

**SUNY DOWNSTATE MEDICAL CENTER**  
**UNIVERSITY HOSPITAL OF BROOKLYN**  
**POLICY AND PROCEDURE**

**Subject:** ABO Compatibility and Verification for Solid Organ Transplantation

**Prepared by:** Caroline Rochon, MD  
Tashma Watson, RN, PhD

**Committee Approval**  
Transplant Performance Improvement Committee  
Executive Performance Improvement Council

**NO.**BLB-4

**Original Issue Date** 03/2005

**Supersedes:** 06/2021

**Effective Date:** 07/2021

**Related Policies**

**PTSAF-2**(Verification Identification/Correct Procedure and Correct Site)

**PTSAF-2A** (Correct Site Check list)

**PTSAF-**(Patient Identification for Clinical Care and Treatment)

**OPTN Policy:** 5.7, 5.8A, 5.8B, 14.5 and 14.7

**Issued by:** Regulatory Affairs

**I. PURPOSE**

To establish a standard procedure for the verification of donor and recipient blood type matching for solid organ transplant patients.

**II. POLICY**

It is the policy of SUNY Downstate Medical Center, University Hospital of Brooklyn to ensure that organ donors and recipient(s) are ABO compatible or intended compatible at the time of transplant. ABO compatibility of organ donor to transplant recipient will be verified, confirmed and documented at defined points throughout the transplantation process. Specifically, staff will ensure that:

- 5.8 .A Pre-Transplant Verification Prior to Organ Receipt
- 5.8.B Pre-Transplant Verification Upon Organ Receipt

Are performed according to OPTN requirements.

**III. DEFINITION(s) - EMR= Electronic Medical Record**

**IV. RESPONSIBILITY**

Transplant Service, Transplant Surgeon, Transplant Immunology Laboratory, Blood

Bank, Operating Room

## V. PROCEDURE/GUIDELINES

### ORGAN CHECK-IN

#### 5.7 Organ Check-In

1. For every organ recovered outside SUNY Downstate Medical Center, an organ check-in will be performed. Upon organ arrival to Downstate Medical Center the OR nurse must use the external organ label to confirm and verify the following (prior to opening the outside container):
  - The Donor ID (UNOS number)
  - The organ type and laterality if applicable
2. If there is a discrepancy, the OR must immediately notify the transplant coordinator who must notify the OPO as soon as possible (must be within one hour of discovery).
3. The nurse must complete the verification and document receipt in the organ Check-in Form.

### PRE-TRANSPLANT VERIFICATION

#### 5.8 Pre-Transplant Verification

##### 1. Pre-Transplant Verification Prior to Organ Receipt

1. If the recipient surgery will begin prior to organ receipt in the operating room
  - i. The intended recipient must be present
  - ii. Verification must occur prior to induction of general anesthesia OR Prior to incision if the patient has been receiving continuous sedation prior to arrival in the operating room
  - iii. With two healthcare professionals
2. The two licensed healthcare professionals will conduct a pre-induction verification using at least one source documentation from the hospital EMR for recipient information and the OPTN computer system for donor elements according to the list below (document all elements):

##### Pre-Transplant Verification Prior to Organ Receipt Requirements

The transplant hospital must verify all of the following information:	Using at least <i>one</i> of the following:	By the following individuals:
Expected donor ID	<ul style="list-style-type: none"><li>• OPTN computer system</li><li>• Recipient medical record</li></ul>	Two licensed health care professionals
Expected organ (and lung laterality if applicable)	<ul style="list-style-type: none"><li>• OPTN computer system</li><li>• Recipient medical record</li></ul>	Two licensed health care professionals

Expected donor blood type and subtype (if used for allocation)	<ul style="list-style-type: none"> <li>• Donor blood type and subtype source documents</li> <li>• OPTN computer system</li> </ul>	Two licensed health care professionals
Recipient unique identifier	<ul style="list-style-type: none"> <li>• Recipient identification band</li> </ul>	Two licensed health care professionals
Recipient blood type	<ul style="list-style-type: none"> <li>• OPTN computer system</li> <li>• Recipient blood type and subtype source documents</li> <li>• Recipient medical record</li> </ul>	Two licensed health care professionals
Expected donor and recipient are blood type compatible (or intended incompatible).	<ul style="list-style-type: none"> <li>• OPTN computer system</li> <li>• Recipient medical record</li> <li>• Attestation following verification of donor and recipient blood types</li> </ul>	Two licensed health care professionals

## B. Pre-Transplant Verification Upon Organ Receipt

1. At the time of organ receipt in the operating room:
  - i. The intended recipient must be present in the operating room
  - ii. The verification must occur after the organ arrives in the operating room but prior to start of anastomosis
  
2. The two healthcare professionals (must include a Transplant Surgeon) will conduct a pre-transplant verification upon organ receipt using at least one source documentation from the hospital EMR for recipient information and the OPTN computer system for donor elements according to the list below (document all elements):

