

Patient Name: _____

MRN: _____

PRE-TRANSPLANT Verification Upon Organ Receipt

To be filled out by SURGEON in OR	To be filled out by REGISTERED NURSE in OR
DONOR	DONOR
Donor ID: _____	Donor ID: _____
Laterality: <input type="checkbox"/> Left Kidney <input type="checkbox"/> Right Kidney	Laterality: <input type="checkbox"/> Left Kidney <input type="checkbox"/> Right Kidney
Donor blood type (circle correct type): <p style="text-align: center;">A B O AB</p> Subtype (if used for allocation): _____	Donor blood type (circle correct type): <p style="text-align: center;">A B O AB</p> Subtype (if used for allocation): _____
RECIPIENT	RECIPIENT
Recipient unique identifier: _____	Recipient unique identifier: _____
Recipient blood type (circle correct type): <p style="text-align: center;">A B O AB</p>	Recipient blood type (circle correct type): <p style="text-align: center;">A B O AB</p>
I have reviewed and verified the above listed information and confirm (check one): <input type="checkbox"/> Expected donor and recipient are blood type compatible, OR <input type="checkbox"/> Expected donor and recipient have an intended incompatibility	I have reviewed and verified the above listed information and confirm (check one): <input type="checkbox"/> Expected donor and recipient are blood type compatible, OR <input type="checkbox"/> Expected donor and recipient have an intended incompatibility
<input type="checkbox"/> Correct donor organ has been identified for the correct intended recipient	<input type="checkbox"/> Correct donor organ has been identified for the correct intended recipient
Transplant Surgeon signature: _____ Verification completed date: _____ Verification completed time: _____	RN signature: _____ Verification completed date: _____ Verification completed time: _____

EVENT TIMES:

Patient in room date/time: _____

Organ in room date/time: _____

Anastomosis date/time: _____

The pre-transplant verification upon organ receipt was completed according to the hospital's protocol and OPTN/UNOS requirements.