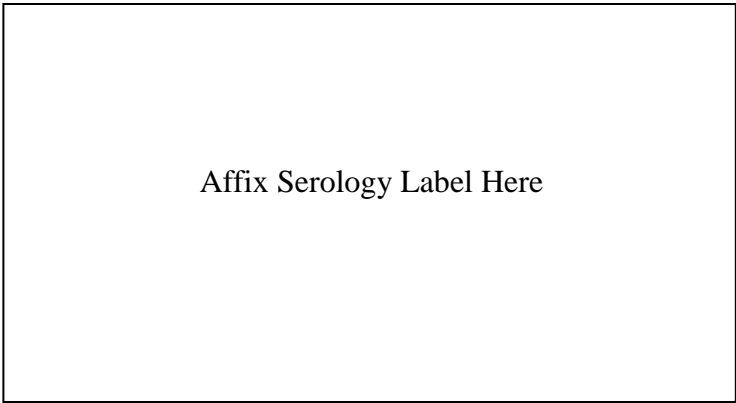


**CENTER FOR ORGAN RECOVERY & EDUCATION  
HEART DONOR FORM**

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: \_\_\_\_\_



**Comments:**

I personally have verified this donor information to be correct.

Coordinator: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Please place completed form in plastic sleeve provided on heart 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  
HEART 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-35 (3/03, 10/05, 11/07, 01/08, 01/01/2010)

**FAX 412-963-3563**