

Death Notification Registration ?

Status: **Incomplete**

Donor ID:

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: *