

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 ?

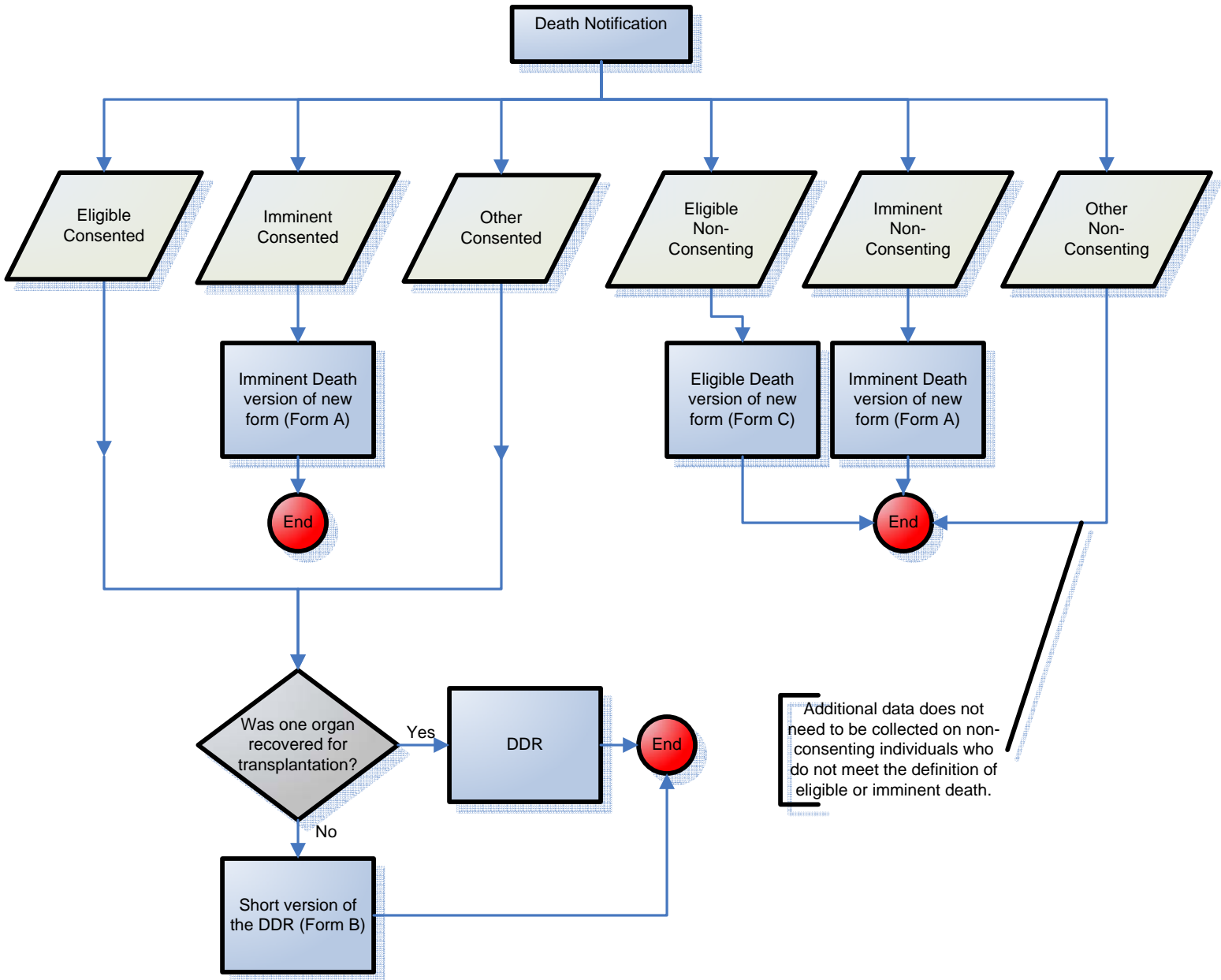
Eligibility status:	Unknown	
Imminent neurological death:	Unknown	
Ventilator support?:	<input type="radio"/> Yes <input type="radio"/> No	
Severe neurological Injury?:	<input type="radio"/> Yes <input type="radio"/> No	
GCS known?:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Absence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

Related Links

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- [Attachment view log ▶](#)

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	<input type="text"/> 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:*

Validate **Save**

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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: Time: (military 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:* Jane

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: * Other Specify
 Specify: *

Mechanism of death: * Blunt Injury

Circumstances of death: * Child Abuse

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: (military 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: * YES, 6-10 YEARS

If yes, method of control: *

Diet: yes no unknown

Diuretics: yes no unknown

Other hypertensive medication: yes no unknown

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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" value="(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:*	Doe			First name:*	<input type="text" value="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: *	05/27/1976			Age: *	29 Years			Gender: *	<input type="radio"/> Male <input type="radio"/> Female
Eligibility status: *	Eligible			Imminent neurological death: *	No				
Cause of death: *	<input type="text" value="Other Specify"/>			Specify: *	<input type="text" value="Specify Here"/>				
Mechanism of death: *	<input type="text" value="Blunt Injury"/>								
Circumstances of death: *	<input type="text" value="Child Abuse"/>								
Ethnicity/race:*	Cuban								

PROCUREMENT AND CONSENT

Medical Examiner/Coroner accepted case?: *	<input type="radio"/> yes	<input type="radio"/> no		
Medical Examiner/Coroner's decision: *	<input type="radio"/> consented	<input type="radio"/> refused 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	Specify: <input type="text"/>		
Consent based only on documentation?: *	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown	

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