

# Death Notification Registration ?

Status: **Incomplete**

Donor ID:  **Search**

## PROVIDER INFORMATION ?

OPO: \*

Donor hospital: \*

OPO record ID: \*

Recovery date (donor to OR):  ?

Date & time of pronouncement of death: \*   (military time) (required if Eligible or identified on Death record review)

Date of referral or death record review: \*

How did you learn of this case?: \*  Donor hospital notification  Death record review

Did this referral meet your DSA definition of a timely referral?: \*  Yes  No

Referral classification: \*  Eligible  Imminent ?

Has consent been obtained for organ donation?: \*  Yes  No  Consent Not Requested  Registry – yes

Did consent process meet your DSA definition of effective requesting?: \*  Yes  No

Medical examiner / coroner: \*  ?

## DEMOGRAPHICS ?

Last name: \*

First name: \*

Gender: \*  Male  Female

Age: \*

Patient's home zipcode:

Ethnicity/race: \*

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian Indian/Indian Sub-Continent
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Chinese
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Japanese
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Korean
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Asian: Other
	<input type="checkbox"/> Asian: Not Specified/Unknown
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> African American	<input type="checkbox"/> Mexican
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Puerto Rican (Mainland)
<input type="checkbox"/> West Indian	<input type="checkbox"/> Puerto Rican (Island)
<input type="checkbox"/> Haitian	<input type="checkbox"/> Cuban
<input type="checkbox"/> Black or African American: Other	<input type="checkbox"/> Hispanic/Latino: Other
<input type="checkbox"/> Black or African American: Not Specified/Unknown	<input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Native Hawaiian or Other Pacific Islander: Other
- Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White

- European Descent
- Arab or Middle Eastern
- North African (non-Black)
- White: Other
- White: Not Specified/Unknown

Cause of death: \*

Mechanism of death: \*

Circumstances of death: \*