

**Extra Vessels Reporting Form**  
**Fields to be completed by members**

Form Section	Field Label
Institution	Institution
Donor Information	Vessel donor ID
Donor Information	Donor type
Donor Information	Donor institution
Donor Information	Recovery date
Vessel Disposition	Vessel disposition
Vessel Disposition	Vessel transplant date
Vessel Disposition	Vessel destruction date
Vessel Disposition	Other specify text
Vessel Disposition	Organ accompanied
Vessel Disposition	Select hospital
Vessel Disposition	Additional information
Vessel Disposition	Recipient SSN
Vessel Disposition	Recipient last name
Vessel Disposition	Recipient first name
Vessel Disposition	DOB
Vessel Disposition	Transplant date
Vessel Disposition	Transplanted organ

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 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](mailto:paperwork@hrsa.gov).

Notes
Display Only
Display Only
Display Only
Display Only
Display Only
Display Only

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