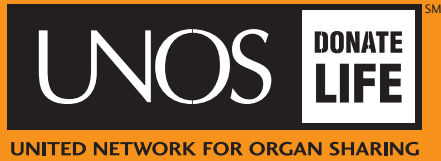


EXTERNAL SHIPPING LABEL



In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.
 Originating OPO telephone # () -



 UNOS ID

 DONOR ABO

CHECK ONE:

L. KIDNEY

R. KIDNEY

LIVER

HEART

L. LUNG

R. LUNG

PANCREAS

BOWEL

OTHER: _____

DONATED HUMAN ORGAN/TISSUE for TRANSPLANT

TO: _____ INSTITUTION: _____

CITY: _____ STATE: _____ TELE: () - _____

FROM: _____

PRIMARY FLIGHT:

FLIGHT: _____ GATE: _____ TIME: _____ ZONE: _____

CONNECTING FLIGHT:

FLIGHT: _____ GATE: _____ TIME: _____ ZONE: _____

UNOS ID: _____

This shipment is made possible by an exchange of information through the United Network for Organ Sharing, a charitable, non-profit organization which has no proprietary interest in this container or its contents.

	Date	Time	Initial
Ice 1:			
Ice 2:			
Ice 3:			



BIOLOGICAL PRODUCTS--NOT RESTRICTED, PACKED IN COMPLIANCE WITH IATA PACKAGING INSTRUCTION 650 (WET ICE).

COLOR CODED STICKER ADHERES
TO EXTERNAL SHIPPING LABEL

BOWEL

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

CONTENTS OF BOX:

LYMPH NODES VESSELS

SPLEEN CHART

BLOOD SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Peel off sticker and place on external shipping label.

CARBON COPY ADHERES TO DONOR
CHART

BOWEL

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

CONTENTS OF BOX:

LYMPH NODES VESSELS

SPLEEN CHART

BLOOD SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Tear off at perforation and attach to donor chart.

COLOR CODED STICKER ADHERES
TO EXTERNAL SHIPPING LABEL

HEART

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

CONTENTS OF BOX:

HEART

LYMPH NODES VESSELS

SPLEEN CHART

BLOOD SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Peel off sticker and place on external shipping label.

CARBON COPY ADHERES TO DONOR
CHART

HEART

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

CONTENTS OF BOX:

HEART

LYMPH NODES VESSELS

SPLEEN CHART

BLOOD SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Tear off at perforation and attach to donor chart.

COLOR CODED STICKER ADHERES
TO EXTERNAL SHIPPING LABEL

KIDNEY

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

CONTENTS OF BOX:

KIDNEY LEFT BLOOD
 KIDNEY RIGHT VESSELS
 LYMPH NODES CHART
 SPLEEN SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Peel off sticker and place on external shipping label.

CARBON COPY ADHERES TO DONOR
CHART

KIDNEY

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

CONTENTS OF BOX:

KIDNEY LEFT BLOOD
 KIDNEY RIGHT VESSELS
 LYMPH NODES CHART
 SPLEEN SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Tear off at perforation and attach to donor chart.

COLOR CODED STICKER ADHERES
TO EXTERNAL SHIPPING LABEL

LIVER

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____ Military Time _____ Time Zone

CONTENTS OF BOX:

LIVER BLOOD
 LIVER SEGMENT VESSELS
 LYMPH NODES CHART
 SPLEEN SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Peel off sticker and place on external shipping label.

CARBON COPY ADHERES TO DONOR
CHART

LIVER

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____ Military Time _____ Time Zone

CONTENTS OF BOX:

LIVER BLOOD
 LIVER SEGMENT VESSELS
 LYMPH NODES CHART
 SPLEEN SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Tear off at perforation and attach to donor chart.

COLOR CODED STICKER ADHERES
TO EXTERNAL SHIPPING LABEL

LUNG

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

CONTENTS OF BOX:

LUNG LEFT BLOOD
 LUNG RIGHT VESSELS
 LYMPH NODES CHART
 SPLEEN SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Peel off sticker and place on external shipping label.

