

Organ Procurement Organization (OPO) Registration Application

[Click Here for OPO Administrative Rules](#)

Type of Action	
Initial Registration	
Registration Renewal	

Type of Organization	
Tissue Bank	Please attach evidence of current FDA registration.
Eye Bank	
Health Care Facility Performing Corneal or Tissue Transplants	Please attach evidence of current organ procurement and transplantation network membership.

Registry Information		
Legal name:		
DBA name (if applicable):		
Physical address, city, state & zip:		
Phone:	Fax:	County:
Mailing address (if different from above):		
Registry email:		Tax ID#

Administrator Information	
Administrator name:	Administrator phone:
Administrator email:	
Address, city, state & zip:	

800 NE Oregon Street, Suite 465, Portland, OR, 97232

Voice: (971) 673-0540 (option 3) | Fax: (971) 673-0556 | All relay calls accepted

<http://www.healthoregon.org/hflc> | mailbox.inhomecare@odhsoha.oregon.gov

Contact Person for Organ Procurement Organization (If applicable)		
Name:		
Address, city, state & zip:		
Phone:	Email:	Fax:
Questions? Phone: 971-673-0540 (option 3) Email: mailbox.inhomecare@odhsoha.oregon.gov		

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 such change.

Administrator's Signature

Print Name

Print Title

Date (mm/dd/year)

The person who filled out this application form	
Name:	Email:
Title:	Phone: