OREGON HEALTH AUTHORITY

Organ Procurement Organization

Registration Form
Health Care Regulation and Quality Improvement

Phone: 971-673-0540 Fax: 971-673-0556

Type of Facility / Organization

Tissue Bank	☐ If checked go to Box 1	Eye Bank	☐ If checked go to Box 1
Health Care Facility Performing Transplants	☐ If checked go to Box 2		

Box 1

Please Attach Evidence of Current FDA Registration

Box 2

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:		

Administrator Information

Name of Administrator(s):		
Address, City, State & ZIP:		
Phone:	Fax:	County:
Email:		
Contact Person for Organ Procurement or Transplant Program (If applicable)		
Phone:	Fax:	
Email:		

_____ _____

Administrator's Signature ***Print Name***

_____ _____

Print Title ***Date (mm/dd/year)***

Mail to:

Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 305
Portland, OR 97232