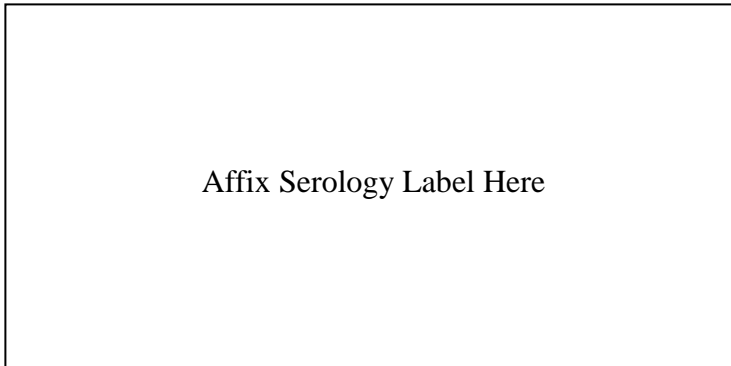


**CENTER FOR ORGAN RECOVERY & EDUCATION  
LIVER/MULTI-VISCERAL/INTESTINE DONOR FORM**

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: \_\_\_\_\_

**Liver/Intestine/Multi-Visceral**



Serum	Final	Serum	Final	Serum	Final
BUN		AST (SGOT)		PT	
Creatinine		ALT (SGPT)		Sodium	
Total Bilirubin		GGTP			

**Vascular Anatomy:**

**Comments:**

I personally have verified this donor information to be correct.

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

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

Please place completed form in plastic sleeve provided on organ 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  
LIVER/MULTI-VISCERAL/INTESTINE RECIPIENT FORM**

Recipient Name: \_\_\_\_\_  
 Recipient ABO: \_\_\_\_\_  
 Recipient Hospital: \_\_\_\_\_  
 Date of Surgery: Start: \_\_\_\_\_ End: \_\_\_\_\_  
 Time of Surgery: Start: \_\_\_\_\_ AM/PM End: \_\_\_\_\_ AM/PM  
 Time organ (s) brought up to operative field: \_\_\_\_\_ AM/PM  
 Time of reperfusion: \_\_\_\_\_ AM/PM

Arterial graft : YES/NO                      Portal vein graft: YES/NO  
 Biliary reconstruction:                      Duct-to-duct/Roux-en-Y  
 Packed Cells: \_\_\_\_\_ Whole Blood: \_\_\_\_\_  
 Fresh frozen plasma: \_\_\_\_\_ Platelets: \_\_\_\_\_

**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-37 3/03, 10/15, 11/07, 01/08, 01/01/2010)

**FAX 412-963-3563**