

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

Originating OPO telephone # (\_\_\_\_) \_\_\_\_\_\_



# DONATED HUMAN ORGAN/TISSUE for TRANSPLANT

TO:	11/31/	TUTION:	
CITY:	STATE:	TELE: ( )	-
FROM:			
NOW.			
PRIMARY FLIGHT:			
FLIGHT:	GATE:	TIME:	ZONE:
CONNECTING FLIGHT:			
FLIGHT:	GATE:	TIME:	ZONE:
LINOS ID.			

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

HANDLE WITH CARE



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

BOW	/EL
UNOS ID #	
DONOR ABO:	
RECOVERY DAT	E:
CLAMP TIME:	Military Time Time Zone
CONTENTS	OF BOX:
LYMPH NO SPLEEN BLOOD	DES VESSELS  CHART  SLIDES
OTHER:	
VERIFICATIO	NS:
ABO	Initial Initial
Labeling	Initial Initial
Documentation	Initial Initial
	lays or any problems call UNOS at 292-9537 a 24 hour number.
Peel off sticker	and place on external shipping label.

BOW	/EL
UNOS ID #	
DONOR ABO:	
RECOVERY DAT	E:
CLAMP TIME.	
CLAMP TIME:	Military Time Time Zone
CONTENTS	OF BOX:
LYMPH NO	
☐ SPLEEN ☐ BLOOD	☐ CHART☐ SLIDES
U OTHER:	
VERIFICATIO ABO	Initial Initial
Labeling	Initial Initial
J	Initial Initial
	lays or any problems call UNOS at
1-800-2	<b>292-9537</b> a 24 hour number.

HEA	RT
UNOS ID #	
DONOR ABO:	
RECOVERY DATE	E:
CLAMP TIME:	Military Time Time Zone
CONTENTS	OF BOX:
HEART  LYMPH NO SPLEEN BLOOD	☐ CHART ☐ SLIDES
VERIFICATIO ABO	NS: Initial Initial
Labeling	Initial Initial
· ·	Initial Initial
In case of del	ays or any problems call UNOS at 292-9537 a 24 hour number.
Peel off sticker a	and place on external shipping label.

HEA	RT			
UNOS ID #				_
DONOR ABO:				
RECOVERY DAT	E:			_
CLAMP TIME:				_
CLAIVIF TIIVIE.	Military 1	ime	Time Zone	_
CONTENTS	OF BOX:			
☐ HEART ☐ LYMPH NO ☐ SPLEEN ☐ BLOOD	DES	UVESS CHAF	RT	
OTHER:				_
VERIFICATIO	NS:			
ABO	Initial	In	itial	_
Labeling	Initial	In	itial	_
Documentation	Initial	In	itial	_
In case of de	ave or any n	ohlems call	LINOS at	
	<b>292-9537</b> a			

KIDI	VEY	1	
UNOS ID #			
DONOR ABO:			
RECOVERY DAT	E:		
CLAMP TIME:	Military	Time -	Fime Zone
CONTENTS	OF BOX:		
☐ KIDNEY LEI ☐ KIDNEY RIG ☐ LYMPH NO ☐ SPLEEN	GHT	☐ BLOOD ☐ VESSEL ☐ CHART ☐ SLIDES	S
OTHER:			
VERIFICATIO			
ABO		Initi	
Labeling		Initi	
Documentation	Initial	Initi	al
		roblems call U 24 hour numb	
Peel off sticker d	and place or	n external shipp	oing label.

KIDI	NEY	
UNOS ID #		
DONOR ABO:		
RECOVERY DAT	E:	
CLAMP TIME:	Military Time Time Zone	<u></u>
CONTENTS (  KIDNEY LEI  KIDNEY RIC  LYMPH NO  SPLEEN  OTHER:	FT	
VERIFICATIO	NS:	
ABO	Initial Initial	_
Labeling	Initial Initial	_
Documentation	Initial Initial	
1-800-2	lays or any problems call UNOS at 292-9537 a 24 hour number.  erforation and attach to donor chart.	

LIVE	R		
UNOS ID #			
DONOR ABO:			
RECOVERY DAT	E:		
CLAMP TIME:	N At litter and	Ti	Time Zone
CONTENTS		Time	lime ∠one
	or box.		
LIVER	45. IT	☐ BLO	
LIVER SEGN		☐ VESS	,
SPIFFN	DE3		•••
OTHER:			
VERIFICATIO	NS:		
ABO	Initial	Iı	nitial
Labeling	Initial	lı	nitial
Documentation	Initial	lı	nitial
In case of del <b>1-800-</b> 2		oroblems cal a 24 hour nu	
Peel off sticker o	and place o	n external si	hipping label.

