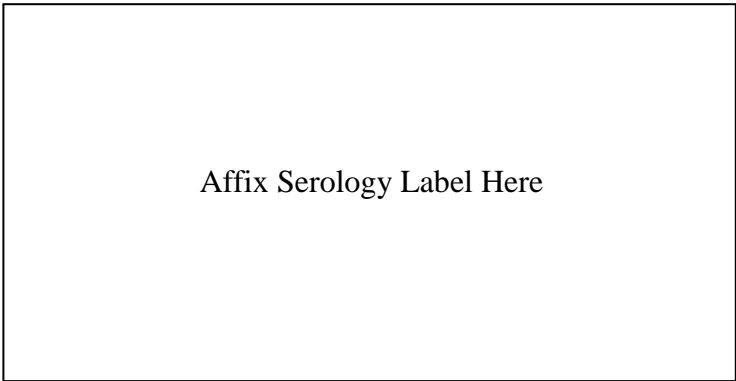


**CENTER FOR ORGAN RECOVERY & EDUCATION
PANCREAS DONOR FORM**

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: _____



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

Anatomy:

Comments:

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

Please place completed form in plastic sleeve provided on pancreas 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
PANCREAS RECIPIENT FORM**

Recipient Name: _____
 Recipient ABO: _____
 Recipient Hospital: _____
 Date of Surgery: Start: _____ End: _____
 Time of Surgery: Start: _____ AM/PM End: _____ AM/PM
 Time pancreas brought up to operative field: _____ AM/PM
 Time of reperfusion of portal vein: _____ AM/PM
 Time of reperfusion of hepatic artery: _____ 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-11 (04/00, 10/05, 11/07, 01/08, 01/01/2010)

FAX 412-963-3563