

Adult HeartLung Candidate Listing Registrati
Fields to be completed by members

Form Section	Field Label
Add new candidate registration	Transplant Hospital
Add new candidate registration	Organ
Candidate Add	Center
Candidate Add	Organ
Candidate Add	SSN
Candidate Add	Confirm SSN
Candidate Add	Age Group
Provider Information	Transplant Hospital
Provider Information	24 Hour Contact Phone Number
Demographic Information	SSN
Demographic Information	Confirm SSN
Demographic Information	Last Name
Demographic Information	First Name
Demographic Information	MI
Demographic Information	Date of birth
Demographic Information	Confirm date of birth
Demographic Information	Birth sex
Demographic Information	Center Patient ID
Demographic Information	State of Permanent Residence
Demographic Information	Permanent ZIP Code
Demographic Information	Ethnicity
Demographic Information	Race
Clinical Information	ABO
Clinical Information	Accept an Intended Blood Group Incompatible Organ?
Clinical Information	Height (ft)
Clinical Information	Height (in)
Clinical Information	Height (cm)
Clinical Information	Date
Clinical Information	Weight (lbs)
Clinical Information	Weight (kg)
Clinical Information	Date
Clinical Information	BMI
HLA CLASS I	A
HLA CLASS I	A
HLA CLASS I	B
HLA CLASS I	B
HLA CLASS I	BW4
HLA CLASS I	BW6
HLA CLASS I	C

HLA CLASS I	C
HLA CLASS II	DR
HLA CLASS II	DR
HLA CLASS II	DR51
HLA CLASS II	DR51
HLA CLASS II	DR52
HLA CLASS II	DR52
HLA CLASS II	DR53
HLA CLASS II	DR53
HLA CLASS II	DQB1
HLA CLASS II	DQB1
HLA CLASS II	DQA1
HLA CLASS II	DQA1
HLA CLASS II	DPB1
HLA CLASS II	DPB1
HLA CLASS II	DPA1
HLA CLASS II	DPA1
Confirm HLA CLASS I	A
Confirm HLA CLASS I	A
Confirm HLA CLASS I	B
Confirm HLA CLASS I	B
Confirm HLA CLASS I	BW4
Confirm HLA CLASS I	BW6
Confirm HLA CLASS I	C
Confirm HLA CLASS I	C
Confirm HLA CLASS II	DR
Confirm HLA CLASS II	DR
Confirm HLA CLASS II	DR51
Confirm HLA CLASS II	DR51
Confirm HLA CLASS II	DR52
Confirm HLA CLASS II	DR52
Confirm HLA CLASS II	DR53
Confirm HLA CLASS II	DR53
Confirm HLA CLASS II	DQB1
Confirm HLA CLASS II	DQB1
Confirm HLA CLASS II	DQA1
Confirm HLA CLASS II	DQA1
Confirm HLA CLASS II	DPB1
Confirm HLA CLASS II	DPB1
Confirm HLA CLASS II	DPA1
Confirm HLA CLASS II	DPA1
Organ Information	Candidate Medical Urgency Status
Organ Information	Inactive Reason
Organ Information	Heart Diagnosis Code
Organ Information	Lung Diagnosis Code

Organ Information	Indicate reason for change in diagnosis
Organ Information	Other specify
Organ Information	Functional Status
Organ Information	Eval Date
Organ Information	Diabetes
Organ Information	Eval Date
Organ Information	Assisted Ventilation
Organ Information	Eval Date
Organ Information	Requires Supplemental O2
Organ Information	Eval Date
Organ Information	On high flow nasal cannula?
Organ Information	Amount L/min
Organ Information	Amount Percent
Organ Information	Pulmonary Function Test Date
Organ Information	Actual Forced Vital Capacity (FVC)
Organ Information	Percent Predicted FVC
Organ Information	Pre Bronchodilator Actual FEV1
Organ Information	Pre Bronchodilator Percent Predicted FEV1
Organ Information	Post Bronchodilator Actual FEV1
Organ Information	Post Bronchodilator Percent Predicted FEV1
Organ Information	Six Minute Walk Distance
Organ Information	Test Date
Organ Information	Most Recent Heart Catheterization Date
Organ Information	Pulmonary Artery Systolic Pressure
Organ Information	Pulmonary Artery Diastolic Pressure
Organ Information	Mean Pulmonary Artery Pressure
Organ Information	Pulmonary Capillary Wedge Mean
Organ Information	Cardiac Output (CO)
Organ Information	Cardiac Index (CI)
Organ Information	Central Venous Pressure (CVP)
Organ Information	Test Date
Organ Information	Hgb/Hct Test Date
Organ Information	Hemoglobin (Hgb)
Organ Information	Hematocrit (Hct)
Organ Information - Blood Gas Information	Date
Organ Information - Blood Gas Information	Time
Organ Information - Blood Gas Information	Blood Gas Test Type
Organ Information - Blood Gas Information	pH
Organ Information - Blood Gas Information	PCO2
Organ Information - Blood Gas Information	PO2
Organ Information - Blood Gas Information	Supplemental O2 at time of test?
Organ Information - Blood Gas Information	O2 Amount L/min
Organ Information - Blood Gas Information	O2 Amount Percent
Organ Information - Blood Gas Information	Date
Organ Information - Blood Gas Information	Time

