

Organ Procurement Organization Registration Form

Type of Facility / Organization	
New facility?	Renewal?
Tissue Bank Eye Bank	Please attach evidence of current FDA registration.
Health Care Facility Performing Transplants	Please attach evidence of current organ procurement and transplantation network membership

Facility / Organization Information		
Legal Name:		
DBA Name (if applicable):		
Physical Address, City, State & ZIP:		
Phone:	Fax:	County:
Mailing Address (if different from above):		
Facility / Organization Email:		Tax ID#:

Administrator Information		
Name of Administrator(s):		
Address, City, State & ZIP:		
Phone:	Fax:	County:
Email:		

Contact Person for Organ Procurement or Transplant Program (If applicable)		
Name:		
Phone:	Email:	Fax:

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct and complete. I will notify Health Care Regulation and Quality Improvement, in writing, of any changes in this information within 30 days of any such change.

Administrator's Signature

Print Name

Print Title

Date (mm/dd/year)

Mail application to: **Oregon Health Authority**
HFLC
800 NE Oregon St., Suite 465
Portland, OR 97232

Questions about this application? Phone: 971-673-0540 Email: mailbox.hclc@odhsaha.oregon.gov