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14	OPO Process Data
15	OPO Process Data
	Terminal Step
16	Terminal Step/Hospital Interference
17	Terminal Step/Hospital Interference
18	Terminal Step/Hospital Interference
	Terminal Step/Hospital Interference
	Terminal Step/Hospital Interference
	Terminal Step/Hospital Interference
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 Bylaws (BYL) obligations. An agency may not conduct this activity without an OMB control number. The OMB control number is required to obtain or retain a benefit per 5 CFR 101-11.6 (a)(1) (0055). Data collected by the private non-profit OPA does not meet or exceeds the requirements as per 5 CFR 101-11.6 (a)(1) Departments Automated Information System (DAIS). The average 0.37 hours per response, including data collection and information. Send comments regarding this burden, to HRSA Information Collection (IC) 0906-XXXX.

Field Label
Status
DonorNet Donor ID
OPO Record ID
OPO
Patient Hospital
Case detail/How did the OPO learn of this patient?
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
Was the patient referred by the hospital to the OPO? 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
Advance Directive
Patient Record Type 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 First Approach
Language of First Approach
Interpreter for Approach
Authorization
Date and Time Authorization Obtained-for Procurement
Tissue Authorization
Case Disposition
Hospital Interference
Describe Hospital Interference
Report Provided to Hospital-Reportable Interference
Report to Hospital Accepted
Remediation Plan Provided to Hospital
Remediation Plan for Hospital Accepted
Date and Time Case Close

X/XX/20XX

ent and Transplantation Network (OPTN) collects this information to meet regulatory requirements for membership in the OPTN; and to recruit and sponsor, and a person is not required to respond to, a number for this information collection is 0906-XXXX and is authorized under 42 CFR §121.11(b)(2). All data collected will be subject to the same privacy protections as other data collected by the OPTN. Non-profit OPTN also are well protected by a number of the controls described by OMB Circular A-130, Appendix III, Security of Information 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, 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 the burden, to Washington Field Office, Paperwork Project Manager, Clearance Officer, 5600 Fishers Lane, Room 14NWH04, R

Cascades from database unless no DonorNet Donor ID
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 #09-15- Contractor's security features. The Contractor's security system f Federal Automated Information Systems, and the burden for this collection of information is estimated to ; 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 ~~Was the patient referred...~~Yes

Conditional, if Case detail/Hospital Referral ~~Was the patient referred...~~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 Hierarchy
Conditional, if Method of Authorization is Hierarchy Approaches... Yes
Conditional, if Method of Authorization is Hierarchy
Conditional, if Method of Authorization is Hierarchy
Conditional, if Method of Authorization is Hierarchy
Conditional, if Method of Authorization is Hierarchy
Conditional, if Method of Authorization is Hierarchy LNOK Authorized or Hospital Authorized...selected
Conditional, if Method of Authorization is Hierarchy 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 Case Disposition is Hospital Interference is Yes
Conditional, if Case Disposition is Hospital Interference is Yes
Conditional, if Case Disposition is Hospital Interference is Yes
Conditional, if Case Disposition is Hospital Interference is Yes

