

Doe, Jane

DonorNet ID: ABC123

- Summary
- Registration
- Status



PROVIDER INFORMATION ?

OPO: * 123456 - ABCD - ABCD Organ
 Donor hospital: * 123456 - DCBA - DCBA Hospital
 Has consent been obtained? * Yes
 Requested by: * Doe, Jane (1118) ▼
 Time zone: * Central Is Daylight Savings Time observed? * Yes

STATUS DETERMINATION ?

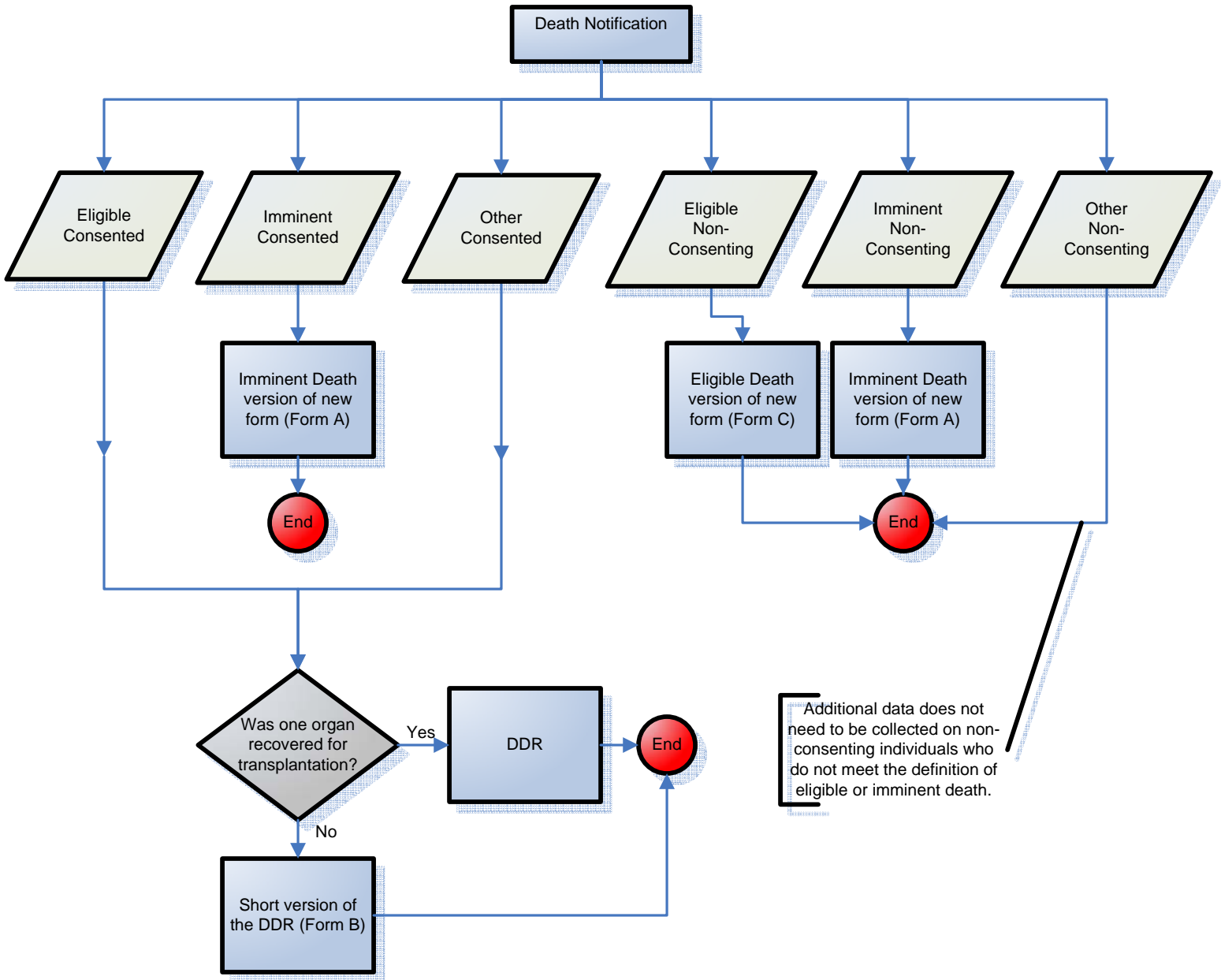
Eligibility status: Unknown
 Imminent neurological death: Unknown
 Ventilator support?: Yes No
 Severe neurological Injury?: Yes No
 GCS known?: Yes No
 Absence of brain stem reflexes?: Yes No
 Which reflexes are absent?
 Corneal reflex Cough reflex
 Doll's eyes reflex Gag reflex
 Pupillary reaction Response to iced caloric
 Response to painful stimuli Spontaneous breathing
 Deteriorated to cardiac death?: Yes No
 Legally declared brain dead?: Yes No

