

Pre-Waitlist Transplant Evaluation Form
Fields to be completed by members

Form Section	Field Label
OPTN Patient Identification	Transplant Center
OPTN Patient Identification	Transplant Center Code
OPTN Patient Identification	Patient MRN
OPTN Patient Identification	Organ
Patient Demographics	First Name
Patient Demographics	Middle Name
Patient Demographics	Last Name
Patient Demographics	DOB
Patient Demographics	Birth Sex
Patient Demographics	SSN
Patient Demographics	Race
Patient Demographics	Ethnicity
Contact Information	Primary Phone Number
Contact Information	Permanent Street Address
Contact Information	City of Permanent Residence
Contact Information	State of Permanent Residence
Contact Information	Zip Code of Permanent Residence
Contact Information	Country of Permanent Residence
Financial Resources	Source of Payment/Primary
Financial Resources	Source of Payment/Secondary
Financial Resources	Working for Income
Patient Measurements	Height
Patient Measurements	Weight
Patient Measurements	BMI
Evaluation Details	Primary Diagnosis
Evaluation Details	Evaluation Status
Evaluation Details	Selection Committee Date
Evaluation Details	Selection Committee Decision
Evaluation Details	Selection Committee Decision/Declined Reason
Evaluation Details	Selection Committee Decision/Death Date

OMB No. 0906-XXXX ; 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, unless it displays a currently valid OMB control number. The OMB control number for this information is 0906-XXXX.

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