

PATIENT NAME MEDICAL RECORD #			
DOB	SEX	NS	
PHYSICIAN			

Section I To be completed prior to the induction of anesthesia. Section 2 to be completed immediately prior to cross clamp. Section I(a). Pre-Anesthesia Induction								
DONOR:			RECIPIENT:	_				
Expected Dor Donor ABO Comp	□ No □ Intend	☐ Recipient MRN:						
Section I (b). Verification of ABO Status (Donor / Recipient) Pre-anesthesia Induction								
Recipient				☐ AB				
Donor	0 0	□A	пв і	□ AB				
		□ A1	□ 0					
			□ A ₂	□ A1B				
		l	□ A ₂ B	□ A □ B				
				В				
Section I (c). Provider Confirmation Pre- Induction								
		TTC IIIddolloll						
Attending Transplan	nt Surgeon:	oturo:	Date:	Time:				
	Signa	iture	Date	I IIIIE				
Circulating Nurse:	0:		D .	- -				
Print Name: Signature:		Date:	I ime:					
	_							
Section II (a). Verific	cation Prior to O	rgan Leaving theD	onor Room					
Section II (a). Verific			onor Room					
Section II (a). Verifice Living Donor UNOS I	ID:		onor Room					
Section II (a). Verific	ID:		onor Room					
Section II (a). Verification I	ID: Right	☐ Left						
Section II (a). Verification Living Donor UNOS I Recipient MRN: Laterality Recipient Blood Typ	ID: Right	☐ Left	□В	□ AB				
Section II (a). Verification I	ID: Right	☐ Left ☐ A ☐ A	□ B □ B	□ AB				
Section II (a). Verification Living Donor UNOS I Recipient MRN: Laterality Recipient Blood Typ	ID: Right	☐ Left	□ B □ B □ O	□ AB □ O				
Section II (a). Verification Living Donor UNOS I Recipient MRN: Laterality Recipient Blood Typ	ID: Right	☐ Left ☐ A ☐ A ☐ A	□ B □ B	□ AB				
Section II (a). Verification Living Donor UNOS I Recipient MRN: Laterality Recipient Blood Typ	ID: Right	☐ Left ☐ A ☐ A ☐ A	□ B □ B □ O □ A ₂	□ AB □ O □ A1B				
Section II (a). Verification I	ID: Right	Left A A A A A O A1 O Spient: Yes	□ B □ B □ O □ A ₂	□ AB □ O □ A1B □ A				
Section II (a). Verification I	Right Right O O or for Correct Reci	Left A A A A O A1 O Spient: Yes	□ B □ B □ O □ A ₂	□ AB □ O □ A1B □ A □ B				
Section II (a). Verification Living Donor UNOS II Recipient MRN: Laterality Recipient Blood Type Donor Blood Type Correct Dono Cross Clamp Section II (b). Provide Attending Transplan	Right Right Re	Left A A A A A O A O Spient: Yes A Prior to Cross Cla	B B O A ₂ A ₂ A ₂ B	□ AB □ O □ A1B □ A □ B				
Section II (a). Verification Living Donor UNOS II Recipient MRN: Laterality Recipient Blood Type Correct Dono Cross Clamp Section II (b). Provide Attending Transplant Print Name:	Right Right Re	Left A A A A A O A O Spient: Yes A Prior to Cross Cla	B B O A ₂ A ₂ A ₂ B	□ AB □ O □ A1B □ A □ B				
Section II (a). Verification Living Donor UNOS I Recipient MRN: Laterality Recipient Blood Type Correct Dono Cross Clamp Section II (b). Provide Attending Transplant Print Name: Circulating Nurse:	Right Right Re	Left A A A A A O Sipient: Yes Prior to Cross Classing	B B O A ₂ A ₂ A ₂ A ₂ Date:	□ AB □ O □ A1B □ A □ B Organ Time:				
Section II (a). Verification Living Donor UNOS I Recipient MRN: Laterality Recipient Blood Type Correct Dono Cross Clamp Section II (b). Provide Attending Transplate Print Name: Circulating Nurse: Print Name:	Right Right Right O O Or for Correct Reci Time: der Confirmation nt Surgeon:	Left A A A A A A A A B B B B B B B B B B B	B B O A ₂ A ₂ A ₂ A ₂ Date:	□ AB □ O □ A1B □ A □ B				
Section II (a). Verification Living Donor UNOS I Recipient MRN: Laterality Recipient Blood Type Correct Dono Cross Clamp Section II (b). Provide Attending Transplate Print Name: Circulating Nurse: Print Name:	Right Right Re	Left A A A A A A A A B B B B B B B B B B B	B B O A ₂ A ₂ A ₂ A ₂ Date:	□ AB □ O □ A1B □ A □ B Organ Time: Time:				
Section II (a). Verification Living Donor UNOS I Recipient MRN: Laterality Recipient Blood Type Correct Dono Cross Clamp Section II (b). Provide Attending Transplate Print Name: Circulating Nurse: Print Name:	Right Right Re	Left A A A A A A A A B B B B B B B B B B B	B B O A ₂ A ₂ A ₂ A ₂ Date:	□ AB □ O □ A1B □ A □ B Organ Time:				