

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

Donor Name: \_\_\_\_\_ UNOS ID#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Cause of Death: \_\_\_\_\_  
Hospital: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Recovery: \_\_\_\_\_ Cross Clamp Time: \_\_\_\_\_ AM/PM  
Blood Type: \_\_\_\_\_

Affix Serology Label Here

**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 liver 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 RECIPIENT FORM**

Recipient Name: \_\_\_\_\_  
Recipient ABO: \_\_\_\_\_  
Recipient Hospital: \_\_\_\_\_  
Date of Surgery: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Time of Surgery: Start: \_\_\_\_\_ AM/PM End: \_\_\_\_\_ AM/PM  
Time liver 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**

**FAX 412-963-3563**