

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

<b>Organ Donors</b>	<b>Referrals</b>	<b>Tissue Donors</b>	
Donor and Organ Information for Donors in OPTN	Referral Information for those not in OPTN	Tissue Donor and Tissue Information	
Local ID	Local ID	Local ID	
Donor ID (UNOS)	Donor ID	Donor ID	
Tissue ID	Tissue ID	Tissue ID	
Eye ID	Eye ID	Eye ID	
Date of death	Date of death	Date of death	
Sex	Time of death	Sex	
Age at death: years	Sex	Age at death: years	
Age at death: months	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	1st person donor designation	
	NOK or other authorization (verbal or written)		
	Donor is a tissue donor or		
Donor also an ocular donor or at least one ocular tissue recovered with intent to transplant. Y/N	at least one tissue recovered with intent to transplant. Y/N	NOK or other authorization (verbal or written)	
	Donor is an ocular donor or at least one ocular tissue recovered with intent to transplant. Y/N	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	Primary COD - per	COD -

	general categories from pull-down menu as shown to the right	general categories from pull-down menu as shown to the right	<ul style="list-style-type: none"> <li>▪ Anoxia</li> <li>▪ Cerebrovascular/Stroke</li> <li>▪ Head Trauma</li> <li>▪ CNS Tumor</li> <li>▪ Other (specify)</li> </ul>
	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		
<p><b>ASSAY RESULTS</b> -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.</p>			

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).

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- Provide sample collection date
- Provide sample collection time