Form Section	Field Label
Hospital and OPO Data	Status
Hospital and OPO Data	DonorNet Donor ID
Hospital and OPO Data	OPO Record ID
Hospital and OPO Data	OPO
Hospital and OPO Data	Patient Hospital
Hospital and OPO Data	Case detail/How did the OPO learn of this patient?
Demographic and Clinical Data	Last Name
Demographic and Clinical Data	First Name
Demographic and Clinical Data	Middle Initial
Demographic and Clinical Data	Home Zip Code
Demographic and Clinical Data	Ethnicity
Demographic and Clinical Data	Race
Demographic and Clinical Data	Birth Sex
Demographic and Clinical Data	Height
Demographic and Clinical Data	Weight
Demographic and Clinical Data	Age
Demographic and Clinical Data	Cause of Death
Demographic and Clinical Data	Mechanism of Death
Demographic and Clinical Data	Circumstance of Death
Demographic and Clinical Data	Did patient legally document their decision to be an organ donor?
Demographic and Clinical Data	First Person Authorization Restrictions
Demographic and Clinical Data	Date and Time of Pronouncement of Death
Demographic and Clinical Data	KDPI
OPO Process Data	Date of Death Record Review
OPO Process Data	Was the patient referred by the hospital to the OPO?
OPO Process Data	Date and Time of Hospital Referral
OPO Process Data	OPO Onsite Response
OPO Process Data	Date and Time OPO Onsite Response
OPO Process Data	Remote EMR Access
OPO Process Data	Advance Directive
OPO Process Data	Patient Record Type
OPO Process Data	Was the patient medically ruled out by the OPO prior to approach?

OPO Process Data	Method of Authorization Used by OPO
OPO Process Data	Family Objection
OPO Process Data	Approaches
OPO Process Data	Date and Time of First Approach
OPO Process Data	Modality of First Approach
OPO Process Data	Language of First Approach
OPO Process Data	Interpreter for Approach
OPO Process Data	Authorization
OPO Process Data	Date and Time Authorization Obtained
OPO Process Data	Tissue Authorization
Terminal Step	Case Disposition
Terminal Step/Hospital Interference	Describe Hospital Interference
Terminal Step/Hospital Interference	Report Provided to Hospital
Terminal Step/Hospital Interference	Report to Hospital Accepted
Terminal Step/Hospital Interference	Remediation Plan Provided to Hospital
Terminal Step/Hospital Interference	Remediation Plan for Hospital Accepted
Terminal Step	Date and Time Case Close

Ventilated Patient Form
Fields to be completed by members

Notes
Cascades from database unless no DonorNet Donor ID
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Cascades from database unless no DonorNet Donor ID exists; "Date and Time Consent Obtained for Organ Donation"	

Form Logic
Read-only
Conditional, if Did patient legally document… **Yes**
Conditional, if Was the patient referred...**Yes**
Conditional, if Was the patient referred...**Yes**
Conditional, if OPO Onsite Response **Yes**

Conditional, if Method of Authorization is **First Person Authorization**
Conditional, if Method of Authorization is **Hierarchy**
Conditional, if Method of Authorization is **Hierarchy**
Conditional, if Method of Authorization is **Hierarchy**
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Conditional, if Method of Authorization is **Hierarchy**
Conditional, if Case Disposition is **Hospital Interference**
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