

## Deceased Donor Death Referral

### Monthly Donation Data Report

**Provider ID:** Hospital's provider ID. This field is read-only.

**Hospital name:** Donor hospital name. This field is read-only.

**Reported deaths:** All deaths or imminent deaths (ventilated and non-ventilated) reported by a hospital to the OPO, tissue or eye bank located within the OPO service area.

**Eligible deaths:** This field is read-only. The value is calculated from information provided on the individual Death Notification Registration (DNR) forms.

**Authorized eligible deaths:** All reported deaths which met the eligible death requirements and where authorization was obtained for donation.

**Imminent deaths:** This field is read-only. The value is calculated from information provided on the individual Death Notification Registration (DNR) forms.

**Donors:** This field is read-only. A total number of deceased patients who were reported to have had one or more organs recovered for transplantation from the specified donor hospital. This information is obtained from the completed Donor Organ Disposition (Feedback) form.

**Organs recovered/transplanted:** This field is read-only. The number of organs that were reported as recovered and transplanted from the specified donor hospital. This information is obtained from the donor record and Donor Organ Disposition (Feedback) form.

### Donation Data Confirmation Report

**Month:** Click on the name of the month to view or edit the report.

**Reported deaths:** All deaths or imminent deaths (ventilated and non-ventilated) reported by a hospital to the OPO, tissue or eye bank located within the OPO service area.

**Eligible deaths:** This field is read-only. The value is calculated from information provided on the individual Death Notification Registration (DNR) forms.

**Authorized eligible deaths:** All reported deaths which met the eligible death requirements and where authorization was obtained for donation.

**Imminent deaths:** This field is read-only. The value is calculated from information provided on the individual Death Notification Registration (DNR) forms.

**Confirmed by:** Enter your name to indicate that you have carefully reviewed the information in this report and have found its contents to be both accurate and true. This field is **required**.