Organ Information - Blood Gas Information	Blood Gas Test Type
Organ Information - Blood Gas Information	pH
Organ Information - Blood Gas Information	PCO2
Organ Information - Blood Gas Information	PO2
Organ Information - Blood Gas Information	Supplemental O2 at time of test?
Organ Information - Blood Gas Information	O2 Amount L/min
Organ Information - Blood Gas Information	O2 Amount Percent
Organ Information - Blood Gas Information	Date
Organ Information - Blood Gas Information	Time
Organ Information - Blood Gas Information	Blood Gas Test Type
Organ Information - Blood Gas Information	pH
Organ Information - Blood Gas Information	PCO2
Organ Information - Blood Gas Information	PO2
Organ Information - Blood Gas Information	Supplemental O2 at time of test?
Organ Information - Blood Gas Information	O2 Amount L/min
Organ Information - Blood Gas Information	O2 Amount Percent
Organ Information - Serum Creatinine Information	Date
Organ Information - Serum Creatinine Information	Time
Organ Information - Serum Creatinine Information	Serum Creatinine
Organ Information - Serum Creatinine Information	Date
Organ Information - Serum Creatinine Information	Time
Organ Information - Serum Creatinine Information	Serum Creatinine
Organ Information - Serum Creatinine Information	Date
Organ Information - Serum Creatinine Information	Time
Organ Information - Serum Creatinine Information	Serum Creatinine
Organ Information - Total Bilirubin Information	Date
Organ Information - Total Bilirubin Information	Time
Organ Information - Total Bilirubin Information	Total Bilirubin
Organ Information - Total Bilirubin Information	Date
Organ Information - Total Bilirubin Information	Time
Organ Information - Total Bilirubin Information	Total Bilirubin
Organ Information - Total Bilirubin Information	Date

Organ Information - Total Bilirubin Information	Time
Organ Information - Total Bilirubin Information	Total Bilirubin
Organ Information	Preliminary Crossmatch Required
Organ Information	Number of previous Heart/Lung Transplants
Organ Information	Is the candidate listed for a vascularized composite allograft (VCA)?
Additional Organs	Check any additional organs the candidate may need.
Donor Characteristics	Minimum acceptable donor age
Donor Characteristics	Maximum acceptable donor age
Donor Characteristics	Minimum acceptable donor height
Donor Characteristics	Maximum acceptable donor height
Donor Characteristics	Minimum acceptable donor weight
Donor Characteristics	Maximum acceptable donor weight
Donor Characteristics	Acceptable donor predicted total lung capacity (pTLC) range
Donor Characteristics	Donor gender requirements
Donor Characteristics	Accept DCD donor?
Medical and Social History	Accept a donor with a history of coronary artery disease?
Medical and Social History	~~Accept a donor with cigarette use > 20 packs years ever?~~
Infectious diseases	Accept a Hepatitis B core antibody positive donor?
Infectious diseases	Accept an HBV NAT positive donor?
Infectious diseases	Accept an HCV antibody positive donor?
Infectious diseases	Accept an HCV NAT positive donor?
Recovery	Maximum nautical miles the organ or recovery team will travel
Unacceptable Antigens	A
Unacceptable Antigens	B
Unacceptable Antigens	BW
Unacceptable Antigens	C
Unacceptable Antigens	DR
Unacceptable Antigens	DR51
Unacceptable Antigens	DR52
Unacceptable Antigens	DR53
Unacceptable Antigens	DQB1
Unacceptable Antigens	DQA1
Unacceptable Antigens	DPB1 - unacceptable antigens
Unacceptable Antigens	DPB1 - unacceptable epitopes
Unacceptable Antigens	DPA1
Risk Stratification Data	Total number of prior sternotomies
Risk Stratification Data	Any prior history of stroke?

