

Beaumont

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Applicability Royal Oak

Handling of Organ(s) and Creation of the ABO Verification Form

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

- A. The purpose of this document is to provide the Transfusion Medicine staff with specific guidelines and processes for receipt of an organ, creating a Transplant Recipient Organ and ABO Verification form or a Transplant Living Donor Organ and ABO Verification form, and issue of an organ(s) for four specific circumstances:
1. Cadaveric kidneys received directly from the Organ Procurement Organization (OPO)
 2. Living donor transplants
 3. Cadaveric liver
 4. Cadaveric liver/kidney
- B. In addition, this document will give guidance to the return of an organ and/or return of kidney pumps to Gift of Life. Compliance to these guidelines will provide the Transplant Center with a tool to verify and document ABO compatibility of the donor and recipient and other key identifying elements as defined by the Transplant Center.

II. POLICY STATEMENT:

- A. Creating a Transplant Recipient Organ and ABO Verification form is a priority. This must be done immediately upon receipt of a kidney.
- B. A Transplant Recipient Organ and ABO Verification form for a liver can be created immediately upon notification from Buckeye Transplant and the acquisition of the UNOS Pre-Recovery/Pre-Transplant Verification document.
- C. Transplant Living Donor Organ and ABO Verification forms for the living donor and recipient will be created one day prior to the pre-scheduled surgeries provided both donor and recipient have a current Type & Screen laboratory test with band numbers that match the patient's wrist bands.

- D. Organs recovered by Beaumont's transplanting surgeons will stay with the surgeon. A donor blood sample and donor paper chart will be sent to Blood Bank as representation of the liver or liver & kidney recovered by that surgeon.
- E. Arrival of cadaveric kidney(s) and/or liver received from the OPO requires immediate OR notification (extension 81800).

III. INTRODUCTION:

- A. ABO verification of transplant recipients and living donors in the operating room is a requirement by the Center for Medicare and Medicaid Services (CMS) and the United Network for Organ Sharing (UNOS), which operates with the Organ Procurement and Transplantation Network (OPTN) under federal contract with the Health Resources and Services Administration (HRSA). Upon receipt of a deceased donor organ or living donor organ candidate, and prior to implantation or removal of an organ from a living donor, the Transplant Center must determine that it has received the correct organ for the correct transplant candidate or confirmed the correct living donor by verifying the recorded donor and recipient ABO as well as the UNOS Donor ID. The Transplant Center must maintain documentation that this verification has taken place and make such documentation available for audit.
- B. Blood Bank in a collaborative effort with the Transplant Center at Beaumont Hospital, Royal Oak, has developed a tool to meet the requirements of ABO verification set forth by CMS, UNOS, and HRSA.

IV. DEFINITIONS/ACRONYMS:

- A. **OPO:** Organ Procurement Organization
- B. **Proxy samples:** a blood or tissue sample authorized to act as the organ representative
- C. **TS:** type and antibody screen laboratory blood test
- D. **LIS:** Laboratory Information System
- E. **En bloc:** two kidneys with vena cava and aorta intact from the same pediatric donor
- F. **ORG:** product order code in SoftBank for an organ
- G. **OPTN:** Organ Procurement and Transplantation Network

V. SPECIAL SAFETY PRECAUTIONS:

- A. Organs and organ proxy samples are biohazardous and must be handled using universal precautions.

VI. PROCEDURE:

A. CADAVERIC KIDNEY TRANSPLANT

1. Complete Section 1 of tissue form, *Organ Transplant Notification*, upon notification of cadaver kidney(s) or en bloc from Buckeye Transplant Services.
 - a. If a patient is receiving both the left and right kidney, each organ needs its own copy of the following forms:

- i. *Organ Transplant Notification*
 - ii. *Transplant Recipient Organ and ABO Verification*
 - iii. UNOS Pre-Recovery/Pre-Transplant Organ Verification
- b. En bloc kidneys only need one copy of each of the above forms.
- c. It is important to capture all contact information in Section 1 of the form.
- d. Buckeye Transplant Services: (614) 689-1129
2. Print two copies of the UNOS Pre-Recovery/Pre-Transplant Organ Verification using [UNet](#).
 - a. Refer to Tissue CDM, *Printing Pre-Recovery/Pre-Transplant Organ Verification in UNet*.
 - b. If the laterality of the kidney is unavailable, reprint the document at the time of issue.
 - c. If the laterality is not indicated at the time of issue, complete an on-line internal variance. Refer to Transfusion Medicine policy, *Variance Reporting*.
 - i. It is permissible to issue the organ if laterality is listed on the organ box/pump. If laterality is not listed on the organ box/pump, contact Gift of Life (800) 482-4881 and Buckeye Transplant Services (614) 689-1129 immediately.
3. Check "yes" or "no" to complete Section 3, step 1, "Print the Pre-Recovery/Pre-Transplant Organ Verification from UNet" on the *Organ Transplant Verification* form.
 - a. Kidney donations can be directed to a specific patient. In this circumstance, a UNOS Pre-Recovery/Pre-Transplant Organ Verification document will not be accessible as the kidney does not go through the match identification process in UNet.
 - i. In this instance, check "directed donation" in section 3, step 1 of the form.
 - b. If a patient is receiving both the left and right kidney, the UNOS Pre-Recovery/Pre-Transplant Organ Verification document will state "both kidneys" in the "Organ Laterality" area.
4. Review EPIC for organ creation by Buckeye Transplant Services and check "yes" or "no" to complete Section 3, step 2, of the *Organ Transplant Notification* form. Refer to Tissue CDMs, *Check for Organ Creation in EPIC*, and *Organ Creation in EPIC*.
 - a. If "no", notify the assigned coordinator at Buckeye to create the organ, or a Blood Bank Technologist can create the organ in EPIC using CDM, *Organ Creation in EPIC*.
5. Record recipients name, approximate time and date of the transplant, and UNOS Donor ID on Blood Bank form, *Communications and Daily Blood Bank Rounds Log*.
6. Inspect the pump and/or the box containing the kidney upon organ arrival to the Blood Bank.
 - a. Cadaveric kidney(s) will be brought to the Blood Bank via a courier service contracted with the OPO on a pump or in a box filled with wet ice.
 - b. Any concerns (alarms, non-functioning pump, clerical error, etc.) regarding the kidney pump should be addressed immediately by calling Gift of Life Michigan at (866) 500-5801. Gift of Life may or may not give specific directions to fix the pump. If directions are given to the technologist and he or she is not comfortable performing the task, the technologist can ask that Gift of Life send a representative.
 - c. Samples may or may not be present. Often when a cadaveric kidney is received from out of state, samples are left at the local OPO for testing and are no longer available.

- d. *Do not* send blood and/or tissue samples to the operating room. Place all samples in the walk-in refrigerator in the designated donor organ specimen bin.
- 7. Examine the pump and/or box for an organ tracking device. If a tracking device is attached to the pump or box, remove it and place in the tissue paperwork box located at triage.
 - a. The organ tracking device is no larger than a credit card. It often comes in an envelope.
 - b. Do not take the tracking device out of the envelope.
 - c. The tissue coordinator or designee will confirm that the tracker is in the envelope and drop it at the UPS pickup site at Beaumont, Royal Oak.
 - d. The organ may or may not have a tracking device. **If no tracking device is detected, no further action is required.**
- 8. Complete Section 2 of Tissue Form, *Organ Transplant Notification*, using the information on the donor organ label on the box and/or pump with the information received from Buckeye Transplant Services in Section 1.
 - a. For accuracy, compare the OPTN external organ label for Donor ID, organ type, and laterality, to the information recorded in section 1 of the form.
 - i. The UNOS unique identifier must be consistent and legible on all donor samples, paperwork, and kidney storage unit.
 - ii. The UNOS unique identifier consists of a combination of letters and numbers. It will have three or four letters followed by three or four numbers totaling seven characters.
 - iii. Careful observation of the letter "O" and the number "0" should be conducted as well as the letter "L" and the number "1". If the technologist is unable to determine the character, contact Gift of Life Michigan, (866) 500-5801, to confirm the UNOS identifier.
 - b. Notify Buckeye Transplant Services, the attending physician, and the OPO within an hour of discovery of any discrepancies between the information recorded in section 1 compared to section 2 of the form. Document these discrepancies in an on-line internal variance. Include the date, time, and contact name of the Buckeye personnel involved in the variance. Refer to Transfusion Medicine Policy, *Variance Reporting*.
- 9. Complete the organ check-in process in EPIC. Check "yes" or "no" to complete Section 3, step 3, "Organ check-in process is complete in EPIC" on the *Organ Transplant Notification* form.
 - a. Refer to Tissue CDM, *Organ Check-in In EPIC*.
- 10. Call extension 81800 and notify inner control of the kidney(s) arrival.
 - a. Notify inner control of any clerical discrepancies discovered in the receipt process of the organ. Document the time, date, and person contacted in an on-line internal variance. Refer to Transfusion Medicine policy, *Variance Reporting*.
- 11. Remove the donor chart and donor blood and tissue (lymph node) samples.
- 12. Make a copy of the donor chart and place the copy in the tissue box at triage.
- 13. Review the patient's orders in Blood Bank LIS to make sure a current TS specimen has been tested or ordered on the recipient.
 - a. If there is no current TS sample, notify inner control at extension 81800. **Do not proceed**