Exclusions:

Exclusion ▼	Category ▼	Check all that apply
Agranulocytosis:	General	<input type="checkbox"/>
Aplastic anemia:	General	<input type="checkbox"/>
Aspergillus (active):	Fungal	<input type="checkbox"/>
Candidemia (active) or yeast infection (invasive):	Fungal	<input type="checkbox"/>
Coccidioides (active):	Fungal	<input type="checkbox"/>
CMV (active):	Viral	<input type="checkbox"/>
Creutzfeldt-Jacob Disease	Prion	<input type="checkbox"/>
Cryptococcus (active):	Fungal	<input type="checkbox"/>
Current malignant neoplasms:	General	<input type="checkbox"/>
EBNA:	Viral	<input type="checkbox"/>
EBV VCA IgG:	Viral	<input type="checkbox"/>
EBV VCA IgM:	Viral	<input type="checkbox"/>
Encephalitis (active):	Bacterial	<input type="checkbox"/>
Encephalitis (active):	Fungal	<input type="checkbox"/>
Encephalitis (active):	Parasitic	<input type="checkbox"/>
Encephalitis (active):	Viral	<input type="checkbox"/>
Gangrenous bowel:	Bacterial	<input type="checkbox"/>
HBsAg (reactive):	Viral	<input type="checkbox"/>
Herpes simplex (active):	Viral	<input type="checkbox"/>
Histoplasma (active):	Fungal	<input type="checkbox"/>
History of melanoma:	General	<input type="checkbox"/>
Hodgkins' disease:	General	<input type="checkbox"/>
	Viral	<input type="checkbox"/>
HTLV I/II:	Viral	<input type="checkbox"/>
Immaturity (extreme):	General	<input type="checkbox"/>
Intra-abdominal sepsis:	Bacterial	<input type="checkbox"/>
Leishmania (active):	Parasitic	<input type="checkbox"/>
Leprosy:	Bacterial	<input type="checkbox"/>
Leukemia:	General	<input type="checkbox"/>
Lymphoma:	General	<input type="checkbox"/>
Malaria/Plasmodium (active):	Parasitic	<input type="checkbox"/>
Meningitis (active):	Bacterial	<input type="checkbox"/>
Meningitis (active):	Fungal	<input type="checkbox"/>
Meningitis (active):	Parasitic	<input type="checkbox"/>
Meningitis (active):	Viral	<input type="checkbox"/>
Myeloma (multiple):	General	<input type="checkbox"/>
Multi-system organ failure:	General	<input type="checkbox"/>
Perforated bowel:	Bacterial	<input type="checkbox"/>
Pneumonia (active):	Viral	<input type="checkbox"/>
Previous malignant neoplasms with current evident metastatic disease:	General	<input type="checkbox"/>
Rabies:	Viral	<input type="checkbox"/>
Retroviral infections:	Viral	<input type="checkbox"/>
SARS:	Viral	<input type="checkbox"/>
Strongyloides (active):	Parasitic	<input type="checkbox"/>
Trypanosoma cruzi (active):	Parasitic	<input type="checkbox"/>
Tuberculosis:	Bacterial	<input type="checkbox"/>
Varicella zoster (active):	Viral	<input type="checkbox"/>
West Nile virus infection:	Viral	<input type="checkbox"/>

Save

High-level workflow Imminent and Eligible Death Data Collection Project



Local Death Notification ?