Risk Stratification Data	Any prior history of peripheral thromboembolic events?
Risk Stratification Data	Number of hospitalizations for heart failure in last 12 months
Risk Stratification Data	Is the candidate on a diuretic?
Risk Stratification Data	Furosemide - Amount
Risk Stratification Data	Furosemide - IV/PO
Risk Stratification Data	Torsemide - Amount
Risk Stratification Data	Torsemide - IV/PO
Risk Stratification Data	Bumetanide - Amount
Risk Stratification Data	Bumetanide - IV/PO
Risk Stratification Data	Chlorothiazide - Amount
Risk Stratification Data	Chlorothiazide - IV/PO
Risk Stratification Data	Metolazone - Amount
Risk Stratification Data	Metolazone - IV/PO
Risk Stratification Data	Other diuretic - Name
Risk Stratification Data	Other diuretic - Amount
Risk Stratification Data	Other diuretic - IV/PO
Risk Stratification Data	Is the candidate on vasoactive support?
Risk Stratification Data	Dobutamine
Risk Stratification Data	Dopamine
Risk Stratification Data	Milrinone
Risk Stratification Data	Epinephrine
Risk Stratification Data	Norepinephrine
Risk Stratification Data	Vasopressin
Risk Stratification Data	Is the candidate on anti-arrhythmics?
Risk Stratification Data	Is the candidate on pulmonary vasodilators?
Risk Stratification Data	Pulmonary Vasodilators Specify
Risk Stratification Data	Is the candidate on dialysis?
Risk Stratification Data	Is the candidate on continuous invasive mechanical ventilation?
Risk Stratification Data	Most Recent Cardiopulmonary Stress Test Date
Risk Stratification Data	Peak O2 consumption
Risk Stratification Data	Respiratory exchange ratio (RER)
Risk Stratification Data	VE/VCO2
Risk Stratification Data	Most Recent Sensitization Data Date
Risk Stratification Data	CPRA
Risk Stratification Data	PRA typing method
Risk Stratification Data	Other Specify
Risk Stratification Data	MFI threshold
Risk Stratification Data	Most Recent Hemodynamic Data Date
Risk Stratification Data	Hemodynamic data obtained using
Risk Stratification Data	Other Specify
Risk Stratification Data	Hemodynamic values were obtained when candidate was on

Risk Stratification Data	Systolic blood pressure
Risk Stratification Data	Diastolic blood pressure
Risk Stratification Data	Resting heart rate (on same date as hemodynamic test)
Risk Stratification Data	Central venous pressure
Risk Stratification Data	Pulmonary artery systolic pressure
Risk Stratification Data	Pulmonary artery diastolic pressure
Risk Stratification Data	Mean pulmonary artery pressure
Risk Stratification Data	Value obtained for PCWP or LVEDP
Risk Stratification Data	PCWP/LVEDP - Amount
Risk Stratification Data	Cardiac output
Risk Stratification Data	Cardiac index
Risk Stratification Data	Mixed venous oxygen saturation (SvO2)
Risk Stratification Data	Hemoglobin at time of SvO2
Risk Stratification Data	Most Recent Data for VAD patients
Risk Stratification Data	LDH
Risk Stratification Data	Test date
Risk Stratification Data	Plasma free hemoglobin
Risk Stratification Data	Test date
Risk Stratification Data	Has the candidate experience hemoglobinuria?
Risk Stratification Data	Most Recent Heart Failure Severity Data
Risk Stratification Data	Serum sodium
Risk Stratification Data	Test date
Risk Stratification Data	Serum creatinine
Risk Stratification Data	Test date
Risk Stratification Data	BUN
Risk Stratification Data	Test date
Risk Stratification Data	Serum albumin
Risk Stratification Data	Test date
Risk Stratification Data	AST
Risk Stratification Data	Test date
Risk Stratification Data	Serum bilirubin
Risk Stratification Data	Test date
Risk Stratification Data	Arterial lactate
Risk Stratification Data	Test date
Risk Stratification Data	INR
Risk Stratification Data	Test date
Risk Stratification Data	Brain natriuretic peptide test performed
Risk Stratification Data	BNP test type
Risk Stratification Data	BNP/NT Pro BNP - Amount
Risk Stratification Data	Test date
Justification Form Information	Surgeon/Physician NPI
Justification Form Information	Surgeon/Physician name
Justification Form Information	Hospital Telephone Number

