

**Adult Heart and HeartLung Status 1 Initial Justification Form M**  
**Fields to be completed by members**

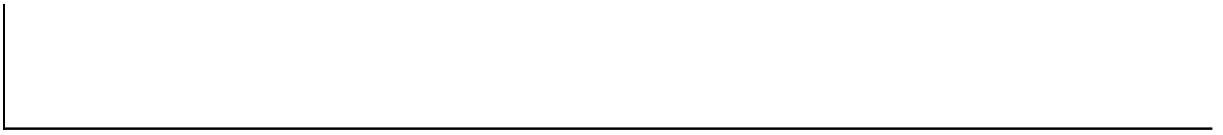
| <b>Form Section</b>                       | <b>Field Label</b>                                                        |
|-------------------------------------------|---------------------------------------------------------------------------|
| Status 1 Justification Form<br>Section IV | Veno-Arterial Extracorporeal Membrane<br>Oxygenation (VA ECMO)            |
| Status 1 Justification Form<br>Section IV | Hemodynamic measurements                                                  |
| Status 1 Justification Form<br>Section IV | Was the candidate on inotropes at the time<br>cardiac index was obtained? |
| Status 1 Justification Form<br>Section IV | Cardiac index                                                             |
| Status 1 Justification Form<br>Section IV | Cardiac index - Test Date                                                 |
| Status 1 Justification Form<br>Section IV | Cardiac index - Test Time                                                 |
| Status 1 Justification Form<br>Section IV | Pulmonary capillary wedge pressure                                        |
| Status 1 Justification Form<br>Section IV | Pulmonary capillary wedge pressure - Test<br>Date                         |
| Status 1 Justification Form<br>Section IV | Pulmonary capillary wedge pressure - Test<br>Time                         |
| Status 1 Justification Form<br>Section IV | Systolic blood pressure                                                   |
| Status 1 Justification Form<br>Section IV | Systolic blood pressure - Test Date                                       |
| Status 1 Justification Form<br>Section IV | Systolic blood pressure - Test Time                                       |
| Status 1 Justification Form<br>Section IV | Date of administration of CPR                                             |
| Status 1 Justification Form<br>Section IV | Date of administration of CPR - Test Time                                 |
| Status 1 Justification Form<br>Section IV | Systolic blood pressure                                                   |
| Status 1 Justification Form<br>Section IV | Systolic blood pressure - Test Date                                       |
| Status 1 Justification Form<br>Section IV | Systolic blood pressure - Test Time                                       |
| Status 1 Justification Form<br>Section IV | Arterial lactate                                                          |
| Status 1 Justification Form<br>Section IV | Arterial lactate - Test Date                                              |

|                                           |                                                                                                 |
|-------------------------------------------|-------------------------------------------------------------------------------------------------|
| Status 1 Justification Form<br>Section IV | Arterial lactate - Test Time                                                                    |
| Status 1 Justification Form<br>Section IV | Aspartate transaminase                                                                          |
| Status 1 Justification Form<br>Section IV | Aspartate transaminase - Test Date                                                              |
| Status 1 Justification Form<br>Section IV | Aspartate transaminase - Test Time                                                              |
| Status 1 Justification Form<br>Section IV | Alanine transaminase                                                                            |
| Status 1 Justification Form<br>Section IV | Alanine transaminase - Test Date                                                                |
| Status 1 Justification Form<br>Section IV | Alanine transaminase - Test Time                                                                |
| Status 1 Justification Form<br>Section IV | Non-dischargeable, surgically implanted, non-<br>endovascular biventricular support device      |
| Status 1 Justification Form<br>Section IV | Mechanical circulatory support device<br>(MCSD) with life threatening ventricular<br>arrhythmia |
| Status 1 Justification Form<br>Section IV | Placement of a biventricular MCSD                                                               |
| Status 1 Justification Form<br>Section IV | Patient not considered for other treatments                                                     |
| Status 1 Justification Form<br>Section IV | Exception for status 1                                                                          |
| Status 1 Justification Form<br>Section IV | This exception request is specifically related<br>to a device recall                            |
| Status 1 Justification Form<br>Section IV | Clinical Narrative                                                                              |

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 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, 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).



Medical Urgency Data

| Notes |
|-------|
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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,  
/stems Security Program Handbook. The public  
cluding the time for reviewing instructions,  
nments regarding this burden estimate or any  
Information Collection Clearance Officer, 5600

