**Attachment 2: TODES DONOR/DONATION DATA REQUESTED FROM OPOs**

**OMB: XXXX-XXXX**

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| **Organ Donors** | **Referrals** | **Tissue Donors** |  |
| Donor and Organ Information for Donors in OPTN | |  | | --- | | Referral Information for those not in OPTN | | Local ID | | Donor ID | | Tissue ID | | Eye ID | | Date of death | | Time of death | | Sex | | Age at death: years | | Age at death: months | | 1st person donor designation | | NOK or other authorization (verbal or written) | | Donor is a tissue donor or at least one tissue recovered with intent to transplant. Y/N | | Donor is an ocular donor or at least one ocular tissue recovered with intent to transplant. Y/N | | Tissue Donor and Tissue Information |
| Local ID | Local ID |
| Donor ID (UNOS) | Donor ID |
| Tissue ID | Tissue ID |
| Eye ID | Eye ID |
| Date of death | Date of death |
| Sex | Sex |
| Age at death: years | Age at death: years |
| Age at death: months | Age at death: months |
| Donor also a tissue donor or at least one tissue recovered with intent to transplant. Y/N | 1st person donor designation |
| Donor also an ocular donor or at least one ocular tissue recovered with intent to transplant. Y/N | NOK or other authorization (verbal or written) |
| One or more tissues recovered with intent to transplant. Y/N |
| One or more organs recovered with intent to transplant. Y/N | Donor also an organ donor or at least one organ recovered with intent to transplant. Y/N |
| Donor also an ocular donor or at least one ocular tissue recovered with intent to transplant. Y/N |
|  | Primary COD – per general categories from pull-down menu as shown to the right | Primary COD – per general categories from pull-down menu as shown to the right | COD –   * Anoxia * Cerebrovascular/Stroke * Head Trauma * CNS Tumor * Other (specify) |
| Cross-clamp date | Date of death/last time known alive: date |
| Cross-clamp time |
| DCD Donor – date of death | Date of death/last time known alive: time |
| DCD Donor – time of death |
| High Risk or Increased Risk  Y/N/Not Done |  |
|  | | | |

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| **ASSAY RESULTS –**List below applies to all donors and qualified referrals. Include all of the following assay results. Include IgG, IgM, and Total Ig results if performed, as well as any and all repeat test results for each assay. |

HBsAg Screening Test

HBsAg Confirmatory/Supplemental Test

Anti-HCV Screening Test

Anti-HCV Confirmatory/Supplemental Test

Anti-HIV1/2 Screening Test

Anti-HIV1/2 Confirmatory/Supplemental Test

HIV Ag/Ab combination assay

Anti-HBc (total) Screening Test

Anti-HBc Confirmatory/Supplemental Test

NAT (HIV-1) Screening Test

NAT (HCV) Screening Test

NAT (HIV-1/HCV) Screening Test

NAT (HBV) Screening Test

NAT (HIV-1/HCV/HBV) Screening Test

Sample collection time relative to time of death or last time known alive – (RTI will calculate).

* Provide sample collection date
* Provide sample collection time