

Records

Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 12/31/2011

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Donor ID:

OPO:

Donor Hospital:

Referral Date: *

Recovered Outside the U.S.: *

YES NO

Country:

Last Name: *

First Name: *

MI:

DOB:

Age:

Months Years

Gender: *

Male Female

Home City: *

State:

Zip Code:

Ethnicity/Race: *

American Indian or Alaska Native

- American Indian
- Eskimo
- Aleutian
- Alaska Indian
- American Indian or Alaska Native: Other
- American Indian or Alaska Native: Not Specified/Unknown

Asian

- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

Black or African American

- African American
- African (Continental)
- West Indian
- Haitian
- Black or African American: Other
- Black or African American: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Native Hawaiian or Other Pacific Islander: Other
- Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

- Asian: Other
- Asian: Not Specified/Unknown

Hispanic/Latino

- Mexican
- Puerto Rican (Mainland)
- Puerto Rican (Island)
- Cuban
- Hispanic/Latino: Other
- Hispanic/Latino: Not Specified/Unknown

White

- European Descent
- Arab or Middle Eastern
- North African (non-Black)
- White: Other
- White: Not Specified/Unknown

Citizenship: *

- U.S. CITIZEN
- RESIDENT ALIEN
- NON-RESIDENT ALIEN, Specify Country

Home Country:

Cause of Death: *

- ANOXIA
- CEREBROVASCULAR/STROKE
- HEAD TRAUMA
- CNS TUMOR
- OTHER SPECIFY

Specify:

Mechanism of Death: *

- DROWNING
- SEIZURE
- ASPHYXIATION
- ELECTRICAL
- STAB
- SIDS
- DEATH FROM NATURAL CAUSES
- DRUG INTOXICATION
- CARDIOVASCULAR
- GUNSHOT WOUND
- BLUNT INJURY
- INTRACRANIAL HEMORRHAGE/STROKE
- NONE OF THE ABOVE

Circumstances of Death: *

- MVA
- SUICIDE
- HOMICIDE
- CHILD-ABUSE
- NON-MVA
- DEATH FROM NATURAL CAUSES
- NONE OF THE ABOVE

Medical Examiner/Coroner: *

- NO
- YES, MEDICAL EXAMINER CONSENTED

YES, MEDICAL EXAMINER REFUSED CONSENT

UNKNOWN

Did the patient have written documentation of their intent to be a donor: *

YES NO UNK

If yes, indicate mechanisms (check all that apply):

Driver's license

Donor Card

Donor Registry

Durable Power of Attorney / Healthcare Proxy

Other Specify

Was the consent based solely on this documentation:

YES NO

Did the patient express to family or others the intent to be a donor: *

YES NO UNK

Date and time of pronouncement of death:
(Complete for brain dead and DCD donors):

Date: Time: (military time)

Date and time consent obtained for organ donation:

Date: Time: (military time)

ABO Blood Group:

Height: *

ft in

cm

ST=

Weight: *

lbs

kg

ST=

Terminal Lab Data:

Serum Creatinine: *

mg/dl

ST=

BUN: *

mg/dl

ST=

Total Bilirubin: *

mg/dl

ST=

SGOT/AST: *

u/L

ST=

SGPT/ALT: *

u/L

ST=

Protein in Urine: *

YES NO UNK

Last Serum Sodium Prior to Procurement: *

 mEq/L

ST=

INR: *

ST=

Blood pH: *

ST=

Hematocrit: *

 %

ST=

Pancreas (PA Donors Only):

Serum Lipase:

 u/L

ST=

Serum Amylase:

 u/L

ST=

Serology:

Anti-HIV I/II: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Anti-HTLV I/II: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

RPR-VDRL: *

- Positive
- Negative
- Unknown
- Cannot Disclose

Anti-CMV: *

- Not Done
- Indeterminate
- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

HBsAg: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Anti-HBc: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Anti-HCV: *

- Positive
- Negative
- Unknown

HBsAb: *

- Cannot Disclose
- Not Done
- Indeterminate
- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

EBV (VCA) (IgG): *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

EBV (VCA) (IgM): *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

EBNA: *

- Positive
- Negative

- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Donor Management: (Any medications administered within 24 hours prior to crossclamp.)