- to Step 14 if a current TS order is non-existent.** The ORG product order should occur in the same order as the current TS order.
- b. ABO/Rh are required by the Blood Bank LIS to receive an organ. If the ABO/Rh is not present on the donor paper chart, the ABO/Rh can be found on UNet. Refer to Tissue CDM, *Finding Donor ABO/Rh Results in UNet*.
 - c. The expiration date of the organ should be 24 hours from the time of receipt of the organ. Refer to Tissue CDM, *Single Delivery of Organ(s) - Kidney, Liver, or Multi-Organ Transplant*.
 - d. The product codes for kidneys are:
 - i. KDR: Kidney Right (Cadaver)
 - ii. KDL: Kidney Left (Cadaver)
 - iii. KD2: Kidneys En bloc (Cadaver)
14. Receive the organ into the Blood Bank LIS. If proxy samples are present, print labels and affix one label to the designated area on the lower right hand side of page one of the *Organ Transplant Notification* form. To print labels, refer to Tissue CDM, *Printing Labels for Proxy Organ Samples*.
15. Order an organ (LAB5329) for the recipient patient in EPIC or using the Blood Bank LIS under the current visit using the ORG product code.
- a. Use organ product code, ORG for the Blood Bank LIS. Do not use the tissue product code, TIS.
 - b. Refer to Tissue CDM, *Ordering Tissues or Organs using EPIC*.
16. Perform a forward ABO/Rh type on any one of the blood specimens received with the kidney(s) and record the results in Section 4 of tissue Form, *Organ Transplant Notification*, labeled, "Organ Sample ABO/Rh Confirmatory Testing". A reverse type is not required. Refer to Transfusion Medicine policy, *Serologic Confirmation of ABO and Rh Type*.
- a. ABO/Rh must be consistent with the donor chart. Any discrepancies should be called immediately to the transplanting surgeon, Gift of Life Michigan at (866) 500-5801, Blood Bank manager or Hospital Tissue Coordinator.
 - b. These discrepancies must be documented in an on-line internal variance. Refer to Transfusion Medicine policy, *Variance Reporting*.
17. Check "yes" or "no" under Section 2, step 4, "Donor blood sample ABO blood group confirmed by Blood Bank" on the Tissue Form, *Organ Transplant Notification*.
- a. Samples may or may not be present. Often when a cadaveric kidney is received from out of state, samples are left at the local OPO for testing and are no longer available.
 - b. Answering "no" & "no specimen received" to this statement is appropriate.
 - c. If samples are not available to perform ABO/Rh confirmation proceed to the next step.
18. Perform an electronic crossmatch between the recipient and the donor organ, and print to Tissue Form, *Transplant Recipient Organ and ABO Verification*.
- a. Refer to Tissue CDM, *Selecting Liver, Kidney, or Liver and Kidney for Issue*.
19. Issue the organ electronically upon request. Refer to Tissue CDM, *Issuing Liver, Kidney, or Liver & Kidney*.

