



**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