Justification Form Status 1	Is the candidate currently admitted to the listing transplant hospital?
Justification Form Status 1	Primary device
Justification Form Status 1	Device Brand
Justification Form Status 1	Other specify
Justification Form Status 1	Date of implant/initiation
Justification Form Status 1	Time of implant/initiation
Justification Form Status 1	Ventricle support
Justification Form Status 1	Secondary device
Justification Form Status 1	Device Brand
Justification Form Status 1	Other specify
Justification Form Status 1	Date of implant/initiation
Justification Form Status 1	Ventricle support
Justification Form Status 1	Veno-Arterial Extracorporeal Membrane Oxygenation (VA ECMO)
Justification Form Status 1	Select one of the following
Justification Form Status 1	Was the candidate on inotropes at the time cardiac index was obtained?
Justification Form Status 1	Cardiac index
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Pulmonary capillary wedge pressure
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Systolic blood pressure
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Date of administration of CPR
Justification Form Status 1	Test Time
Justification Form Status 1	Systolic blood pressure
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Arterial lactate
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Aspartate transaminase
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Alanine transaminase
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Non-dischargeable, surgically implanted, non-endovascular biventricular support device

Justification Form Status 1	Mechanical circulatory support device (MCSD) with life threatening ventricular arrhythmia
Justification Form Status 1	Select at least one of the following
Justification Form Status 1	Exception for status 1
Justification Form Status 1	This exception request is specifically related to a device recall
Justification Form Status 1	Clinical Narrative
Justification Form Status 2	Primary device
Justification Form Status 2	Device Brand
Justification Form Status 2	Other specify
Justification Form Status 2	Date of implant/initiation
Justification Form Status 2	Time of implant/initiation
Justification Form Status 2	Ventricle support
Justification Form Status 2	Secondary device
Justification Form Status 2	Device Brand
Justification Form Status 2	Other specify
Justification Form Status 2	Date of implant/initiation
Justification Form Status 2	Ventricle support
Justification Form Status 2	Non-dischargeable, surgically implanted, non-endovascular left ventricular assist device (LVAD)
Justification Form Status 2	Total artificial heart (TAH), BiVAD, right ventricular assist device (RVAD), or ventricular assist device (VAD) for single ventricle patients
Justification Form Status 2	Mechanical circulatory support device (MCSD) with malfunction
Justification Form Status 2	Percutaneous endovascular mechanical circulatory support device
Justification Form Status 2	Select one of the following
Justification Form Status 2	Cardiac index
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Pulmonary capillary wedge pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Date of administration of CPR
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Arterial lactate
Justification Form Status 2	Test Date

Justification Form Status 2	Test Time
Justification Form Status 2	Aspartate transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Alanine transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Intra-aortic balloon pump (IABP)
Justification Form Status 2	Select one of the following
Justification Form Status 2	Cardiac index
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Pulmonary capillary wedge pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Date of administration of CPR
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Arterial lactate
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Aspartate transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Alanine transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Was the candidate on inotropes at the time cardiac index was obtained?
Justification Form Status 2	Cardiac index
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Pulmonary capillary wedge pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Hemodynamic measurements were not obtained. However, within 24 hours prior to IABP support

Justification Form Status 2	Date of administration of CPR
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Arterial lactate
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Aspartate transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Alanine transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Ventricular tachycardia (VT) or ventricular fibrillation (VF)
Justification Form Status 2	Exception for status 2
Justification Form Status 2	This exception request is specifically related to a device recall
Justification Form Status 2	Clinical Narrative
Justification Form Status 3	Primary device
Justification Form Status 3	Device Brand
Justification Form Status 3	Other specify
Justification Form Status 3	Date of implant/initiation
Justification Form Status 3	Time of implant/initiation
Justification Form Status 3	Ventricle support
Justification Form Status 3	Secondary device
Justification Form Status 3	Device Brand
Justification Form Status 3	Other specify
Justification Form Status 3	Date of implant/initiation
Justification Form Status 3	Ventricle support
Justification Form Status 3	Date of implant/initiation
Justification Form Status 3	Ventricle support
Justification Form Status 3	Dischargeable left ventricular assist device (LVAD) for discretionary 30 days
Justification Form Status 3	Multiple inotropes or a single high dose inotrope and hemodynamic monitoring
Justification Form Status 3	Select one of the following
Justification Form Status 3	Candidate is supported by either
Justification Form Status 3	Was the candidate on inotropic or mechanical support at the time cardiac index was obtained?
Justification Form Status 3	Cardiac index
Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Pulmonary capillary wedge pressure

Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Systolic blood pressure
Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Mechanical circulatory support device (MCSD) with hemolysis
Justification Form Status 3	Two separate samples collected within 48 hours of each other confirming markers of active hemolysis as evidenced by at least two of the following
Justification Form Status 3	Mechanical circulatory support device (MCSD) with pump thrombosis
Justification Form Status 3	The candidate has one of the following conditions
Justification Form Status 3	The candidate is supported by one of the following treatments in the hospital
Justification Form Status 3	Mechanical circulatory support device (MCSD) with right heart failure
Justification Form Status 3	Dobutamine
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Dopamine
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Epinephrine
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Milrinone
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Inhaled nitric oxide
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Intravenous prostacyclin
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Pulmonary capillary wedge pressure
Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Central venous pressure
Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Mechanical circulatory support device (MCSD) with device infection
Justification Form Status 3	Candidate is supported by an MCSD and is either experiencing a pump-related local or systemic infection with one of the following symptoms, or continues to require IV antibiotics
Justification Form Status 3	Mechanical circulatory support device (MCSD) with mucosal bleeding
Justification Form Status 3	Number of hospitalizations for mucosal bleeding within the past six months

Justification Form Status 3	Mechanical circulatory support device (MCSD) with aortic insufficiency (AI)
Justification Form Status 3	Veno-arterial extracorporeal membrane oxygenation (VA ECMO) after 7 days
Justification Form Status 3	Non-dischargeable, surgically implanted, non-endovascular left ventricular assist device (LVAD) after 14 days
Justification Form Status 3	Percutaneous endovascular circulatory support device after 14 days
Justification Form Status 3	Intra-aortic balloon pump after 14 days
Justification Form Status 3	Mechanical circulatory support device (MCSD) with life threatening ventricular arrhythmia after 7 days
Justification Form Status 3	Exception for status 3
Justification Form Status 3	This exception request is specifically related to a device recall
Justification Form Status 3	Clinical Narrative
Justification Form Status 4	Is the candidate currently admitted to the listing transplant hospital?
Justification Form Status 4	Primary device
Justification Form Status 4	Don-Dischargeable VAD Device Brand
Justification Form Status 4	Other specify
Justification Form Status 4	Dischargeable VAD Device Brand
Justification Form Status 4	Other specify
Justification Form Status 4	Date of implant/initiation
Justification Form Status 4	Time of implant/initiation
Justification Form Status 4	Ventricle support
Justification Form Status 4	Secondary device
Justification Form Status 4	Device Brand
Justification Form Status 4	Other specify
Justification Form Status 4	Date of implant/initiation
Justification Form Status 4	Ventricle support
Justification Form Status 4	Dischargeable left ventricular assist device (LVAD) without discretionary 30 days
Justification Form Status 4	Inotropes without hemodynamic monitoring
Justification Form Status 4	Dobutamine
Justification Form Status 4	Date of Initiation
Justification Form Status 4	Milrinone
Justification Form Status 4	Date of Initiation
Justification Form Status 4	Epinephrine
Justification Form Status 4	Date of Initiation
Justification Form Status 4	Dopamine
Justification Form Status 4	Date of Initiation
Justification Form Status 4	Cardiac index
Justification Form Status 4	Test Date
Justification Form Status 4	Pulmonary capillary wedge pressure
Justification Form Status 4	Test Date

Justification Form Status 4	Congenital heart disease
Justification Form Status 4	Congenital Heart Disease Diagnosis
Justification Form Status 4	Other
Justification Form Status 4	Ischemic heart disease with intractable angina
Justification Form Status 4	Amyloidosis, or hypertrophic or restrictive cardiomyopathy
Justification Form Status 4	Candidate is diagnosed with at least one of the following
Justification Form Status 4	Candidate meets at least one of the following requirements
Justification Form Status 4	New York Heart Association (NYHA) Class III-IV symptoms with either
Justification Form Status 4	Retransplant
Justification Form Status 4	Exception for status 4
Justification Form Status 4	Clinical Narrative
Verify ABO	ABO

OMB No. 0906-0010; 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 0906-0010. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(1). This information collection is subject to the Privacy 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 the Federal Information 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 0.29 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.

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ation in order to perform the following OPTN
 ; and to monitor compliance of member
 uired to respond to, a collection of information
 n collection is 0906-0010 and it is valid until
 o)(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
 ncluding the time for reviewing instructions,
 mments regarding this burden estimate or any
 , Information Collection Clearance Officer, 5600