	Form Section
	Hospital and OPO Data
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	Demographic and Clinical Data
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1	Demographic and Clinical Data
	OPO Process Data
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6	OPO Process Data

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10	OPO Process Data
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12	OPO Process Data
13	OPO Process Data
	OPO Process Data
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

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

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

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~~