	Form Section
	Hospital and OPO Data
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1	Demographic and Clinical Data
	OPO Process Data
	OPO Process Data
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4	OPO Process Data
5	OPO Process Data
	~~OPO Process Data~~
6	OPO Process Data

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10	OPO Process Data
11	OPO Process Data
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

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procureme
assess whether applicants meet OPTN By
Obligations. An agency may not conduct
OMB control number. The OMB control
required to obtain or retain a benefit pe
0055). Data collected by the private non-
meets or exceeds the requirements as p
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
~~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

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ent and Transplantation Network (OPTN) collects this info
/law requirements for membership in the OPTN; and to r
or sponsor, and a person is not required to respond to, a
number for this information collection is 0906-XXXX and
r 42 CFR §121.11(b)(2). All data collected will be subject t
-profit OPTN also are well protected by a number of the
rescribed by OMB Circular A-130, Appendix III, Security o
stems Security Program Handbook. The public reporting
ng the time for reviewing instructions, searching existing
his burden estimate or any other aspect of this collectio
Clearance Officer, 5600 Fishers Lane, Room 14NWH04, R

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"

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 :o 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~~