Pre-Transplant Verification upon Organ Receipt

Organ received in recipient OR: **Date:** _____ **Time:** _____

Recipient in OR: **Date:** _____ **Time:** _____

After receipt of the organ in the OR and prior to implantation:

I have verified the organ: ☐**HR** ☐**LU-** ☐R / ☐L ☐**LI** ☐**KI-** ☐R **/** ☐L ☐ **IN** ☐**PA** ☐**Vessels**

I have verified the OPTN/UNOS Donor ID is _____ **I have verified the *donor* ABO is** ____

I have verified the *recipient* identifier is _____ **I have verified the *recipient* ABO is** ____

I have verified that the donor and recipient blood types are ☐**compatible or** ☐**intended incompatible**

I have verified that this organ is intended for this recipient

☐ For ***packaged*** organ, compared OPTN/UNOS Donor ID on organ packaging with the match run.
☐ For ***unpackaged*** organ, compared organ's OPTN/UNOS Donor ID with TIEDI generated Donor ID.

Verification Date: _____ **Time:** _____

(Check if applicable)
☐ ***I am also documenting the visual verification by the implanting transplant surgeon*** _____
(Surgeon's name)

Licensed healthcare professional (printed name): _____

Licensed healthcare professional (signature): _____ **Date:** _____ **Time:** _____

(Check one)
☐ **I completed the verification in real time *or*** ☐ **I completed the visual verification documented above**

Implanting transplant surgeon (printed name): _____

Implanting transplant surgeon (signature): _____ **Date:** _____ **Time:** _____

First anastomosis: Date: _____ **Time:** _____

Pre-Transplant Verification upon Organ Receipt

CMS and the OPTN contractor cooperatively developed this template tool. Transplant hospitals can use it to develop processes and protocols for the documentation of compliance with OPTN and CMS requirements pertaining to verification of receipt and transplant of the correct organ for the correct candidate, as well as verification of donor/recipient blood type compatibility and other vital data prior to transplant.

Pertinent Policy and Regulation

OPTN Policy 5.8.B Pre-Transplant Verification Upon Organ Receipt

At the time of organ receipt in the operating room, the transplant hospital must conduct a pre-transplant verification with *all* the following requirements:

1. The intended recipient must be present in the operating room
2. The verification must occur after the organ arrives in the operating room, but prior to anastomosis of the first organ
3. Transplant hospitals must use at least one of the acceptable sources during the pre-transplant verification upon organ receipt to verify all of the following information according to *Table 5-3* below. Transplant hospitals may use the OPTN organ tracking system to assist with completion of this verification.

Table 5-3: Pre-Transplant Verification Upon Organ Receipt Requirements

The transplant hospital must verify all of the following information:	Using at least *one* of the following:	By *both* of the following individuals:
Donor ID	• External and internal organ package labels • Documentation with organ	1. Transplant surgeon 2. Licensed health care professional
Organ (and laterality if applicable)	• Organ received	1. Transplant surgeon 2. Licensed health care professional
Donor blood type and subtype (if used for allocation)	• Donor blood type and subtype source documents	1. Transplant surgeon 2. Licensed health care professional
Recipient unique identifier	• Recipient identification band	1. Transplant surgeon 2. Licensed health care professional
Recipient blood type	• Recipient blood type source documents • Recipient medical record	1. Transplant surgeon 2. Licensed health care professional
Donor and recipient are blood type compatible (or intended incompatible)	• OPTN computer system • Recipient medical record • Attestation following verification of donor and recipient blood types	1. Transplant surgeon 2. Licensed health care professional
Correct donor organ has been identified for the correct recipient	• Recipient medical record • OPTN computer system • Attestation following verification of donor ID, organ, and recipient unique identifier	1. Transplant surgeon 2. Licensed health care professional

The transplant hospital must document that the pre-transplant verification upon organ receipt was completed according to the hospital's protocol and the above requirements.

CMS 42 CFR §482.92(a)

After an organ arrives at a transplant center, prior to transplantation, the transplanting surgeon and another licensed health care professional must verify that the donor's blood type and other vital data are compatible with transplantation of the intended recipient.