Steroids: * YES NO UNK

Diuretics: * YES NO UNK

T3: * YES NO UNK

T4: * YES NO UNK

Anticonvulsants: * YES NO UNK

Antihypertensives: * YES NO UNK

Vasodilators: * YES NO UNK

DDAVP: * YES NO UNK

Heparin: * YES NO UNK

Arginine Vasopressin: * YES NO UNK

Insulin: * YES NO UNK

Other/Specify:

Other/Specify:

Other/Specify:

Inotropic Medications at Time of Cross Clamp: YES NO UNK

Medication:

- Dopamine
- Dobutamine
- Epinephrine
- Levophed
- Neosynephrine
- Isoproterenol (Isuprel)
- Other, specify

Specify:

Dosage at Time of Cross Clamp:

Dosage Units:

- mcg/kg/min
- mcg/min
- mg/min
- units/hr
- mcg/hr

Final Dosage Duration:

 hours

Medication:

- Dopamine
- Dobutamine
- Epinephrine
- Levophed
- Neosynephrine
- Isoproterenol (Isuprel)
- Other, specify

Specify:

Dosage at Time of Cross Clamp:

Dosage Units:

- mcg/kg/min
- mcg/min
- mg/min

units/hr

mcg/hr

Final Dosage Duration:

hours

Dopamine

Dobutamine

Epinephrine

Medication:

Levophed

Specify:

Neosynephrine

Isoproterenol (Isuprel)

Other, specify

Dosage Units:

mcg/kg/min

mcg/min

mg/min

units/hr

mcg/hr

Dosage at Time of Cross Clamp:

Final Dosage Duration:

hours

NONE

1 - 5

Number of transfusions during this (terminal) hospitalization: *

6 - 10

GREATER THAN 10

UNKNOWN

Three or more inotropic agents at time of incision: *

YES NO

Clinical Infection: *

YES NO UNK

Source

Confirmed by Culture

Blood

YES NO

Lung

YES NO

Urine

YES NO

Other

YES NO

Other, specify:

Cigarette Use (> 20 pack years) - Ever: *

YES NO UNK

AND continued in last six months:

YES NO UNK

Cocaine Use - Ever: *

YES NO UNK

AND continued in last six months:

YES NO UNK

Other Drug Use (non - IV) - Ever: *

YES NO UNK

AND continued in last six months:

YES NO UNK

Heavy Alcohol Use (heavy= 2+ drinks/day): *

YES NO UNK

Tattoos: *

YES NO UNK

Does the Donor meet CDC guidelines for "High Risk" for an organ donor: *

YES NO UNK

History of Diabetes: *

NO

YES, 0-5 YEARS

Insulin Dependent:

- YES, 6-10 YEARS
- YES, >10 YEARS
- YES, DURATION UNKNOWN
- UNKNOWN
- NO

History of Hypertension: *

- YES, 0-5 YEARS
- YES, 6-10 YEARS
- YES, >10 YEARS
- YES, DURATION UNKNOWN
- UNKNOWN
- NO

If yes, method of control:

Diet:

- YES
- NO
- UNK

Diuretics:

- YES
- NO
- UNK

Other anti-hypertensive medication:

- YES
- NO
- UNK

History of Cancer: *

Specify:

Cancer Free Interval: years ST=

Cancer at time of procurement:

Intracranial: YES NO UNK

Extracranial: YES NO UNK

Skin: YES NO UNK

Recovery Date (donor to OR):

Was this a DCD donor: YES NO

If Yes, Controlled: YES NO UNK

If Yes, Date and time of withdrawal of support: Date: Time: (military time)

If Yes, Date and time agonal phase begins (systolic BP < 80 or O2 sat. < 80%): Date: Time: (military time)

If DCD, Total urine output during OR recovery phase:

Measures Between Withdrawal of Support and Cardiac Death. Provide Serial Data Every 15 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 5 Minutes Between Start of Agonal Phase and Cardiac Death.

Date:	Time (military time):	Systolic blood pressure:	Diastolic blood pressure:	Mean arterial pressure:	O2 saturation:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If Yes, Core Cooling Used: YES NO

If Yes, Date and time of abdominal aorta cannulation: Date: Time: (military time) ST=

If Yes, Date and time of thoracic aorta cannulation: Date: Time: (military time) ST=

If Yes, Date and time of portal vein cannulation: Date: Time: (military time) ST=

If Yes, Date and time of pulmonary artery cannulation: Date: Time: (military time) ST=

Estimated Warm Ischemic Time:

 min

ST=

If No, Was this a consented DCD donor that progressed to brain death?

