CENTER FOR ORGAN RECOVERY & EDUCATION
ORGAN AND TISSUE POST RECOVERY O.R. FORM

Donor Name: _____ Age: _____ CORE ID #: _____
O.R. Time IN: _____: _____ Time OUT: _____:_____ Total Minutes: _____ Date: ___/___/___

PRE-RECOVERY CONDITIONS

Was the donor's body refrigerated at any time? If so, for how long? ___hrs ___min	Y □ N □	Was the donor's head elevated? Were saline pads in place? Body site of blood collection?	Y □ N □ Y □ N □ _____
Describe the condition of the eyes and periorbital area: 			

ORGANS RECOVERED

Heart	Y □ N □	Liver	Y □ N □	Pancreas	Y □ N □
Lung	Y □ N □	Kidney	Y □ N □	Spleen/Nodes	Y □ N □
Intestines	Y □ N □	Stomach	Y □ N □	Other	Y □ N □

TISSUE RECOVERED

Bone Lower	Y □ N □	Pelvic Bone	Y □ N □	Tendons	Y □ N □
Fascia	Y □ N □	Femoral Vessels	Y □ N □	Saphenous Veins	Y □ N □
Ribs	Y □ N □	Costal Cartilage	Y □ N □	Skin	Y □ N □
Heart for Valves	Y □ N □	Pericardium	Y □ N □	Aortoiliac Artery	Y □ N □
Eyes	Y □ N □	Corneas	Y □ N □	Brain	Y □ N □
Other/	Y □ N □	Other/	Y □ N □	Other/	Y □ N □

POST RECOVERY COMPLICATIONS

Did any bleeding/swelling occur during or after the procedure? 	Y □ N □	Describe Complication:

CORE TEAM: _____
(Print ALL Names)

Should you have any questions or concerns regarding the procedure, please feel free to contact:
CORE, 204 Sigma Drive, RIDC Park, Pittsburgh, PA 15238 (800-366-6777)

Original: CORE **Yellow & Gold: Hospital** **Pink: Funeral Home**