

Adult Heart and HeartLung Status 1-6 Justification Form De
Fields to be completed by members

Form Section	Field Label
Heart Justification Forms 1-6 Demographic Data	Age group
Heart Justification Forms 1-6 Demographic Data	Status
Heart Justification Forms 1-6 Demographic Data	Surgeon/Physician NPI
Heart Justification Forms 1-6 Demographic Data	Surgeon/Physician name
Heart Justification Forms 1-6 Section I	Heart status 1-6 initial listing date
Heart Justification Forms 1-6 Section I	Form effective date
Heart Justification Forms 1-6 Section I	Name
Heart Justification Forms 1-6 Section I	SSN
Heart Justification Forms 1-6 Section I	Waitlist ID
Heart Justification Forms 1-6 Section I	Date of birth
Heart Justification Forms 1-6 Section I	Transplant center
Heart Justification Forms 1-6 Section I	Hospital telephone number
Heart Justification Forms 1-6 Section II	Diagnosis
Heart Justification Forms 1-6 Section II	Age
Heart Justification Forms 1-6 Section II	Height
Heart Justification Forms 1-6 Section II	Weight
Heart Justification Forms 1-6 Section II	Is the candidate currently admitted to the listing transplant hospital?
Heart Justification Forms 1-6 Section III	Primary device
Heart Justification Forms 1-6 Section III	Device brand

Heart Justification Forms 1-6 Section III	Other specify
Heart Justification Forms 1-6 Section III	Date of implant/initiation
Heart Justification Forms 1-6 Section III	Time of implant/initiation
Heart Justification Forms 1-6 Section III	Ventricle support
Heart Justification Forms 1-6 Section III	Secondary device
Heart Justification Forms 1-6 Section III	Device brand
Heart Justification Forms 1-6 Section III	Other specify
Heart Justification Forms 1-6 Section III	Date of implant/initiation
Heart Justification Forms 1-6 Section III	Ventricle support

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

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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 is protected by the 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 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.

Demographic Data

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