CARBON COPY ADHERES TO DONOR
CHART

LUNG

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

CONTENTS OF BOX:

LUNG LEFT BLOOD
 LUNG RIGHT VESSELS
 LYMPH NODES CHART
 SPLEEN SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Tear off at perforation and attach to donor chart.

COLOR CODED STICKER ADHERES
TO EXTERNAL SHIPPING LABEL

PANCREAS

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

CONTENTS OF BOX:

PANCREAS
 LYMPH NODES VESSELS
 SPLEEN CHART
 BLOOD SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Peel off sticker and place on external shipping label.

CARBON COPY ADHERES TO DONOR
CHART

PANCREAS

UNOS ID # _____

DONOR ABO: _____

RECOVERY DATE: _____

CLAMP TIME: _____
Military Time Time Zone

PANCREAS
 LYMPH NODES VESSELS
 SPLEEN CHART
 BLOOD SLIDES

OTHER: _____

VERIFICATIONS:

ABO Initial _____ Initial _____

Labeling Initial _____ Initial _____

Documentation Initial _____ Initial _____

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

Tear off at perforation and attach to donor chart.

POLYPROPYLENE TAG FOR INSIDE SHIPPING COOLER

BOWEL

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

UNOS ID: _____ DONOR ABO: _____

AGE: _____ SEX: _____ RECOVERY DATE: - - _____

CLAMP TIME: _____ TIME ZONE: _____
Military Time

COMMENTS: _____

CONTENTS IN THIS CONTAINER:
 Bowel Other _____

PACKAGED IN:
 Rigid Container Triple Sterile Barrier

Other Packaging

Other Packaging

Signature

Signature

POLYPROPYLENE TAG FOR INSIDE SHIPPING COOLER

HEART

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

UNOS ID: _____ DONOR ABO: _____

AGE: _____ SEX: _____ RECOVERY DATE: - - _____

CLAMP TIME: _____ TIME ZONE: _____
Military Time

COMMENTS: _____

CONTENTS IN THIS CONTAINER:
 Heart Other _____

PACKAGED IN:
 Rigid Container Triple Sterile Barrier

Other Packaging

Other Packaging

Signature

Signature

POLYPROPYLENE TAG FOR INSIDE SHIPPING COOLER

KIDNEY

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

UNOS ID: _____ DONOR ABO: _____

AGE: _____ SEX: _____ RECOVERY DATE: - - _____

CLAMP TIME: _____ TIME ZONE: _____
Military Time

COMMENTS: _____

CONTENTS IN THIS CONTAINER:

Kidney Left Kidney Right

PACKAGED IN:

Rigid Container Triple Sterile Barrier

Other Packaging

Other Packaging

Signature

Signature

POLYPROPYLENE TAG FOR INSIDE SHIPPING COOLER

LIVER

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

UNOS ID: _____ DONOR ABO: _____

AGE: _____ SEX: _____ RECOVERY DATE: - - _____

CLAMP TIME: _____ TIME ZONE: _____
Military Time

COMMENTS: _____

CONTENTS IN THIS CONTAINER:

Liver Vessels

PACKAGED IN:

Rigid Container Triple Sterile Barrier

Other Packaging

Other Packaging

Signature

Signature

POLYPROPYLENE TAG FOR INSIDE SHIPPING COOLER

LUNG

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

UNOS ID: _____ DONOR ABO: _____

AGE: _____ SEX: _____ RECOVERY DATE: - - _____

CLAMP TIME: _____ TIME ZONE: _____
Military Time

COMMENTS: _____

CONTENTS IN THIS CONTAINER:

Lung Left Lung Right

PACKAGED IN:

Rigid Container Triple Sterile Barrier

Other Packaging

Other Packaging

Signature

Signature

POLYPROPYLENE TAG FOR INSIDE SHIPPING COOLER

PANCREAS

In case of delays or any problems call UNOS at
1-800-292-9537 a 24 hour number.

UNOS ID: _____ DONOR ABO: _____

AGE: _____ SEX: _____ RECOVERY DATE: - - _____

CLAMP TIME: _____ TIME ZONE: _____
Military Time

COMMENTS: _____

CONTENTS IN THIS CONTAINER:

Pancreas Vessels

PACKAGED IN:

Rigid Container Triple Sterile Barrier

Other Packaging

Other Packaging

Signature

Signature