- a. Do not time stamp or initial Tissue Form, *Transplant Recipient Organ and ABO Verification*.
- b. Do not send blood and/or tissue samples to the OR. Place all samples in the walk-in refrigerator in the designated donor organ specimen bin.
- c. Retain the white copy of the form, and send the pink & yellow copies, the UNOS Pre-Recovery/Pre-Transplant ABO Verification form, and the original donor chart to the operating room along with the organ.
- d. Place the white copy of the form, a copy of the Pre-Recovery/Pre-Transplant ABO Verification form, and a copy of Tissue Form, *Organ Transplant Notification*, in the tissue triage box.

B. LIVING DONOR KIDNEY TRANSPLANT

1. Receive the organ into Blood Bank LIS using the UNOS donor identification number provided on the Living Donor Feedback Detail. The ABO/Rh of donor can be found by accessing the donor's patient information in the Blood Bank LIS.
 - a. The Blood Bank will not physically receive the organ. The organ is represented by the living donor's Blood Bank sample.
 - b. When a living donor transplant is scheduled the Multi Organ Transplant Department (248) 551-2597 provides the Blood Bank with the following paperwork:
 - i. Living Donor Feedback Detail
 - ii. Beaumont Laboratory Report for Donor ABO
 - iii. Scheduled Living Donor Kidney Transplant form
 - c. The expiration date & time should be 24 hours from the time & date of the schedule surgery.
 - d. Refer to: (create link)Single Delivery of Organ(s)
2. Print a copy of the HLA Recipient Crossmatch report.
 - a. Enter Epic > Enter the MRN# of the **recipient** > Chart Review > Lab > Gene/Mol > HLA Recipient Crossmatch
3. Provide two sets of organ paperwork to the OR (one for donor and one for recipient). Place the originals in the tissue box at triage. Make 2 copies of the following:
 - a. Living Donor Feedback Detail
 - b. Beaumont Laboratory Report for Donor ABO
 - c. Scheduled Living Donor Kidney Transplant form
 - d. HLA Recipient Crossmatch report
4. Review the patient's orders in Blood Bank LIS to make sure a current TS specimen has been tested or ordered on the both the recipient and living donor.
 - a. If there is no sample, notify Inner Control of the situation. **Do not proceed to step 5 if a current TS order is non-existent.** The ORG order should occur in the same order as the current TS order.
5. Order an organ product (ORG) on both the donor AND recipient patient in EPIC or the Blood Bank

LIS under the current visit.

- a. Use organ product code, ORG. Do not use the tissue product code, TIS.
 - b. Refer to Tissue CDM, *Ordering Tissues or Organs using EPIC*.
6. Perform an electronic crossmatch between the recipient and the donor organ and print to tissue forms, *Transplant Recipient Organ and ABO Verification* for the recipient patient, and *Transplant Living Donor Organ and ABO Verification* for the donor patient. Refer to Tissue CDM, *Selecting Liver, Kidney, or Liver and Kidney for Issue*.
 7. Perform an electronic crossmatch between the donor and the donor organ and print to tissue form, *Transplant Living Donor Organ and ABO Verification*. Refer to Tissue CDM, *Selecting Liver, Kidney, or Liver and Kidney for Issue*.
 8. Create 2 packets containing the following and label one as "donor" and one as "recipient" (donor and recipient labels are available and can be found above the organ printer in the wall file):
 - a. Donor:
 - i. A copy of each of the documents in Step #3.
 - ii. Donor's Transplant ABO Verification form
 - b. Recipient:
 - i. A copy of each of the documents in Step #3.
 - ii. Recipient's Transplant ABO Verification form
 9. Issue the organ electronically to the recipient upon request. Refer to Tissue CDM, *Issuing Liver, Kidney, or Liver & Kidney*.
 - a. Do not time stamp or initial Tissue Form, *Transplant Recipient Organ and ABO Verification*.
 - b. Retain the white copy of the form, and send the pink & yellow copies to the OR
 - c. Also send both the donor and recipient packets to the OR

C. CADAVERIC LIVER TRANSPLANT

1. Complete Section 1 of tissue form, *Organ Transplant Notification*, upon notification of cadaver liver from Buckeye Transplant Services.
 - a. It is important to capture all contact information in Section 1 of the form.
 - b. Buckeye Transplant Services contact (614) 689-1129
2. Record recipients name, approximate time and date of the transplant, and unique UNOS Donor ID on Blood Bank form, *Communications and Daily Blood Bank Rounds Log*.
3. Print two copies of the UNOS Pre-Recovery/Pre-Transplant Organ Verification using [UNet](#). Refer to Tissue CDM, *Printing Pre-Recovery/Pre-Transplant Organ Verification in UNet*.
4. Check "yes" or "no" to complete Section 3, step 1, "Print the Pre-Recovery/Pre-Transplant Organ Verification from UNet" on the *Organ Transplant Verification* form .
 - a. Liver donations can be directed to a specific patient. In this circumstance, a UNOS Pre-Recovery/Pre-Transplant Organ Verification will not be obtainable as the liver does not go through the match identification process.

