

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: 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:*
 Specify:*

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

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

Validate
Save