### Pre-Transplant Verification Upon Organ Receipt Requirements

The transplant hospital must verify all of the following information:	Using at least <i>one</i> of the following:	By <i>both</i> of the following individuals:
Donor ID	<ul style="list-style-type: none"> <li>• External and internal organ package labels</li> <li>• Documentation with organ</li> </ul>	Transplant surgeon Licensed health care professional
Organ (and laterality if applicable)	<ul style="list-style-type: none"> <li>• Organ received</li> </ul>	1. Transplant surgeon 2. Licensed health care professional
Donor blood type and subtype (if used for allocation)	<ul style="list-style-type: none"> <li>• Donor blood type and subtype source documents</li> </ul>	1. Transplant surgeon 2. Licensed health care professional
Recipient unique identifier	<ul style="list-style-type: none"> <li>• Recipient identification band</li> </ul>	1. Transplant surgeon 2. Licensed health care professional

Recipient blood type	<ul style="list-style-type: none"> <li>• Recipient blood type source documents</li> <li>• Recipient medical record</li> </ul>	<ol style="list-style-type: none"> <li>1. Transplant surgeon</li> <li>2. Licensed health care professional</li> </ol>
Donor and recipient are blood type compatible (or intended incompatible)	<ul style="list-style-type: none"> <li>• OPTN computer system</li> <li>• Recipient medical record</li> <li>• Attestation following verification of donor and recipient blood types</li> </ul>	<ol style="list-style-type: none"> <li>1. Transplant surgeon</li> <li>2. Licensed health care professional</li> </ol>
Correct donor organ has been identified for the correct recipient	<ul style="list-style-type: none"> <li>• Recipient medical record</li> <li>• OPTN computer system</li> <li>• Attestation following verification of donor ID, organ, and recipient unique identifier</li> </ul>	<ol style="list-style-type: none"> <li>1. Transplant surgeon</li> <li>2. Licensed health care professional</li> </ol>

## C. Living donor verification

### 14.7 Living Donor Pre-Recovery Verification

1. On the day of organ recovery, prior to anesthetic induction of the donor, the transplanting surgeon and a second licensed provider will verify the following data elements using the EMR and OPTN computer system:
  - i. The verification must occur prior to the induction of general anesthesia on the day of the living donor recovery.
  - ii. The Transplant Surgeon and another Licensed Health care professional must use at least one of the acceptable sources during the pre-recovery verification to verify all of the following information according to Table 14-11 below (document all elements):

**Table 14-11: Pre-Recovery Verification Requirements**

The recovery hospital must verify <i>all</i> of the following information:	Using at least <i>one</i> of the following:	By <i>both</i> of the following individuals:
Donor ID	<ul style="list-style-type: none"> <li>• Donor identification band containing the donor ID</li> <li>• Donor identification band and OPTN computer system</li> </ul>	<ol style="list-style-type: none"> <li>1. Recovery surgeon</li> <li>2. Licensed health care professional</li> </ol>
Organ type and laterality (if applicable)	<ul style="list-style-type: none"> <li>• OPTN computer system</li> </ul>	<ol style="list-style-type: none"> <li>1. Recovery surgeon</li> <li>2. Licensed health care professional</li> </ol>
Donor blood type and subtype (if used for ensuring transplant compatibility or allocation)	<ul style="list-style-type: none"> <li>• Donor blood type and subtype source documents</li> </ul>	<ol style="list-style-type: none"> <li>1. Recovery surgeon</li> <li>2. Licensed health care professional</li> </ol>
Intended recipient unique identifier	<ul style="list-style-type: none"> <li>• Recipient medical record</li> <li>• OPTN computer system</li> </ul>	<ol style="list-style-type: none"> <li>1. Recovery surgeon</li> <li>2. Licensed health care professional</li> </ol>
Intended recipient blood type	<ul style="list-style-type: none"> <li>• Recipient medical record</li> <li>• OPTN computer system</li> </ul>	<ol style="list-style-type: none"> <li>1. Recovery surgeon</li> <li>2. Licensed health care professional</li> </ol>
Donor and intended recipient are blood type compatible (or intended incompatible).	<ul style="list-style-type: none"> <li>• OPTN computer system</li> <li>• Recipient medical record</li> <li>• Attestation following verification of donor and recipient blood types</li> </ul>	<ol style="list-style-type: none"> <li>1. Recovery surgeon</li> <li>2. Licensed health care professional</li> </ol>
Correct donor organ has been identified for the correct intended recipient	<ul style="list-style-type: none"> <li>• Donor medical record</li> <li>• OPTN computer system</li> <li>• Attestation following verification of donor ID, organ, and recipient unique identifier</li> </ul>	<ol style="list-style-type: none"> <li>1. Recovery surgeon</li> <li>2. Licensed health care professional</li> </ol>

2. The verification will be competed again in its entirety at the following times:
  - i. After organ extraction, prior to the organ leaving the donor room.

## ABO INCOMPATIBLE TRANSPLANTS

1. Downstate Medical Center, University Hospital of Brooklyn will only perform intended incompatible transplant under the following conditions:
  - The donor is blood type A, non-A1 subtype
  - The recipient has met all requirements defined in policy 70 ABO Blood-Group Incompatible Transplant Policy
  
2. The transplant staff must provide a copy of the A2- B consent to the OR when scheduling the transplant
  
3. If there is any other ABO incompatibly between donor and recipient discovered during verification process, the procedure must be stopped immediately and the transplant surgeon must be notified immediately.
  
