

OR Verification Template (12/2014): Recipient	Revised OR Verification Template (3/2016): Recipient	
Organ Check In (Condition is only when organ received from outside facility)		
Data Field	Data Field	Comments
Not applicable	Use of external label?	Should be verification of use with "Yes/No" choice
Not applicable	Check-In date/time	Bar code scan data if using TransNet Will be automatically stamped when the documentation is done If EMR and TransNet integrated can auto populate
Not applicable	UNOS Donor ID on organ package label	Will populate if using TransNet
Not applicable	Organ (including laterality) on organ package label	Will populate if using TransNet Suggest using drop down boxes for only the organs transplanted at that center or write in
Not applicable	Transplant center	Will populate if using TransNet Should auto populate from EMR
Not applicable	Receipt location	Not required by policy. TransNet documents this field. May consider optional comment field or auto populate from EMR location
Not applicable	Received by	Not required by policy. TransNet documents this field. Automatically documented when EMR user signs in
Not applicable	Comments	Not required by policy. TransNet allows this field. Would useful field but not required in EMR Could be used to document wrong organ received/other notes
Not applicable	Was this the expected Donor ID and organ (including laterality if applicable)?	EMR Check box for "Yes" or "No" May consider three "Yes/No" check boxes One for "Correct Donor ID" ; One for "Organ"; and one for "Correct Laterality" dependent on type of organ If not expected Donor ID and organ, may consider pop up to alert user that OPTN policy requires OPO must be notified within one hour
Not applicable	Organ check-in complete?	Not required by policy. Time stamp generated with a verification (Yes/No) If response is "No ", may consider pop up to alert user that OPTN policy requires OPO must be notified within one hour

**Verification in OR if Surgery Starts Prior to Organ Arrival
(Condition is only when surgery will begin prior to organ arrival)**

If the EMR is used to document Joint Commission Universal Protocol some fields may be already be available and used for this purpose

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Data Field	Data Field	Comments
Not applicable	Time of induction of general anesthesia OR	Likely exists in EMR OR record but check to see if this is discrete data field
Not applicable	Time of incision if arrive at OR under anesthesia	Likely exists in EMR OR record but check to see if this is discrete data field
Not applicable	Expected donor ID	May be in EMR but need discrete data field and discreet location for documentation
Not applicable	Expected organ (and laterality if applicable)	May be in EMR but need discrete data field and discreet location for documentation
Not applicable	Expected donor blood type and subtype (if used for allocation)	May be in EMR but need discrete data field and discreet location for documentation
Not applicable	Recipient unique identifier	Likely exists in EMR
Not applicable	Recipient blood type	Likely exists in EMR
Not applicable	Expected donor and recipient are blood type compatible (or intended incompatible)?	Suggest EMR check box for "Yes" or "No" or check box for "compatible" or "intended incompatible"
Not applicable	Verification date and time	Need data entry field and indication that this is time of real time verification
Not applicable	Licensed "health care professional #1" personnel's printed name	Automatically documented when EMR user signs in. EMR has audit trail of this information.
Not applicable	Licensed personnel's (#1) signature with date and time	Electronic signature should be auto stamped by EMR
Not applicable	Licensed "health care professional #2" personnel's printed name	Automatically documented when EMR user signs in. EMR has audit trail of this information.
Not applicable	Licensed personnel's (#2) signature with date and time	Electronic signature should be auto stamped by EMR

Verification Upon Organ Receipt in the OR

TransNet OR Verification Template (3/2016) : Recipient	
TransNet Data Field	Comments
Recipient ID band scan date/time	Not required by policy. TransNet documents field using bar code scan. EMR documentation may already have identified recipient with unique identifier
Recipient matched UNOS Donor ID	Not required by policy. TransNet documents field using bar code scan. If EMR and TransNet are integrated will be in EMR
Organ(s) expected from this donor	Not required by policy. TransNet documents field using bar code scan. If EMR and TransNet are integrated will be in EMR
Interior organ label scan date/time	Not required by policy. TransNet documents field using bar code scan. If EMR and TransNet are integrated will be in EMR
Interior organ label UNOS Donor ID	Not required by policy. TransNet documents field using bar code scan. If EMR and TransNet are integrated will be in EMR
Organ scanned from this donor	Not required by policy. TransNet documents field using bar code scan. If EMR and TransNet are integrated will be in EMR
Match result	Not required by policy. TransNet documents field using bar code scan. If EMR and TransNet are integrated will be in EMR
I scanned the organ label and the recipient ID band and am documenting the visual verification by X and X on X date at X time Printed Name: X and Signed Name: _____	The person performing the organ scan using TransNet will populate names of persons performing the verification. The verification date and time are auto populated by the bar code scan. Form will need to printed and signed or if EMR and TransNet are integrated, may be EMR electronic signature.
After receipt of the organ in the OR, I have verified the organ (and laterality if applicable), OPTN/UNOS Donor ID, recipient identifier, donor ABO and recipient ABO prior to first anastomosis. I have verified that the donor and recipient blood types are compatible (or intended incompatible) and that this organ is intended for this recipient.	
Implanting Transplant Surgeon Printed Name: X and Signed Name: _____ Date _____ Time _____	
Licensed Healthcare Professional Printed Name: X and Signed Name: _____ Date _____ Time _____	

