



Iowa Donor Network Notification Information

1-800-831-4131

This form serves as a reference guide for common questions asked when notifying Iowa Donor Network of a death that occurs outside of a hospital. There may be additional questions.

CALLER INFORMATION:

Your name, title, agency name, phone number, and scene location

PATIENT INFORMATION AND PAST MEDICAL HISTORY:

Patient Name: _____ DOB: _____ Age: _____ Gender: _____

Height: _____ Weight: _____ Race: _____

Cause of death: _____ Date of death: _____ Time of death: _____

Last time known alive (if applicable): _____

Clinical course/circumstances surrounding death: _____

EMS Interventions: _____

IV fluids/IV meds given in the hour prior to death: Yes _____ Amount: _____ mls

How many IV/IO attempts: _____ Where: _____

Condition of the body: _____

History of: HIV: _____ Hepatitis B: _____ Hepatitis C: _____

Cancer: _____ Type: _____ When: _____ Chemo: _____ Radiation: _____

Alzheimer's: Yes _____ No _____ OR medications used to treat Alzheimer's: Aricept/Donpezil; Rivastigmine/Exelon; Galantamine/Razadyne; Tacrine/Cognex; Namenda

Past Medical History: _____

Medications: _____

ADDITIONAL INFORMATION:

Family, Next of Kin or Durable Power of Attorney:

Name: _____ Relationship: _____ Phone: _____

Medical Examiner case: Yes _____ No _____ Name of ME: _____

Contact Number: _____ Autopsy: Yes _____ No _____

Funeral Home name: _____ Number: _____

Where is the body currently located? _____