TransNet Donor ID Label Here

**I have verified the organ(s) to be recovered, the OPTN/UNOS Donor ID, and the donor ABO.**

| Organ | Recovering Surgeon Signature | Date | Time | OPO Qualified Healthcare Professional Signature | Date | Time |
|---|---|---|---|---|---|---|
| HR | | | | | | |
| RLU | | | | | | |
| LLU | | | | | | |
| LI | | | | | | |
| PA | | | | | | |
| RKI | | | | | | |
| LKI | | | | | | |
| VCA | | | | | | |
| Vessels | | | | | | |

**If the intended recipient is not known before recovery, then indicate NOT KNOWN.**
**If the intended recipient is known before recovery, I have verified the recipient ID, recipient ABO, and that the donor and intended recipient blood types are compatible or intended incompatible for these organs.**

| Organ / Recipient ID | OPO Qualified Healthcare Professional Signature | Date | Time | OPO Qualified Healthcare Professional Signature | Date | Time |
|---|---|---|---|---|---|---|
| HR / _____ | | | | | | |
| RLU / _____ | | | | | | |
| LLU / _____ | | | | | | |
| LI / _____ | | | | | | |
| PA / _____ | | | | | | |
| RKI / _____ | | | | | | |
| LKI / _____ | | | | | | |
| VCA / _____ | | | | | | |
| Other/ _____ | | | | | | |

***This template contains elements typically reviewed as part of OPTN routine survey activities of organ procurement organizations. It is not an OPTN requirement and use does not guarantee an assessment of compliance with OPTN requirements upon site survey. This tool may be used "as is" as a documentation form, or it can be customized to guide development of OPO-specific processes or tools.***

## OPTN/UNOS Policy effective June 23, 2016

## 2.15.B Pre-Recovery Verification

Host OPOs must develop and comply with a written protocol to perform a pre-recovery verification for each organ recovered as required below. Qualified health care professionals, as defined in the host OPO's protocol, must perform all verifications. At least one of the individuals performing a verification must be an OPO staff member.

The host OPO must conduct a verification prior to organ recovery according to *Table 2.1* below. Assistance using an OPTN-approved electronic method is permitted.

**Table 2.1: Pre-Recovery Verification Requirements**

| The host OPO must verify *all* of the following information: | Using at least *one* of these sources: | By the following individuals: |
|---|---|---|
| Donor ID | • Donor's identification band<br>• OPTN computer system | 1. On-site recovering surgeon<br>2. Qualified health care professional |
| Organ (and laterality, if applicable) | • Donor medical record<br>• OPTN computer system | 1. On-site recovering surgeon<br>2. Qualified health care professional |
| Donor blood type and subtype (if used for allocation) | • Donor blood type and subtype source documents | 1. On-site recovering surgeon<br>2. Qualified health care professional |

When the intended recipient is known prior to organ recovery, the host OPO must verify *all* of the additional information according to *Table 2.2* below.

**Table 2.2: Additional Pre-Recovery Verification Requirements When the Intended Recipient is Known Prior to Organ Recovery**

| The host OPO must verify *all* of the following information: | Using at least *one* of these sources: | By the following individuals: |
|---|---|---|
| Intended recipient unique identifier | • OPTN computer system | Two qualified health care professionals |
| Intended recipient blood type | • OPTN computer system | Two qualified health care professionals |
| Donor and intended recipient are blood type compatible (or intended incompatible) | • OPTN computer system | Two qualified health care professionals |

The host OPO must document that the verifications were completed according to the OPO's protocol and the above requirements.