University of Texas Medical Branch
Donor Verification Form

Donor UNOS ID ___________________

Donor ABO: _____________________                Recipient ABO: ____________________

<table>
<thead>
<tr>
<th>ABO DONOR -</th>
<th>ABO Recipient -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donation Consent</td>
<td>Serologies</td>
</tr>
<tr>
<td>Match run of intended recipient, if identified</td>
<td>Death Note(s)</td>
</tr>
<tr>
<td>Other Vital Data</td>
<td></td>
</tr>
</tbody>
</table>

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

Revised 1/5/2012