- b. In this instance, check "directed donation" in Section 3, step 1 of the form.
5. Review EPIC for organ creation by Buckeye Transplant Services. Check "yes" or "no" to complete Section 3, step 2, "Buckeye Transplant Services created the organ in EPIC", of the *Organ Transplant Verification* form.
- a. If "no", notify the assigned coordinator at Buckeye to create the organ, or a Blood Bank Technologist can create the organ in EPIC. Refer to Tissue CDMs, *Check for Organ Creation in EPIC*, and *Organ Creation in EPIC*.
6. Receive the liver into Blood Bank LIS. Refer to Tissue CDMs, *Single Delivery of Organ(s) - Kidney, Liver, or Multi-Organ Transplant* and *Printing Labels for Proxy Organ Samples*.
- a. The liver may be received into the Blood Bank LIS upon notification from Buckeye of the impending liver transplantation.
- b. The Blood Bank will most likely not physically receive the liver.
- c. The expiration date of the organ should be 24 hours from the time of expected receipt of the organ.
- d. Product Code: LVR
7. Review the patient's orders in Blood Bank LIS to make sure a current TS specimen has been tested or ordered on the recipient.
- a. If there is no current TS sample, notify inner control at extension 81800. **Do not proceed to step 8 if a current TS order is non-existent.** The ORG order should occur in the same order as the current TS order.
- b. ABO/Rh are required by the Blood Bank LIS to receive an organ. If the ABO/Rh is not present on the donor paper chart, the ABO/Rh can be found on UNet. Refer to Tissue CDM, *Finding Donor ABO/Rh Results in UNet*.
8. Order an organ (LAB5329) product for the recipient patient in EPIC or use the Blood Bank LIS under the current visit.
- a. Use organ product code, ORG. Do not use the tissue product code, TIS.
- b. If the transplant recipient needs both a kidney and liver, enter "2" in the "Units" column of the Patient, Order, Modify, function of the Soft Bank LIS system.
- c. Refer to Tissue CDM, *Ordering Tissues or Organs using EPIC*.
9. **Perform the following if the liver arrives in the Blood Bank:**
- a. Cadaveric liver may be brought to the Blood Bank via a courier service contracted with the OPO in a box filled with wet ice.
- b. Inspect the box containing the liver and remove the donor chart and donor blood and tissue (lymph node) samples.
- i. Samples may or may not be present. Often when a cadaveric liver is received from out of state, samples are left at the local OPO for testing and are no longer available.
- ii. **DO NOT** send blood and/or tissue samples to the operating room. Place all samples in the walk-in refrigerator in the designated donor organ specimen bin.

- c. Inspect the box for an organ tracking device. If a tracking device is attached to the pump or box, remove it and place in the tissue paperwork box located at triage.
 - i. The organ tracking device is no larger than a credit card. It often comes in an envelope.
 - ii. Do not take the tracking device out of the envelope.
 - iii. The tissue coordinator or designee will confirm that the tracker is in the envelope and drop it at the UPS pickup site at Beaumont, Royal Oak.
 - iv. The organ may or may not have a tracking device. **If no tracking device is detected, no further action is required.**
- d. Complete Section 2 of tissue form, *Organ Transplant Notification*, using the information on the donor organ label on the box and/or pump with the information received from Buckeye Transplant Services in Section 1.
 - i. For accuracy, compare the OPTN external organ label for Donor ID, and organ type to the information recorded in section 1 of the form.
 - ii. The UNOS unique identifier must be consistent and legible on all donor samples, paperwork, and liver storage unit.
 - iii. The UNOS unique identifier consists of a combination of letters and numbers. It will have three or four letters followed by three or four numbers totaling seven characters.
 - iv. Careful observation of the letter "O" and the number "0" as well as the letter "L" and the number "1" should be conducted. If the technologist is unable to determine the character, contact Gift of Life Michigan, (866) 500-5801, to confirm the UNOS identifier.
- e. Notify Buckeye Transplant Services, the attending physician, and the OPO within an hour of discovery of any discrepancies between the information recorded in section 1 compared to section 2 of the form. Document these discrepancies in an on-line internal variance. Include the date, time, and contact name of the Buckeye personnel involved in the variance. Refer to Transfusion Medicine Policy, *Variance Reporting*.
- f. Complete the organ check-in process in EPIC. Check "yes" or "no" to complete Section 3, step 3, "Organ check-in process is complete in EPIC", of the *Organ Transplant Verification* form. Refer to Tissue CDM, *Organ Check-in In EPIC*.
- g. Notify inner control at extension 81800 of the liver arrival.
- h. **Proceed to step 11 if blood samples are received.**
- i. **Proceed to step 12 if samples are not received.**