YES NO

Cardiac arrest since neurological event that led to declaration of brain death: *

YES NO

If Yes, Duration of Resuscitation:

 min

ST=

Clamp Date:

Clamp Time: (Military Time)

ST=

- Eastern
 Central
 Mountain
 Pacific
 Alaska
 Hawaii
 Atlantic

Clamp Time Zone:

All Donors Cardiac and Pulmonary Function:

History of previous MI:

YES NO UNK

LV ejection fraction (%):

ST=

Method:

- Echo
 MUGA
 Angiogram

If LV, Ejection Fraction < 50%:

Structural Abnormalities:

Valves:

YES NO

Congenital: YES NO

LVH: YES NO

Wall Abnormalities:

Segmental: YES NO

Global: YES NO

No

Coronary Angiogram: Yes, normal

Yes, not normal

If Abnormal, # of Vessels with > 50% Stenosis: 0 1 2 3 Unknown

Pulmonary Measurements:

Lung - Was pO₂ done: YES NO UNK

If Yes, Lung pO₂ terminal value: mm/Hg ST=

If Yes, Lung pO₂ on FiO₂ terminal value of:

PCO₂ mm/Hg ST=

Was a pulmonary artery catheter placed: YES NO

If Yes, Initial (baseline) and Final-Preoperative measurements:

	Initial	Final
MAP: (mm Hg)	<input type="text"/> ST= <input type="text"/>	<input type="text"/> ST= <input type="text"/>

CVP: (mm Hg)	<input type="text"/> ST= <input type="text"/>	<input type="text"/> ST= <input type="text"/>
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PCWP: (mm Hg)	<input type="text"/> ST= <input type="text"/>	<input type="text"/> ST= <input type="text"/>
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SVR: ((dynes/sec/cm) ⁵)	<input type="text"/> ST= <input type="text"/>	<input type="text"/> ST= <input type="text"/>
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PA Systolic: (mm Hg)	<input type="text"/> ST= <input type="text"/>	<input type="text"/> ST= <input type="text"/>
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PA Diastolic: (mm Hg)

 ST= ST=

CO: (L/min)

 ST= ST=

Cardiac Index: (L/min/sq.m)

 ST= ST=

Biopsy (heart donors only):

- NO
- YES, MYOCARDITIS
- YES, NEGATIVE BIOPSY RESULT
- YES, OTHER DIAGNOSIS SPECIFY

Other Diagnosis /Specify:

Left Kidney Biopsy:

- YES NO

0-5

6-10

11-15

Glomerulosclerosis:

16-20

20+

Indeterminate

Pump:

- YES NO

Final Resistance Prior to Shipping:

ST=

Transferred to transplant center on pump:

- YES NO

Right Kidney Biopsy:

- YES NO

Glomerulosclerosis:

0-5

- 6-10
- 11-15
- 16-20
- 20+
- Indeterminate

Pump:

- YES NO

Final Resistance Prior to Shipping:

ST=

Transferred to transplant center on pump:

- YES NO

Liver Biopsy:

- YES NO

% Macro vesicular fat:

%

ST=

% Micro/intermediate vesicular fat:

%

ST=

Other Histology (check all that apply):

Hemosidera:

Granulomas:

Other Specify:

Left Lung Bronchoscopy:

- No Bronchoscopy
- Bronchoscopy Results normal
- Bronchoscopy Results, Abnormal-purulent secretions
- Bronchoscopy Results, Abnormal-aspiration of foreign body
- Bronchoscopy Results, Abnormal-blood
- Bronchoscopy Results, Abnormal-anatomy/other lesion
- Bronchoscopy Results, Unknown
- Unknown if bronchoscopy performed

Right Lung Bronchoscopy:

- No Bronchoscopy
- Bronchoscopy Results normal
- Bronchoscopy Results, Abnormal-purulent secretions
- Bronchoscopy Results, Abnormal-aspiration of foreign body
- Bronchoscopy Results, Abnormal-blood
- Bronchoscopy Results, Abnormal-anatomy/other lesion
- Bronchoscopy Results, Unknown
- Unknown if bronchoscopy performed

Chest X-ray:

- No chest x-ray
- Normal
- Abnormal-left
- Abnormal-right
- Abnormal-both
- Results Unknown
- Unknown if chest x-ray performed

Right Kidney

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted

N/A

If DCD, date and time right kidney recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

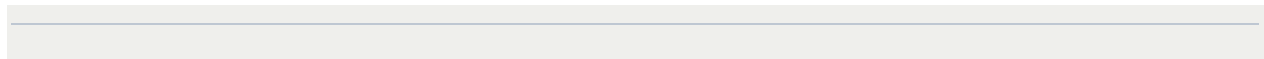
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Left Kidney

Consent Not Requested

Consent Not Obtained

Organ:

Organ Not Recovered

Recovered Not for Tx

Recovered for TX but Not Tx

Transplanted

N/A

If DCD, date and time left kidney recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

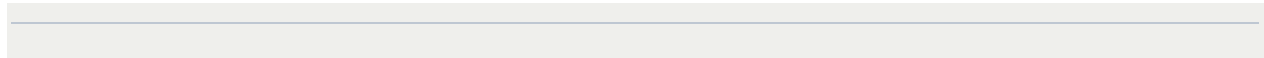
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Double En Bloc Kidney

