### Pre-Transplant Verification upon Organ Receipt

<table>
<thead>
<tr>
<th>Step</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organ received in recipient OR:</strong></td>
</tr>
<tr>
<td>Date: ________ Time: ________________</td>
</tr>
<tr>
<td><strong>Recipient in OR:</strong></td>
</tr>
<tr>
<td>Date: ________ Time: ________________</td>
</tr>
</tbody>
</table>

**After receipt of the organ in the OR and prior to implantation:**

- I have verified the organ:  
  - HR  
  - LU – R / L  
  - LI  
  - KI – R / L  
  - IN  
  - PA  
  - Vessels

- I have verified the OPTN/UNOS Donor ID is ________  
  - I have verified the donor ABO is __

- I have verified the recipient identifier is ________  
  - I have verified the recipient ABO is __

- I have verified that the donor and recipient blood types are  
  - compatible or  
  - intended incompatible

- I have verified that this organ is intended for this recipient
  - For **packed** organ, compared OPTN/UNOS Donor ID on organ packaging with the match run.
  - For **unpackaged** organ, compared organ’s OPTN/UNOS Donor ID with TIEDI generated Donor ID.

**Verification Date:** ____________ **Time:** ____________

*(Check if applicable)*

- I am also documenting the visual verification by the implanting transplant surgeon (Surgeon’s name): ____________________________

**Licensed healthcare professional (printed name):** ____________________________

**Licensed healthcare professional (signature):** ____________________________ **Date:** ______ **Time:** ______

*(Check one)*

- I completed the verification in real time  
- I completed the visual verification documented above

**Implanting transplant surgeon (printed name):** ____________________________

**Implanting transplant surgeon (signature):** ____________________________ **Date:** ______ **Time:** ______

**First anastomosis:** Date: ____________ Time: ____________

### Pre-Transplant Verification upon Organ Receipt

This template contains elements typically reviewed as part of CMS and OPTN routine survey activities of transplant hospitals. It is not a CMS or OPTN requirement and use does not guarantee an assessment of compliance with OPTN or CMS requirements upon site survey. This tool may be used “as is” as a documentation form, or it can be customized to guide the development of center-specific processes or tools.

*Version date: 3/23/2016*

*OPTN Policy takes effect 6/23/2016*
CMS and the OPTN contractor cooperatively developed this template tool. Transplant hospitals can use it to develop processes and protocols for the documentation of compliance with OPTN and CMS requirements pertaining to verification of receipt and transplant of the correct organ for the correct candidate, as well as verification of donor/recipient blood type compatibility and other vital data prior to transplant.

Pertinent Policy and Regulation

OPTN Policy 5.8. B Pre-Transplant Verification Upon Organ Receipt

At the time of organ receipt in the operating room, the transplant hospital must conduct a pre-transplant verification with the following requirements:

1. The transplant surgeon and another licensed health care professional must participate in the verification
2. The intended recipient must be present in the operating room
3. The verification must occur after the organ arrives in the operating room, but prior to anastomosis of the first organ
4. Transplant hospitals must use at least one of the acceptable sources during the pre-transplant verification upon organ receipt to verify all of the following information in Table 5.2 below. Assistance using an OPTN-approved electronic method is permitted

Table 5.2: Pre-Transplant Verification Upon Organ Receipt Requirements

<table>
<thead>
<tr>
<th>The transplant hospital must verify all of the following information:</th>
<th>Using at least one of these sources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor ID</td>
<td>• External and internal organ package labels</td>
</tr>
<tr>
<td>Organ (and laterality if applicable)</td>
<td>• Documentation with organ</td>
</tr>
<tr>
<td>Donor blood type and subtype (if used for allocation)</td>
<td>• Donor blood type and subtype source documents</td>
</tr>
<tr>
<td>Recipient unique identifier</td>
<td>• Recipient identification band</td>
</tr>
<tr>
<td>Recipient blood type</td>
<td>• Recipient blood type source documents</td>
</tr>
<tr>
<td>• Recipient medical record</td>
<td></td>
</tr>
<tr>
<td>Donor and recipient are blood type compatible (or intended incompatible)</td>
<td>• OPTN computer system</td>
</tr>
<tr>
<td>• Recipient medical record</td>
<td></td>
</tr>
<tr>
<td>• Attestation following verification of donor and recipient blood types</td>
<td></td>
</tr>
<tr>
<td>Correct donor organ has been identified for the correct recipient</td>
<td>• Recipient medical record</td>
</tr>
<tr>
<td>• OPTN computer system</td>
<td></td>
</tr>
</tbody>
</table>

The transplant hospital must document that the pre-transplant verification upon organ receipt was completed according to the hospital's protocol and the above requirements.

CMS 42 CFR §482.92(a)

After an organ arrives at a transplant center, prior to transplantation, the transplanting surgeon and another licensed health care professional must verify that the donor's blood type and other vital data are compatible with transplantation of the intended recipient.