

Records 

Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020

Note: These worksheets are provided to function as a guide to what data will be required in the online TIED1® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIED1® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Donor ID:

Donor Information								
OPO:								
Donor Hospital:								
Referral Date:*	<input type="text"/>							
Recovered Outside the U.S.:	<input type="radio"/> YES <input type="radio"/> NO							
Country:	<input type="text"/>							
Last Name:*	First Name:*	MI:						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
DOB:	<input type="text"/>							
Age:	<input type="text"/>	<input type="radio"/> Months <input type="radio"/> Years						
Gender:*	<input type="radio"/> Male <input type="radio"/> Female							
Home City:*	State:	Zip Code:						
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>						
Ethnicity/Race:*								
<table border="0"> <tr> <td style="vertical-align: top;"> American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown </td> <td style="vertical-align: top;"> Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other <input type="checkbox"/> Asian: Not Specified/Unknown </td> </tr> <tr> <td style="vertical-align: top;"> Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other <input type="checkbox"/> Black or African American: Not Specified/Unknown </td> <td style="vertical-align: top;"> Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown </td> </tr> <tr> <td style="vertical-align: top;"> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown </td> <td style="vertical-align: top;"> White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other <input type="checkbox"/> White: Not Specified/Unknown </td> </tr> </table>			American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other <input type="checkbox"/> Asian: Not Specified/Unknown	Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other <input type="checkbox"/> Black or African American: Not Specified/Unknown	Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown	Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown	White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other <input type="checkbox"/> White: Not Specified/Unknown
American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other <input type="checkbox"/> Asian: Not Specified/Unknown							
Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other <input type="checkbox"/> Black or African American: Not Specified/Unknown	Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown							
Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown	White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other <input type="checkbox"/> White: Not Specified/Unknown							
Citizenship:*								
<input type="radio"/> US Citizen <input type="radio"/> Non-US Citizen/US Resident <input type="radio"/> Non-US Citizen/Non-US Resident <input type="radio"/> Unknown								
Home Country:	<input type="text"/>							
Cause of Death:*								
<input type="radio"/> ANOXIA <input type="radio"/> CEREBROVASCULAR/STROKE <input type="radio"/> HEAD TRAUMA								

Specify:

Mechanism of Death:*

Circumstances of Death:*

CNS TUMOR
 OTHER SPECIFY
 DROWNING
 SEIZURE
 ASPHYXIATION
 ELECTRICAL
 STAB
 SIDS
 DEATH FROM NATURAL CAUSES
 DRUG INTOXICATION
 CARDIOVASCULAR
 GUNSHOT WOUND
 BLUNT INJURY
 INTRACRANIAL HEMORRHAGE/STROKE
 NONE OF THE ABOVE
 MVA
 SUICIDE
 HOMICIDE
 CHILD-ABUSE
 Accident, Non-MVA
 DEATH FROM NATURAL CAUSES
 NONE OF THE ABOVE

Procurement and Authorization

Medical Examiner/Coroner:*

Was the patient declared legally brain dead:*

Cardiac arrest since neurological event that led to declaration of brain death:

If Yes, Duration of Resuscitation: min ST=

Did the patient have written documentation of their intent to be a donor:*

If yes, indicate mechanisms (check all that apply):

Driver's license Donor Card Donor Registry
 Durable Power of Attorney / Healthcare Proxy Advanced Directive
 Other Specify

Was the authorization based solely on this documentation YES NO

Did the patient express to family or others the intent to be a donor:*

Date and time of pronouncement of death: (Complete for brain dead and DCD donors): Date: Time: (military time)

Date and time authorization obtained for organ donation: Date: Time: (military time)

Clinical Information

ABO Blood Group:			
Height: *	<input type="text"/> ft <input type="text"/> in <input type="text"/> cm	ST=	<input type="text"/>
Weight: *	<input type="text"/> lbs <input type="text"/> kg	ST=	<input type="text"/>
Terminal Lab Data:			
Protein in Urine: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		
Serum Sodium: *	<input type="text"/> mEq/L	ST=	<input type="text"/>
BUN: *	<input type="text"/> mg/dl	ST=	<input type="text"/>
Serum Creatinine: *	<input type="text"/> mg/dl	ST=	<input type="text"/>
Total Bilirubin: *	<input type="text"/> mg/dl	ST=	<input type="text"/>
SGOT/AST: *	<input type="text"/> u/L	ST=	<input type="text"/>
SGPT/ALT: *	<input type="text"/> u/L	ST=	<input type="text"/>
INR: *	<input type="text"/>	ST=	<input type="text"/>
Hematocrit: *	<input type="text"/> %	ST=	<input type="text"/>
Pancreas (PA Donors Only):			
Serum Lipase: *	<input type="text"/> u/L	ST=	<input type="text"/>
Serum Amylase: *	<input type="text"/> u/L	ST=	<input type="text"/>
HbA1c: *	<input type="text"/> %	ST=	<input type="text"/>
Serology:			
<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate			
HIV Serology Results: *			
<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate			
HIV Ag/Ab Combo Assay Results: *			
<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate			
HTLV Serology Results: *			
<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate			
Syphilis Serology Results: *			
<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate			
Anti-CMV Serology Results: *			
<input type="radio"/> Positive <input type="radio"/> Negative			

	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
HBsAg Serology Results:*	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
HBcAb Serology Results:*	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
HCV Serology Results:*	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
HBsAb Serology Results:*	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
EBV (VCA) (IgG) Serology Results:*	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
EBV (VCA) (IgM) Serology Results:*	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
EBNA Serology Results:*	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown

Chagas Serology Results: *

West Nile Serology Results: *

Toxoplasma (IgG) Results *

Strongyloides Results*

- Cannot Disclose
- Not Done
- Indeterminate
- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate
- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate
- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate
- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

NAT Results:

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

HIV NAT Results: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

HBV NAT Results: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

HCV NAT Results: *

- Positive
- Negative
- Unknown

HTLV NAT Results: *