



9	OPO Process Data
10	OPO Process Data
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13	OPO Process Data
	OPO Process Data
14	OPO Process Data
15	OPO Process Data
	Terminal Step
16	Terminal Step
17	Terminal Step
18	Terminal Step
19	Terminal Step

OMB No. 0906-XXXX; Expiration Date: X

**PUBLIC BURDEN STATEMENT:**

The private, non-profit Organ Procurement Agency (OPA) assesses whether applicants meet OPTN Buydown Program (BYP) Obligations. An agency may not conduct a BYP without an OMB control number. The OMB control number is required to obtain or retain a benefit per 5 CFR 101-11.6 (OMB control number 15-0055). Data collected by the private OPA system meets or exceeds the requirements of the Department of Health and Human Services Automated Information System (AIS) (OMB control number 15-0055) with an average 0.37 hours per response, including data collection and processing. Send comments regarding this burden, to HRSA Information Collection 101-11.6 (OMB control number 15-0055).

Field Label
Status
DonorNet Donor ID
OPO Record ID
OPO
Patient Hospital
Last Name
First Name
Middle Initial
Home Zip Code
Ethnicity
Race
Birth Sex
Height
Weight
Age
Cause of Death
Specify
Mechanism of Death
Circumstance of Death
Did patient legally document their decision to be an organ donor?
First Person Authorization Restrictions
Date and Time of Pronouncement of Death
KDPI
Case detail/How did the OPO learn of this patient?
Date of First Hospital Referral for Terminal Admission
Time of First Hospital Referral for Terminal Admission
Date of Death Record Review
OPO Onsite Response
Date and Time First OPO Onsite Response following Referral
Remote EMR Access
Patient Donation Pathway(s)
Was the patient medically ruled out by the OPO prior to approach?
Method of Authorization Used by OPO
Legal Next of Kin Objection

Approaches
Date and Time of First Approach
Modality of Approach
Language of Approach
Interpreter for Approach
Authorization
Date and Time Authorization for Procurement
Tissue Authorization
Case Disposition
Hospital Interference
Describe Hospital Interference
Reportable Interference
Date and Time Case Close

X/XX/20XX

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ent and Transplantation Network (OPTN) collects this information in accordance with federal law requirements for membership in the OPTN; and to determine if you are a donor or sponsor, and a person is not required to respond to, unless otherwise indicated. The OMB number for this information collection is 0906-XXXX and is required by 42 CFR §121.11(b)(2). All data collected will be subject to the privacy policies of the non-profit OPTN also are well protected by a number of federal laws and regulations as prescribed by OMB Circular A-130, Appendix III, Section 1.4, and the Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering the data, reviewing the collection of information, this burden estimate or any other aspect of this collection of information, including the collection of information, send comments to the Paperwork Reduction Project Clearance Officer, 5600 Fishers Lane, Room 14NWH04, F

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

ormation in order to perform the following OPTN functions: to monitor compliance of member organizations with OPTN a collection of information unless it displays a currently valid it is valid until XX/XX/202X. This information collection is to Privacy Act protection (Privacy Act System of Records #09- the Contractor's security features. The Contractor's security ecurity of Federal Automated Information Systems, and the : burden for this collection of information is estimated to g data sources, and completing and reviewing the collection of n of information, including suggestions for reducing this ockville, Maryland, 20857 or paperwork@hrsa.gov.

Form Logic

Read-only

Conditional, if Cause of Death...Other Specify

Conditional, if Did patient legally document... **Yes**

Conditional, if Case detail/Hospital Referral ...**Yes**

Conditional, if Case detail/Hospital Referral ..Yes

Conditional, if Case detail/Death Record Review...Yes

Conditional, if Was the patient referred... **Yes**

Conditional, if OPO Onsite Response... **Yes**

Conditional, if OPO Onsite Response... No

Conditional, if Was the patient medically ruled out by the OPO... No

Conditional, if Method of Authorization is **First Person Authorization**

Conditional, if Method of Authorization is <b>Hierarchy</b>
Conditional, if <b>Approaches...Yes</b>
Conditional, if Method of Authorization is <b>Hierarchy</b>
Conditional, if Method of Authorization is <b>Hierarchy</b>
Conditional, if Method of Authorization is <b>Hierarchy</b>
Conditional, if Method of Authorization is <b>Hierarchy</b>
Conditional, if LNOK Authorized or Hospital Authorized...selected
Conditional, if LNOK Authorized or Hospital Authorized...selected
Conditionals: if Case detail/date of Death Record Review... Selected; if Was the patient medically ruled out by the OPO...Yes; Was there an approach for authorization...No; if LNOK Decline or Hospital Declined...selected
Conditional, if <b>Hospital Interference</b> is <b>Yes</b>