LIVE	R			
UNOS ID #				
DONOR ABO:				
DONOR ADO.				
RECOVERY DAT	E:			_
CLAMP TIME:				
	Military	Time	Time Zone	
CONTENTS	OF BOX:			
LIVER		BLOG	DD	
LIVER SEGN		U VESS	SELS	
LYMPH NO	DES	□ СНА		
SPLEEN		☐ SLID	ES	
OTHER:				_
VERIFICATIO	NS:			
VERIFICATIO ABO		Iı	nitial	_
	Initial		nitial	_
АВО	Initial	lı	nitial	_
ABO  Labeling  Documentation  In case of del	Initial Initial Initial lays or any p	lı	nitial nitial I UNOS at	_

LUN	G		
UNOS ID #			
<u>UNU3 ID #</u>			
DONOR ABO:			
RECOVERY DAT	E:		
CLAMP TIME:		Time Time 2	
CONTENTS		Time Time 2	Zone
LUNG LEFT		☐ BLOOD	
LUNG RIGH	• •	☐ VESSELS	
☐ LYMPH NO	DES	☐ CHART	
SPLEEN		SLIDES	
OTHER:			<u> </u>
VERIFICATIO	NS:		
ABO	Initial	Initial	
Labeling	Initial	Initial	
Documentation	Initial	Initial	
		problems call UNOS a a 24 hour number.	t
Peel off sticker	and place or	n external shipping la	ibel.

LUN	G			
UNOS ID #				
DONOR ABO:				
RECOVERY DAT	E:			
CLAMP TIME:	Military	Time	Time Zone	
CONTENTS	OF BOX:			
LUNG LEFT LUNG RIGH LYMPH NO SPLEEN OTHER:	łT	☐ VE	OOD ESSELS HART LIDES	
VERIFICATIO	NIC.			
ABO			Initial	
Labeling	Initial		Initial	
Documentation	Initial		Initial	
1-800-2	2 <b>92-9537</b> a	24 hou	call UNOS at r number. h to donor chart.	

#### **PANCREAS** UNOS ID # DONOR ABO: RECOVERY DATE: CLAMP TIME: Military Time Time Zone **CONTENTS OF BOX:** PANCREAS LYMPH NODES ☐ VESSELS SPLEEN ☐ CHART SLIDES BLOOD OTHER: **VERIFICATIONS:** Initial \_\_\_\_\_ Initial \_\_\_ ABO Initial \_\_\_\_\_ Initial \_ Labeling 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.

PAN	CR	ΕA	S
UNOS ID #			
DONOR ABO:			
RECOVERY DAT	E:		
CLAMP TIME:	Military	Time	Time Zone
PANCREAS LYMPH NO SPLEEN BLOOD	DES		SSELS HART IDES
OTHER:			
VERIFICATIO ABO			Initial
Labeling	Initial		Initial
Documentation	Initial		Initial
In case of del 1-800-2	ays or any p 2 <b>92-9537</b> a		
Tear off at pe	rforation a	nd attach	to donor chart.

<b>BOWEL</b>	In case of delays or any problems call UNOS a <b>1-800-292-9537</b> a 24 hour number.
UNOS ID:	DONOR ABO:
AGE: SEX:	RECOVERY DATE:
CLAMP TIME:  Military Time	TIME ZONE:
COMMENTS:	
CONTENTS IN THIS CONTAINER:	PACKAGED IN:
CONTENTS IN THIS CONTAINER:  ☐ Bowel ☐ Other	

HEART	In case of delays or any problems call UNOS at <b>1-800-292-9537</b> a 24 hour number.
UNOS ID:	DONOR ABO:
AGE: SEX:	RECOVERY DATE:
CLAMP TIME:  Military Time	TIME ZONE:
COMMENTS:	
COMMENTS:	
COMMENTS:  CONTENTS IN THIS CONTAINER:	PACKAGED IN:
CONTENTS IN THIS CONTAINER:	

<b>KIDNE</b>	In case of delays or any problems call UNC 1-800-292-9537 a 24 hour number
UNOS ID:	DONOR ABO:
AGE:	SEX: RECOVERY DATE:
CLAMP TIME:  Military Tir	TIME ZONE:
COMMENTS:	
COMMENTS:  CONTENTS IN THIS CON	ITAINER: PACKAGED IN:
CONTENTS IN THIS CON	ITAINER: PACKAGED IN:  ney Right
CONTENTS IN THIS CON	7707.00

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:  Military Time	TIME ZONE:
COMMENTS:	
CONTENTS IN THIS CONTAINER:	PACKAGED IN:
CONTENTS IN THIS CONTAINER:	PACKAGED IN:  ☐ Rigid Container ☐ Triple Sterile Barrier

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:  Military Time	TIME ZONE:
COMMENTS:	
CONTENTS IN THIS CONTAINER:	PACKAGED IN:
CONTENTS IN THIS CONTAINER:  □ Lung Left □ Lung Right	PACKAGED IN:  ☐ Rigid Container ☐ Triple Sterile Barrier

PAI	<b>ICREAS</b>	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:	Military Time	TIME ZONE:
COMMENTS:		
COMMENTS.		
	I THIS CONTAINER:	PACKAGED IN:
	THIS CONTAINER:	PACKAGED IN:  ☐ Rigid Container ☐ Triple Sterile Barrier
CONTENTS IN	I THIS CONTAINER: ☐ Vessels	