



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 B\* Obligations. An agency may not conduct OMB control number. The OMB control number required to obtain or retain a benefit per (15-0055). Data collected by the private r system meets or exceeds the requireme Departments Automated Information Sy average 0.37 hours per response, includi information. Send comments regarding t burden, to HRSA Information Collection

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 in accordance with federal law requirements for membership in the OPTN; and to determine if you are a donor, donor family member, or sponsor, and a person is not required to respond to, unless otherwise indicated. The OMB number for this information collection is 0906-0112 and is subject to the Privacy Act of 1974, 5 U.S.C. 42 CFR §121.11(b)(2). All data collected will be subject to the Freedom of Information Act. Non-profit OPTN also are well protected by a number of federal laws and regulations, including the Privacy Act as prescribed by OMB Circular A-130, Appendix III, Section 3.2.1, 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 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 this burden, 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.

Form Logic

Read-only

Conditional, if Cause of Death...Other Specify

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

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... **Yes**

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 **First Person Authorization**

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

Conditional, if **Approaches...Yes**

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
<del>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</del>
Conditional, if <b>Hospital Interference</b> is <b>Yes</b>
Conditional, if <b>Hospital Interference</b> is <b>Yes</b>