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### Fields to be completed by members

Field Label	Notes
Transplant Center	Read only
Transplant Center Code	Read only
Patient MRN	
Organ	
First Name	
Middle Name	
Last Name	
DOB	
Birth Sex	
SSN	
Race	
Ethnicity	
Primary Phone Number	
Permanent Street Address	
City of Permanent Residence	
State of Permanent Residence	
Zip Code of Permanent Residence	
Country of Permanent Residence	
Source of Payment/Primary	
Source of Payment/Secondary	
Referral Date	
Referring Provider NPI	
Referral Status	
Referral Status/Referral Closure Reason	Conditional, if Referral Status is Closed
Referral Status/Referral Closure Date	Conditional, if Referral Status is Closed
Referral Status/Death Date	Conditional, if Referral Closure Reason is Patient Died

transplantation Network (OPTN) collects this information in order to perform the following OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member pay not conduct or sponsor, and a person is not required to respond to, a collection of information number. The OMB control number for this information collection is 0906-XXXX and it is valid until 12/31/2015. Do not obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act (5 U.S.C. 552a) and (16 CFR 115.0055). Data collected by the private non-profit OPTN also are well protected by a number of the security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, and the Departments Automated Information Systems Security Program Handbook. The public burden is estimated to average 0.35 hours per response, including the time for reviewing instructions, reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 5206, Rockville, MD 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