10. Perform the following If the liver arrives in the operating room:

- a. Call the operating room and ask that specimens and donor chart be sent to the Blood Bank if the samples and chart have not been received.
- b. Review the donor chart, donor tissue samples and blood samples against the information provided by the Buckeye representative on the Organ Transplant Notification form.
 - i. Notify Inner Control of any clerical discrepancies discovered in the receipt process of the donor organ specimens and chart. Document the time, date,

and person contacted in the operating room or Inner Control on an internal variance

- c. Place a check mark for "NA (Liver)" in section 3, "For Blood Bank Use Only", step #3, "Organ Check-in process is complete in Epic" of Tissue Form, *Organ Transplant Verification*.
 - d. Proceed to step 11 if blood samples are received.
 - e. Proceed to step 12 if samples are not received.
11. Perform a forward ABO/Rh type on any one of the blood specimens received with the liver and record the results in Section 4, Organ Sample ABO/Rh Confirmatory Testing, on the *Organ Transplant Notification* form. A reverse type is not required. Refer to Transfusion Medicine policy, *Serologic Confirmation of ABO and Rh Type*.
 - a. ABO/Rh must be consistent with the donor chart. Any discrepancies should be called immediately to the transplanting surgeon, Gift of Life Michigan at (866) 500-5801, Blood Bank manager, and Hospital Tissue Coordinator.
 - b. These discrepancies must be documented in an on-line internal variance. Refer to Transfusion Medicine policy, *Variance Reporting*.
12. Check "yes" or "no" to complete Section 2, step 4, "Donor blood sample ABO blood group confirmed by Blood Bank" on the *Organ Transplant Notification* form.
 - a. Samples may or may not be present. Often when a cadaveric liver is received from out of state, samples are left at the local OPO for testing and are no longer available.
 - b. Answering "no" & "no specimen received" to this statement is appropriate.
 - c. If samples are not available to perform ABO/Rh confirmation proceed to the Step 13.
13. Make a copy of the donor chart and place the copy in the tissue box at triage.
14. Perform an electronic crossmatch between the recipient and the donor organ, and print to tissue Form, *Transplant Recipient Organ and ABO Verification*.
 - a. Refer to tissue CDM, *Selecting Liver, Kidney, or Liver and Kidney for Issue*.
15. Issue the organ electronically upon request. Refer to tissue CDM, *Issuing Liver, Kidney, or Liver & Kidney*.
 - a. Do not time stamp or initial tissue Form, *Transplant Recipient Organ and ABO Verification*.
 - b. Do not send blood and/or tissue samples to the OR. Place all samples in the walk-in refrigerator in the designated donor organ specimen bin.
 - c. Retain the white copy of the form, and send the pink & yellow copies, the UNOS Pre-Recovery/Pre-Transplant ABO Verification form, and the original donor chart to the operating room along with the organ.
 - d. Place the white copy of the form, a copy of the Pre-Recovery/Pre-Transplant ABO Verification document, and a copy of the tissue Form, *Organ Transplant Notification*, in the tissue triage box.

