

ORGAN PROCUREMENT ORGANIZATION
 TISSUE BANK OR EYE BANK
 Registration Form

DHS – Public Health Division
 Oregon Health Care Licensure and Certification
 Suite 305, P.O. Box 14450, Portland, OR 97293-0450
 Phone # 971.673/0540 Fax # 971.673.0556

Facility / Organization Name:		
Facility / Organization Physical Address:	City / State:	Zip:
Type of Provider – Circle All Appropriate: →	Organ Procurement Organization / Tissue Bank / Eye Bank ↓	Health Care Facility Performing Transplants ↓
	Attach Evidence of : Current FDA Registration	Attach Evidence of: Current Organ Procurement and Transplantation Network Membership
Name of Administrator:	Telephone No.:	Fax No.:
Contact Person for Organ Procurement or Transplant Program:	Contact Phone No.:	Contact E-mail Address:
Signature of Administrator:		Date:
HCLC Office Use Only		
Date Received in Office:		
Reviewed by:	Date:	