4. Documentation:  
 Verification done in the OR will be documented on the following forms:
  - SUNY Downstate Medical Center Transplant Surgery Recipient ABO/Site Verification Form
  - SUNY Downstate Medical Center Transplant Surgery Living Donor ABO/Site Verification Form

### VI. ATTACHMENTS

The SUNY Transplant Surgery Recipient ABO/Site Verification Form.  
 The SUNY Transplant Surgery Living Donor ABO/Site Verification Form

### VII. REFERENCES

#### Cross-Referenced Policies:

**PTSAF-2** (Verification of Identification/Correct Procedure and Correct Site)

**PTSAF-2A** (Site Verification Check list)

**PTSAF-3-** (Patient Identification for Clinical Care and Treatment)

Transplant policy 70: **ABO Blood-Group Incompatible Transplant Policy**

Date Reviewed	Revision Required Circle One		Responsible Staff Name and Title
12/07	(Yes)	No	Elizabeth S. Gloster / Medical Director Blood Bank
2/10	(Yes)	No	Elizabeth S. Gloster / Medical Director Blood Bank
11/2010	Yes	No	Elizabeth S. Gloster / Medical Director Blood Bank
09/2015	Yes	No	Devon John MD / Medical Director Transplant Program

<b>12/2016</b>	<b>Yes</b>		Devon John MD / Medical Director Transplant Program
<b>3/2018</b>	<b>(Yes)</b>		Tashma Watson RN, Senior Associate Administrator for Perioperative Services
<b>5/2018</b>	<b>(Yes)</b>		Tashma Watson RN, AVP Surgical Services, Carrie Lindower RN, MBA Administrative Director Transplant Program
<b>7/2020</b>	<b>(Yes)</b>		Tashma Watson RN, AVP Surgical Services
<b>6/2021</b>	<b>(Yes)</b>		Caroline Rochon MD Chief of Transplant /Tashma Watson RN, AVP Surgical Services
<b>7/2021</b>	<b>(Yes)</b>		Caroline Rochon MD Chief of Transplant /Tashma Watson RN, AVP Surgical Services



**SUNY DOWNSTATE  
MEDICAL CENTER  
TRANSPLANT SURGERY RECIPIENT  
ABO/ SITE VERIFICATION FORM**

PATIENT NAME \_\_\_\_\_  
 MEDICAL RECORD # \_\_\_\_\_  
 DOB \_\_\_\_\_ SEX \_\_\_\_\_ NS \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_

**Section I (a). Pre-Anesthesia Induction (the intended recipients must be present in the operating room)  
 Verification Prior to Organ Receipt:**

**DONOR:**

- Expected Donor UNOS ID \_\_\_\_\_
- Expected Donor Organ: Kidney:
  - Right     Left     En Bloc
- Expected Donor Blood Type: \_\_\_\_\_

**RECIPIENT:**

- Recipient MRN: \_\_\_\_\_
- Recipient Blood Type: \_\_\_\_\_

**Donor ABO Compatible for correct recipient:**

- Yes     No     intended incompatible

**Section I (b). Verification of ABO Status (Donor/ Recipient)**

<b>Recipient</b>	<input type="checkbox"/> O	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB
<b>Donor</b>	<input type="checkbox"/> O	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB
		<input type="checkbox"/> A1	<input type="checkbox"/> O	<input type="checkbox"/> O
		<input type="checkbox"/> O	<input type="checkbox"/> A <sub>2</sub>	<input type="checkbox"/> A1B
			<input type="checkbox"/> A <sub>2</sub> B	<input type="checkbox"/> A
				<input type="checkbox"/> B

**Section I (c). Provider Confirmation of Pre-Anesthesia Induction**

**Attending Transplant Surgeon:**  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Circulating Nurse:**  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Section II (b). Pre-Transplant Verification Upon Organ Receipt**

Organ in the Room Time and Date: \_\_\_\_\_  
 Donor UNOS ID: \_\_\_\_\_

Expected Donor Organ: Kidney:
 

- Right     Left     En Bloc

Correct Donor for Correct Recipient:  
 YES

<b>Recipient Blood Type</b>	<input type="checkbox"/> O	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB
<b>Donor Blood Type</b>	<input type="checkbox"/> O	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB
		<input type="checkbox"/> A1	<input type="checkbox"/> O	<input type="checkbox"/> O
		<input type="checkbox"/> O	<input type="checkbox"/> A <sub>2</sub>	<input type="checkbox"/> A1B
			<input type="checkbox"/> A <sub>2</sub> B	<input type="checkbox"/> A
				<input type="checkbox"/> B

**Section I (c). Provider Confirmation of Pre-Anesthesia Induction**

**Attending Transplant Surgeon:**  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Circulating Nurse:**  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

- I completed the Verification in Real Time
- I completed a Visual Verification