D. CADAVERIC LIVER & KIDNEY TRANSPLANT

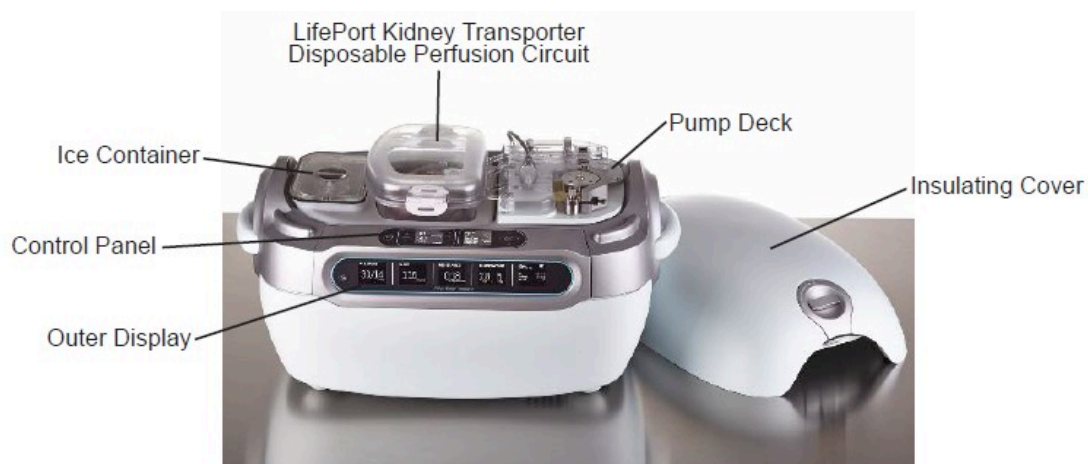
1. Follow Section A - Cadaveric Kidney Transplant through its entirety.

- a. The Pre-Recovery/Pre-Transplant Organ Verification form will not list the laterality of the kidney.
 - i. Under "Donor Information", the following will be documented:
 - a. Organ Laterality: Whole Liver
 - ii. Under "Intended Recipient Information", the following will be documented:
 - a. Wait list Organ: LI
 - b. Other Organ: KI
 - b. Each organ received must be documented separately even though the recipient may receive multiple organs.
2. Follow Section C - Cadaveric Liver Transplant through its entirety.
 - a. Each organ received must be documented separately even though the recipient may receive multiple organs

E. RETURN OF ORGAN TO GIFT OF LIFE

1. Contact Gift of Life (800) 482-4881 and notify them of the organ return. They will send a courier for organ pickup.
 - a. The transplanting surgeon will determine organ suitability in OR. If the organ is not transplanted, the transplanting surgeon will give direction as to the return of the cadaveric organ.
2. Return the organ from issued status and/or release from crossmatch status.
3. Return the organ in Blood Bank LIS to the supplier, Gift of Life.
4. Print one copy of return invoice from the Blood Bank LIS for record of return and place in the tissue triage box.

F. RETURN OF KIDNEY PUMPS TO GIFT OF LIFE



1. Optional: Remove the Ice Container and empty its contents in the sink if ice & water are present.
 - a. The technologists are not required to do this.
 - b. Do not proceed to step 2 if ice container is not emptied. Inform tissue coordinator of

LifePort pump requiring attention before return of the pump to Gift of Life.

2. Call Gift of Life (866) 500-5801 to return LifePort kidney transporter.

VII. REFERENCES

1. Association for the Advancement of Blood & Biotherapies, Standards for Blood Banks and Transfusion Services, current edition
2. American Association of Tissue Banks, Standards, current edition
3. [U.S. Department of Health & Human Services Policies & By-Laws](#)
4. [United Network for Organ Sharing \(UNOS\)](#)
5. [LifePort](#)

Attachments

[Organ Transplant Notification.pdf](#)

Approval Signatures

Step Description	Approver	Date
Policy and Forms Steering Committee (if needed)	Craig Fletcher: System Med Dir, Blood Bank	5/25/2022
	Ryan Johnson: OUWB Clinical Faculty	5/17/2022
	Hana Lucaj: Medical Technologist	5/17/2022
	Gail Juleff: Project Mgr Policy	5/13/2022
	Rebecca Thompson: Medical Technologist Lead	5/13/2022
	Wendy Frizzo: Bone and Tissue Coordinator	4/29/2022
	Hana Lucaj: Medical Technologist	4/28/2022