Death Notification Registration

The purpose of the Death Notification Registration form is to collect demographic information regarding all imminent neurological and eligible deaths reported to an OPO.

Status: This field is read-only and displays **Incomplete**. It will only change to **Complete** once the record is successfully validated.

Donor ID: Enter the unique **Donor ID** and click **Search**. If this is a valid Donor ID, then the values for OPO, Donor Hospital, Date of Referral, Medical Examiner/Coroner, Last Name, First Name, Age, Patient's Home Zip Code, Ethnicity, Race, Cause of Death, Mechanism of Death, Circumstance of Death are copied from the Deceased Donor Registration (DDR) record to the DNR and will become read-only. If the candidate is a referral only (no Donor ID), all fields need to be completed.

OPO: If this is a donor, the OPO from the donor record displays and is read-only. If this is a referral only, select the OPO from the drop-down list. This field is **required**.

Donor hospital: If this is a donor, the hospital from the donor record displays and is read-only. If this is a referral only, select the hospital from the drop-down list. This field is **required**.

OPO Record ID: If this is a donor, the ID from the donor record displays and is read-only. If this is a referral only, enter the OPO record ID. This field is **required**.

Recovery Date (donor to OR): If this is a donor, the date from the donor record displays and is read-only. This excludes referral-only donors (donors with a suspended Deceased Donor Registration (DDR) record).

Date and time of pronouncement of death: If this is a donor, the date and time from the donor record displays and is read-only. If this is a referral only, enter the date and time. A calendar link is available. If the **Referral Classification** is **Eligible** or the death was identified during a death record review, this field is **required**.

> Format: MM/DD/YYYY and HH:MM

> *Note:* Time should be in military format.

Date of referral or death record review: If this is a referral only, enter the date of the referral or death record review. This field is **required**.

> Format: MM/DD/YYYY

How did you learn of this case?: Select **Donor hospital notification** or **Death record review**, from the drop-down list. **Donor hospital notification** initially displays. If applicable, change the selection to **Death record review**. This field is required.

Referral Classification: Select the classification of death. This field is **required**.

Eligible
Imminent

<u>Did the patient legally document their decision to be a donor?</u>: If the patient had written documentation of their intent to be a donor, select **Yes**. If not, select **No**. If unknown, select **Unknown**. This field is required.

<u>Has authorization been obtained for organ donation?</u>: If the patient is designated as a donor/signed up to be a donor in a state registry – select **Registry-yes**. If the patient is not a designated donor and the family was approached for authorization – select **Yes** if authorization was given, **No** if declined. If the patient is not a designated donor and the family was not approached for authorization – select **Authorization Not Requested**. This field is **required.**

<u>Method of authorization used:</u>

First person
Hierarchy

<u>Select the reason organ donation was not obtained</u>:

Declined
Not requested

<u>Did the OPO notify the medical examiner/coroner?</u>: If the donor's death was reported to the medical examiner/coroner, select **Yes**. If the donor's death was not reported to the medical examiner/coroner, select **No**. If unknown, select **Unknown**. This field is **required**.

<u>Did the medical examiner/coroner accept the case?</u>:

Yes
No

<u>Were there any restrictions?</u>: Select all that apply.

Kidney
Pancreas
Kidney/pancreas
Intestine
Liver
Heart
Lung
Heart/lung

<u>Organ Restrictions:</u> Select all that apply.

Left Kidney
Right Kidney
Left Lung
Right Lung

Pancreas
Liver
Intestine
Heart

<u>**Last name:**</u> If this is a donor, the name from the donor record displays. This field is read-only. If this is a referral only, enter the last name using only alphanumeric characters. This field is **required.**

<u>**First name:**</u> If this is a donor, the name from the donor record displays. This field is read-only. If this is a referral only, enter the first name using only alphanumeric characters. This field is **required.**

<u>**Birth Sex:**</u> If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, report donor sex (**Male** or **Female**), based on biologic and physiologic traits at birth. If sex at birth is unknown, report sex at time of donation as reported by donor or documented in medical record. The intent of this data collection field is to capture physiologic characteristics that may have an impact on recipient size matching or graft outcome. This field is required.

<u>**Age:**</u> If this is a donor, the age from the donor record displays. This field is read-only. If this is a referral only, enter the donor's age in months or years. This field is **required.**

<u>**Patient's Home ZIP code:**</u> If this is a donor, the zip code from the donor record displays. This field is read-only. If this is a referral only, enter the patient's zip code using only numeric values.

<u>**Ethnicity:**</u> If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, indicate the donor's ethnicity.
The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) [Statistical Policy Directive No. 15](#)) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of ethnicity is aligned to this standard.

OMB defines ethnicity to be whether or not a person self-identifies as Hispanic or Latino. For this reason, ethnicity is broken out into two categories, (1) Hispanic or Latino or (2) Not Hispanic or Latino. Select one ethnicity category or select 'Ethnicity Not Reported' if a category was not self-identified by the person.

This field is **required**.

> **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

> **Not Hispanic or Latino**

> **Ethnicity Not Reported** – Select if person did not self-identify an ethnicity category.

<u>**Race:**</u> If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, indicate the donor's race.

The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) Statistical Policy Directive No. 15) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of race is aligned to this standard. OMB defines race as a person's self-identification with one or more social groups.

An individual can select one or more race categories (1) White, (2) Black or African American, (3) Asian, (4) American Indian or Alaska Native, (5) Native Hawaiian or Other Pacific Islander, or Race Not Reported.

This field is **required**.

Select one or more race sub-categories or origins. Select 'Other Origin' if origin is not listed. Select 'Origin Not Reported' if the origin was not self-identified by the person.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

> **European Descent**
> **Arab or Middle Eastern**
> **North African (non-Black)**
> **Other Origin**
> **Origin Not Reported**

Black or African American – A person having origins in any of the Black racial groups of Africa.

> **African American**
> **African (Continental)**
> **West Indian**
> **Haitian**
> **Other Origin**
> **Origin Not Reported**

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

> **American Indian**
> **Eskimo**
> **Aleutian**
> **Alaska Indian**
> **Other Origin**
> **Origin Not Reported**

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

> **Asian Indian/Indian Sub-Continent**
> **Chinese**
> **Filipino**
> **Japanese**

Korean
Vietnamese
Other Origin
Origin Not Reported

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Native Hawaiian
Guamanian or Chamorro
Samoan
Other Origin
Origin Not Reported

Race Not Reported – Select if person did not self-identify a race category or origin.

Cause of death: If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, select the cause from the drop-down list. If the cause is unknown, select **Unknown**. This field is **required**. If the cause is not listed, select **Other Specify**. Enter the cause in the space provided. If **Other Specify** is selected, this field is required.

Anoxia
Cerebrovascular/Stroke
Head Trauma
CNS Tumor
Unknown
Other Specify

Mechanism of death: If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, select the mechanism from the drop-down list. If the mechanism is not listed, select **None of the Above**. This field is **required**.

Drug Intoxication
Cardiovascular
Gunshot Wound
Blunt Injury
Intracranial Hemorrhage/Stroke
Drowning
Seizure
Asphyxiation
Electrical
Stab
SIDS
Death from Natural Causes
None of the Above

Circumstances of death: If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, select the circumstance from the drop-down list. If the circumstance is not listed, select **None of the Above**. This field is **required.**

MVA
Suicide
Homicide
Child Abuse
Non-MVA
Death from Natural Causes
None of the Above

Public Burden Statement: The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.27 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.