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Doe, Jane

DonorNet ID: ABC123

Summary

Registration

STATUS: INCOMPLETE

PROVIDER INFORMATION

OPO:*	123456 - ABCD - ABCD Organ Center
Donor hospital:*	123456 - ABCD Organ Center
Date and time of pronouncement of death:*	Date: <input type="text"/> <input type="text"/> Time: <input type="text"/> (military time)
How did you learn of this case?:*	<input checked="" type="radio"/> Donor hospital notification <input type="radio"/> Retrospective review
Date of hospital notification:*	<input type="text"/> <input type="text"/>
Has consent been obtained for organ donation?:*	No
Was consent requested?:*	<input type="radio"/> Yes <input type="radio"/> No
Reason consent not requested:*	<input type="text"/>
Requested by:*	<input type="text"/>

DEMOGRAPHICS

Last name:*	First name:*	
Doe	Jane	
ABO:	<input checked="" type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> AB <input type="radio"/> A1 <input type="radio"/> A1B <input type="radio"/> A2 <input type="radio"/> A2B	
DOB:*	Age:*	Gender:*
05/27/1976	29 Years	<input type="radio"/> Male <input type="radio"/> Female
Eligibility status:*	Imminent neurological death:*	
Eligible	No	
Cause of death:*	<input type="text"/> Other Specify	
Specify:*	<input type="text"/> Specify Here	
Mechanism of death:*	<input type="text"/> Blunt Injury	
Circumstances of death:*	<input type="text"/> Child Abuse	
Ethnicity/race:*	Cuban	

PROCUREMENT AND CONSENT

Was intent to be a donor documented?:*	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> unknown
Mechanisms that apply:*	<input type="checkbox"/> Driver's license <input type="checkbox"/> Donor card <input type="checkbox"/> Donor registry <input type="checkbox"/> Durable power of attorney/healthcare proxy <input type="checkbox"/> Other, Specify <input type="text"/> Specify:*
Tests that confirmed neurological death:*	<input type="checkbox"/> Angiography <input type="checkbox"/> EEG <input type="checkbox"/> Flow study <input type="checkbox"/> Other, Specify <input type="text"/> Specify:*

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Donor hospital:* 123456 - ABCD Organ Center

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 Date: Time:

How did you learn of this case?: *
 Donor hospital notification Retrospective review

Date of hospital notification: *

Has consent been obtained for organ donation?: *
 Yes

Requested by: *

DEMOGRAPHICS

Last name:* Doe First name:*

ABO: * O A B AB
 A1 A1B
 A2 A2B

DOB: * 05/27/1976 Age: * 29 Years Gender: * Male Female

Eligibility status: * Eligible Imminent neurological death: * No

Cause of death: *

Mechanism of death: *

Circumstances of death: *

Ethnicity/race: * Cuban

PROCUREMENT AND CONSENT

Medical Examiner/Coroner accepted case?: * yes no

Medical Examiner/Coroner's decision: * consented refused consent

Was intent to be a donor documented?: * yes no unknown

Mechanisms that apply: *
 Driver's license Donor card Donor registry
 Durable power of attorney/healthcare proxy
 Other, Specify Specify:

Consent based only on documentation?: * yes no unknown

Did the patient express to family or others the intent to be a donor?: * yes no unknown

Date and time consent obtained for first organ: *
 Date: Time:

CLINICAL INFORMATION

Terminal lab data:

Serum Creatinine:* mg/dl ST=

BUN:* mg/dl ST=

SGOT/AST:* u/L ST=

SGPT/ALT:* u/L ST=

LIFESTYLE FACTORS

History of hypertension: *

If yes, method of control: *

Diet: yes no unknown

Diuretics: yes no unknown

Other hypertensive medication: yes no unknown

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Specify: *
Mechanism of death: *
Circumstances of death: *
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Consent based only on documentation?: * yes no unknown

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