



Obtain referral number _____

"OneCall for Life" Tissue and Eye Donation Checklist
1-800-558-5433
24-hour Donor Referral Line

1. Request for consent will be carried out by the Donor Referral Coordinator at LifeBanc/Cleveland Eye Bank. PLEASE DO NOT APPROACH A FAMILY ABOUT THEIR DONATION OPTIONS.
2. For compliance with hospital policy please Call the **OneCall for Life** 24-hour donor referral line within **ONE HOUR** of asystole (cardiac death)
3. Information needed for **routine notification** call (Have face sheet/demographics info available):
 - Institution and phone number
 - Referring person's name, title, and unit
 - Is the patient on a vent?
 - Is there a heart beat?
 - First and last name
 - Race, and gender
 - Age, DOB
 - Weight, or best approximation
 - SS# and Medical Records #
 - Cardiac Time of Death _____ /Last Known Alive Time _____ (if event was unwitnessed)
 - Admission- Date and Time _____ / _____
*** Any Hx of HIV, AIDS, HBV, HCV or current diagnosis of CA, MRSA or VRE; hx of eye disease/ surgeries ***
 - Medical History: Current and Past _____

 - Documented Cause of Death- Primary Diagnosis: _____
4. **Primary Screening Information:** needed if patient meets preliminary criteria for donation.
 - Current diagnosis of **infection confirmed** by positive blood cultures, fever, elevated white cell count.
 Blood cultures/Dates _____
 Temperatures/Trends/Dates _____
 WBC/Dates _____
 Chest XRAY/ Reports/Dates _____

5. **Secondary Screening Information:** needed if basic screening information does not rule out the possibility of donation.

- EMS Run sheet if available
- Circumstances of death and/or brief hospital course summary-Length of ACLS/ down time

Transfusions and Infusions
Transfusions- Last 48 hours/ Amounts/ Dates _____

Infusions- 1 hour prior to death/ Amounts/ Time _____

- Condition of body (tattoos, piercings, wounds, track marks, trauma, etc.)
- Medications- prescribed for home: _____

Antibiotics-Antivirals-Antifungals: _____

Additional Information Required:

- Availability of next of kin – **Please be sure to get the name and phone number where they can be reached within the next hour. Cell phone** _____
Home Phone _____ **Alternate phone number** _____

Suggested verbiage to family before they leave the hospital: “Could we please have a phone number where we could reach you within the next hour or so in case the hospital or one of the agencies we work with needs to contact you.”

- If next of kin initiates a conversation about donation, and wishes to speak with the coordinator while at the hospital, move them to a quiet, private location with a telephone. Notify **OneCall for Life** immediately.

Unit Fax Number: _____

Coroner’s Case? (If yes, this is NOT a rule out for donation)

Doctor signing Death Certificate(Name and phone#): _____

Funeral Home, contact and phone number (if available)

Funeral Home _____

Contact _____

Phone number _____

Donor Referral Coordinator will inform you of family’s decision and collaborate with you further if consent has been obtained.

PLEASE DO NOT TRANSPORT THE BODY TO THE CORONER OR FUNERAL HOME UNTIL THE DONOR REFERRAL COORDINATOR NOTIFIES YOU OF THE OUTCOME OR UNLESS OTHERWISE ADVISED

Please be prepared to fax in the last 48 hours of a patient chart if patient is identified as a potential tissue donor

SAVING AND ENHANCING LIVES IS A TEAM EFFORT
THANK YOU FOR YOUR SUPPORT AND COLLABORATION IN THE DONATION PROCESS