

**CENTER FOR ORGAN RECOVERY & EDUCATION
KIDNEY DONOR FORM**

Donor Name: _____ UNOS ID#: _____
 Date of Birth: _____ Cause of Death: _____
 Hospital: _____ City: _____ State: _____
 Date of Recovery: _____ Cross Clamp Time: _____ AM/PM(EST)
 Blood Type: _____
 Flush Solution: _____ Storage Solution: _____

Left Kidney/Right Kidney/En-Bloc

Attach serology label here

Anatomy:

Length	cm	Aortic Cuff	
Width	cm	# of Veins	
Weight		V Length	cm cm cm
# of Arteries		V Diameter	mm mm mm
A Length	cm cm cm	Cuff/Cava Measurement	
A Diameter	mm mm mm	# of Ureters	
Distance Apart	cm cm cm	U Length	cm cm

I personally have verified this donor information to be correct.
 Coordinator: _____
 Name Printed: _____

Please place completed form in plastic sleeve provided on kidney storage container for delivery to recipient hospital. The opposite side is to be completed by the recipient surgeon.
800-366-6777

**CENTER FOR ORGAN RECOVERY & EDUCATION
KIDNEY RECIPIENT FORM**

Recipient Name: _____
 Recipient ABO: _____
 Recipient Hospital: _____
 Recipient Blood Type: _____
 Reperfusion (unclamp vessels) Date: _____ Time: _____ AM/PM
 Crossmatch Results: _____
 CIT: _____

Comments: (Please note unusual anatomy, repairs, etc.)

I personally have reviewed the donor information provided. I understand that CORE does not warranty any organs or tissue provided.

I personally have verified this recipient information to be correct.

Surgeon's Signature: _____
 Name Printed: _____

Please place completed form in envelope provided for pickup by the
 Center for Organ Recovery & Education