

**Liver Familial Amyloid Polyneuropathy (FAP) Initial MELD/PELD
Fields to be completed by members**

Form Section	Field Label
Diagnosis	Transplant Center
Diagnosis	Name
Diagnosis	Date of birth
Diagnosis	Waitlist ID
Diagnosis	SSN
Diagnosis	ABO
Diagnosis	Diagnosis
Diagnosis	Candidate MELD/PELD data
Details	Familial amyloid polyneuropathy (FAP)
Details	Is the candidate actively registered on the waiting list for a heart transplant?
Details	What is the candidate's ejection fraction (EF) as measured by echocardiogram?
Details	Echo Date
Details	Can the candidate walk without assistance?
Details	Has a transthyretin (TTR) gene mutation been confirmed?
Details	Does the candidate have a biopsy-proven amyloid?
Results	Review results
Score	Policy score for candidates meeting standard criteria
Score	Please request an exception score
Score	Justification narrative
Confirm	Transplant physician name
Confirm	Transplant physician NPI
Confirm	Email decision to

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 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 (Contractor's security features. The Contractor's security system meets or exceeds the requirements a Security of Federal Automated Information Systems, and the Departments 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 on this collection of information, including suggestions for reducing this burden, to HRSA

Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Score Exception Form

Notes
Display Only
Display Only
Display Only
Display Only
Display Only
Display Only
Display Only
Percent
Display Only
Display Only

tion in order to perform the following OPTN
 ; and to monitor compliance of member
 ired 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
 s prescribed by OMB Circular A-130, Appendix III,
 'systems Security Program Handbook. The public
 cluding the time for reviewing instructions,
 nments regarding this burden estimate or any
 Information Collection Clearance Officer, 5600

