

Place patient sticker here

Donor Referral Notification and Evaluation

Every imminent death and circulatory death **must** be referred to Midwest Transplant Network, 1-800-366-6791, to determine eligibility for organ, tissue, and/or eye donation.

Patient name: _____ MR#: _____

Unit: _____ Age: _____ Gender: _____

Eligibility for Donation Determination

ORGAN

Imminent Death Referral: Call within **30 or 60** minutes of assessment of GCS ≤ 5 , neurologically injured patients on the ventilator.

- Patient is a candidate for **organ** donation. If so, Midwest Transplant Network will contact you and facilitate authorization.
- Patient is **not** a candidate for **organ** donation. **Reminder: Call 1-800-366-6791 with circulatory time of death to determine tissue/eye potential.**

Date and time of call to MTN: _____

Person completing imminent death referral: _____ Title: _____

TISSUE

Circulatory Death Referral: Call within **60** minutes of circulatory death.

- Patient is a candidate for **tissue** donation. Coordinate approach of family with Midwest Transplant Network.
- Patient is a candidate for **eye** donation. Coordinate approach of family with Midwest Transplant Network.
- Patient is **not** a candidate for **tissue or eye** donation. No further documentation required.

Date and time of call to MTN: _____

Person completing circulatory death referral: _____ Title: _____

Referral Number: _____ **(Reminder: Call 1-800-366-6791 with cardiac time of death to determine tissue/eye potential.)**



Midwest Transplant Network **does not** require a copy of this form. Hospital use only.

HS-550 (R0: 10/15)