Consent Not Requested

Consent Not Obtained

Organ:

Organ Not Recovered

Recovered Not for Tx

- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time double/en-bloc kidney recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

Pancreas

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered

- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time whole pancreas recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

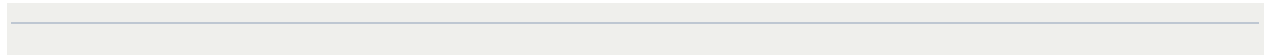
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Pancreas Segment 1

Organ:

- Consent Not Requested
- Consent Not Obtained

- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date, and time pancreas segment 1 recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

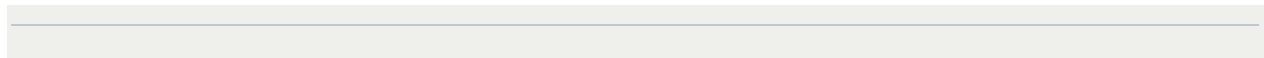
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Pancreas Segment 2

Organ:

- Consent Not Requested

- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time pancreas segment 2 recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

Liver

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time whole liver recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

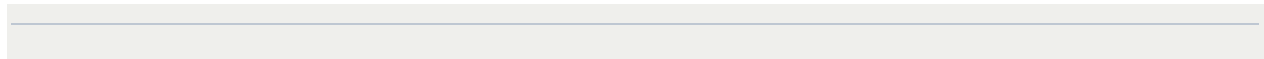
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time liver segment 1 recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

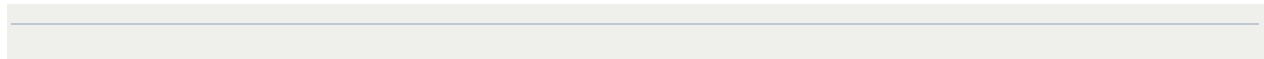
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Liver Segment 2

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time liver segment 2 recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

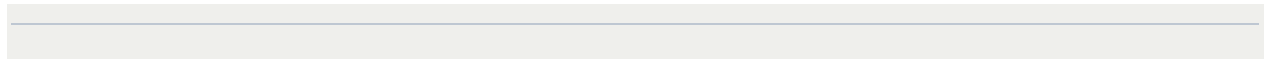
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Intestine

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time whole intestine recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

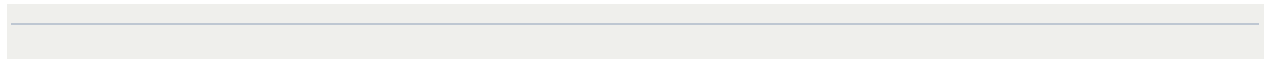
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time intestine segment 1 recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

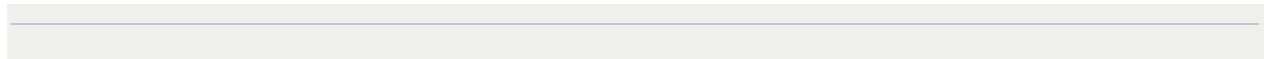
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Intestine Segment 2

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time intestine segment 2 recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

Heart

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time heart recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

Left Lung

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time left lung recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

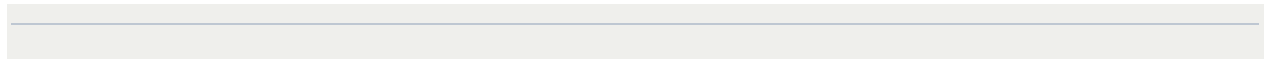
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Right Lung

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time right lung recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

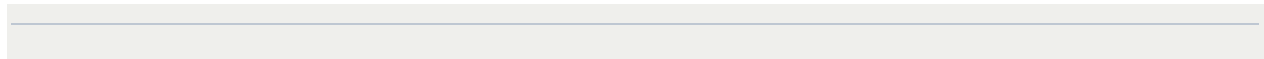
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Double Lung

Organ:

- Consent Not Requested
- Consent Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A

If DCD, date and time double/en-bloc lung recovered/removed from donor:

Date: Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

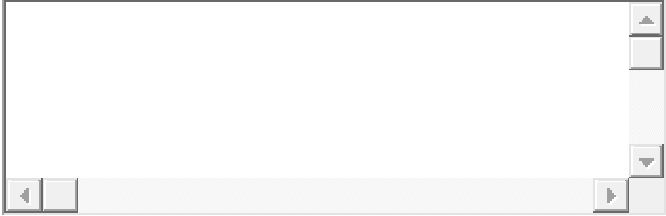
Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

Comments:



A rectangular comment box with a light gray border. It features a vertical scroll bar on the right side, consisting of a track, a slider, and arrowheads. The box is currently empty.