



OPO Process Data
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Terminal Step
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OMB No. 0906-XXXX; Expiration Date: X

**PUBLIC BURDEN STATEMENT:**

The private, non-profit Organ Procurement Agency (OPA) assesses whether applicants meet OPTN Best Practices (BP) Obligations. An agency may not conduct a public burden analysis. OMB control number: 0906-0055. The OMB control number 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 (HHS) Automated Information System (AIS) Burden Reduction Initiative. The average burden is 0.37 hours per response, including data entry and review. Send comments regarding this burden, to HRSA Information Collection 101-11.6.

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
Date of Birth
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 to ensure compliance with federal law requirements for membership in the OPTN; and to identify potential donors, recipients, or sponsor, and a person is not required to respond to, this information collection. The OMB number for this information collection is 0906-0112 and is exempt from public release under 42 CFR §121.11(b)(2). All data collected will be subject to the same privacy and security standards as non-profit OPTN also are well protected by a number of federal laws and regulations, including the systems as prescribed by OMB Circular A-130, Appendix III, Security of Information, and the 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 and maintaining the data needed, reviewing and collecting the data, and reviewing and reporting the results. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden estimate, to Washington Field Office 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"

Information 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 12/31/2028. This information collection is to Privacy Act protection (Privacy Act System of Records #09- the Contractor's security features. The Contractor's security security 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 Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

Form Logic
Read-only
Conditional, if Cause of Death...Other Specify
Conditional, if Did patient legally document... <b>Yes</b>
Conditional, if Case detail/Hospital Referral ... Donor Hospital
Conditional, if Case detail/Hospital Referral .. Donor Hospital
Conditional, if Case detail/Death Record Review... Death record review
Conditional, if Case detail/Hospital Referral ... Donor Hospital
Conditional, if OPO Onsite Response... <b>Yes</b>
Conditional, if OPO Onsite Response... No
Conditional, if Case detail/Hospital Referral ... Donor Hospital
Conditional, if Case detail/Hospital Referral ... Donor Hospital
Conditional, if Was the patient medically ruled out by the OPO... No
Conditional, if Method of Authorization is <b>First Person Authorization</b>
Conditional, if Was the patient medically ruled out by the OPO... No
Conditional, if <b>Approaches...Yes</b>

Conditional, if <b>Approaches...Yes</b>
Conditional, if <b>Approaches...Yes</b>
Conditional, if <b>Approaches...Yes</b>
Conditional, if <b>Approaches...Yes</b>
Conditional, if LNOK Authorized or Hospital Authorized...selected
Conditional, if LNOK Authorized or Hospital Authorized...selected
Conditional, if <b>Hospital Interference is Yes</b>
Conditional, if <b>Hospital Interference is Yes</b>