



**University of Texas Medical Branch  
Donor Verification Form**

Donor UNOS ID \_\_\_\_\_

Donor ABO: \_\_\_\_\_

Recipient ABO: \_\_\_\_\_

ABO DONOR -	ABO Recipient -
Donation Consent	Serologies
Match run of intended recipient, if identified	Death Note(s)
Other Vital Data	

My signature below acknowledges that I have reviewed the information listed above and verified compatibility of the donor with known intended recipients prior to recovery of the organs.

\_\_\_\_\_  
Date of Verification

\_\_\_\_\_  
Time of Verification

Organ(s) Procured by the UTMB Transplant Team (please designate right or left if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Abdominal Procuring Surgeon (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Thoracic Procuring Surgeon (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
OPO Representative (Print)

\_\_\_\_\_  
Signature