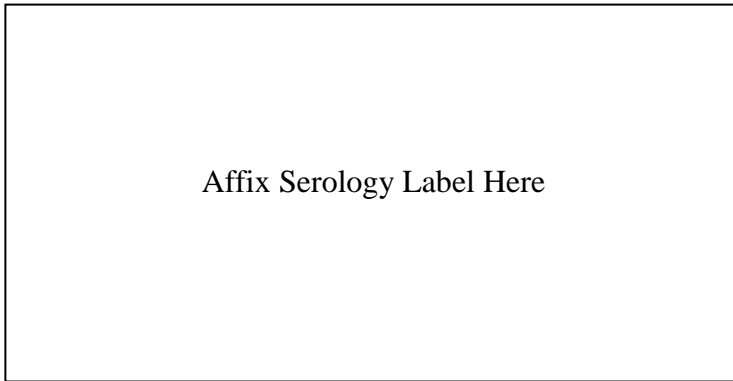


**CENTER FOR ORGAN RECOVERY & EDUCATION
LUNG DONOR FORM**

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 Lung/Right Lung



Comments:

I personally have verified this donor information to be correct.

Coordinator: _____

Name Printed: _____

Please place completed form in plastic sleeve provided on lung 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
LUNG RECIPIENT FORM**

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

Comments:

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

800-366-6777

CORE R-36 (3/03, 10/15, 11/07, 01/08, 01/01/2010)

FAX 412-963-3563