



RECORD OF DEATH FOR ORGAN/TISSUE/EYE DONATION CHECKLIST
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 STATE HOSPITAL
 SFN 62380 (7-2023)

Complete for all patients.

I. EVALUATION

All patient deaths (20 weeks gestation and older) must be referred to Donor Referral line at 1-800-247-4273 to evaluate donation options. No exceptions.

Call before mentioning donation to the family.

For patients not on a ventilator, call at time of cardiac death.

Reference Number (obtain from answering Service/Donation Coordinator)

II. ASSESSMENT WITH DONATION COORDINATOR

In consultation with Donation Coordinator, this patient meets donation criteria for: (Select one)
<input type="checkbox"/> Organ <input type="checkbox"/> Tissue <input type="checkbox"/> Eyes
Continue with Sections III and IV

OR

In consultation with Donation Coordinator, this patient is not a suitable organ, tissue, eye donor due to the following contradiction(s):

Skip to Section IV

III. ORGAN, TISSUE, AND EYE DONATION OPTION

Option (check one):
<input type="checkbox"/> DONATION DESIGNATION: Patient documented intent to donate. Donation Coordinator will review disclosure form with family. <input type="checkbox"/> DONATION DESIGNATION: Patient documented intent not to donate. <input type="checkbox"/> FAMILY CONNECTION: Donation Coordinator will approach family via telephone. Donation pending. <input type="checkbox"/> FAMILY AUTHORIZES DONATION AFTER DONATION COORDINATOR APPROACH. <input type="checkbox"/> FAMILY DECLINES DONATION AFTER DONATION COORDINATOR APPROACH.

Next of Kin	Relationship
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The above-named kin was offered the option of donation by:

Donation Coordinator (Name/Organization)	Date of Donation Option Offered
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IV.

Name of Person Completing Form		
Title	Date Completed	Time

File in clients medical record (Authorizations Consents and Releases)