Verification Upon Organ Receipt in the OR (Paper Template)		
OR Verification Template (12/2014): Recipient	Revised OR Verification Template (3/2016) : Recipient	
Data Field	Data Field	Comments
Transplant Date	Not applicable	
Organ(s)	Not applicable (see below)	Needs to be populated in verification statement. See below.
OPTN/UNOS ID	Not applicable (see below)	Needs to be populated in verification statement. See below.
Recipient Identifier	Not applicable (see below)	Needs to be populated in verification statement. See below.
Donor ABO	Not applicable (see below)	Needs to be populated in verification statement. See below.
Recipient ABO	Not applicable (see below)	Needs to be populated in verification statement. See below.
Organ receipt in recipient OR at time and date	Organ received in recipient OR (Date and time)	EMR date and time documentation. (Separate field from recipient in OR)
	Recipient in the OR (Date and time)	Likely in EMR OR Record already
	I have verified the organ: (include both organ and laterality)	Suggest using drop down boxes for only the organs transplanted at that center or write in
	I have verified that the OPTN/UNOS Donor ID is: X	Suggest check box and either text field to enter or auto populate Donor ID
I have verified that the donor ABO is X	I have verified that the donor ABO is X	Suggest check box and either text field to enter or auto populate donor ABO
	I have verified the recipient identifier is X	Suggest check box and either text field to enter or auto populate recipient identifier
I have verified that the recipient ABO is X	I have verified that the recipient ABO is X	Suggest check box and either text field to enter or auto populate recipient ABO
	I have verified that the donor and recipient blood types are compatible or intended incompatible	Suggest EMR check box for "Yes" or "No" or check box for "compatible" or "intended incompatible"
I have verified that this organ is intended for this recipient.	I have verified that this organ is intended for this recipient.	Suggest check box

Verification Upon Organ Receipt in the OR (Paper Template)		
OR Verification Template (12/2014):	OR Verification Template (12/2014): Recipient	
Data Field	Data Field	Data Field
[] For packaged organ, compared OPTN/UNOS Donor ID on organ packaging with the match run.	[] For packaged organ, compared OPTN/UNOS Donor ID on organ packaging with the match run.	Suggest check box
[] For unpackaged organ, compared organ's OPTN/UNOS Donor ID with TIEDI generated Donor ID.	[] For unpackaged organ, compared organ's OPTN/UNOS Donor ID with TIEDI generated Donor ID.	Suggest check box (for living donor organ only)
Verification Date and Time	Verification Date and Time	Need data field and time of actual verification
Is this an attestation of visual verification?	(Check if applicable) I am also documenting the visual verification by the implanting transplant surgeon (Surgeon's name)	Suggest check box for option to document a visual verification. The person witnessing the visual verification will need to be the documenter. The surgeon's name performing the visual verification will need to be entered or populated. NOTE: In EMR this will likely be the case as two people may not be able to be logged in simultaneously to the recipient record.
If yes, name of person documenting visual verification	Not applicable (see above)	
	I completed the verification in real time or I completed a visual verification	Suggest check box for either option. Alternatively, this could be in the operative note. Must be documented by the implanting surgeon.
Licensed personnel's printed name	Licensed personnel's printed name	Automatically documented when EMR user signs in. EMR has audit trail of this information.
Licensed personnel's signature line Date and time of signature	Licensed healthcare professional signature with date and time	Electronic signature should be auto stamped by EMR
Surgeon's printed name	Implanting transplant surgeon's name	Automatically documented when EMR user signs in. EMR has audit trail of this information.
Surgeon's signature line Date and time of signature	Implanting transplant surgeon signature with date and time	Electronic signature should be auto stamped by EMR
Time and date of first anastomosis	First anastomosis date and time	EMR OR record should note vascular anastomoses time
Signature line	Not applicable	Not applicable