected by the Contractor's security features. The Contractor's security system meets or exceeds the requirements of the 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 reviewing existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate 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.

ation Form

Notes
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database
Display Only - Cascades from Database

tion in order to perform the following OPTN
; and to monitor compliance of member
uired to respond to, a collection of information
r 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