(A) Policy Statement

The transplant surgeon and another health care professional will verify that the donor’s blood type and identifying information are compatible with the intended recipient prior to organ recovery. Physicians, Transplant nurse coordinators and OR RNs qualify as licensed health care professionals. At the University Of Toledo Medical Center the unique donor identifier is the UNOS ID. The unique recipient identifier is the medical record number.

(B) Purpose of Policy

To ensure the donor and recipient are compatible or intended incompatible and that the correct donor organ has been identified for the correct recipient.

(C) Procedure

1. The living donor pre-recovery verification must occur prior to induction of general anesthesia on the day of the living donor recovery.

2. Obtain ABO (sub-typing if applicable) result from both living donor and recipient

3. Obtain crossmatch result from recipient and intended living donor.

4. Record ABO and crossmatch result on “Living Transplantation Pre-Op Compatibility Verification” form.

5. Complete donor information including donor ID (UNOS ID), name, ABO (sub-typing if applicable), medical record number, organ and laterality. Complete recipient information including recipient name, ABO, and medical record number.

6. Present information to donor surgeon and transplant surgeon for review

7. A copy of the ABO, crossmatch results and compatibility verification will be forwarded to pre-op
Verification upon receipt of organ will occur after the organ arrives in the operating room with intended recipient in the operating room prior to anastomosis.

a. Surgeon and the second licensed healthcare professional will complete the Transplant Compatibility Verification form. They will attest with their signatures, timing, and dating that they have reviewed the blood type (sub-type if applicable) of donor and recipient as well as UNOS ID (donor ID), recipient identifier (MRN), organ (laterality, if applicable) and final lymphocyte crossmatch result prior to beginning the transplant procedure. By signing the form they are attesting that the donor and recipient are blood type compatible (or intended incompatible) and correct donor organ has been identified for the correct recipient.

b. If the recipient procedure begins and the surgeon is scrubbed, the surgeon may visually verify and review documents, the OR RN will document the time and date that the visual verification was completed on the Transplant Compatibility Verification form and then the surgeon can sign the verification form at the end of the procedure.

c. OR RN will document the time the organ is received into the operating suite and the time of the verification if the procedure is already underway prior to the organ entering the operative suite.

d. Any questions of compatibility or discrepancies in UNOS number, blood type compatibility, organ (laterality, if applicable) will be resolved prior to the organ being transplanted into the recipient.

e. The Transplant Compatibility Verification form will be placed in the organ recipient’s medical record.

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<th>Approved by:</th>
<th>Review/Revision Date:</th>
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<tbody>
<tr>
<td>Moneca Smith MSN, RN</td>
<td>1/30/2009</td>
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<tr>
<td>Director of Nursing, CNO</td>
<td>1/12/2010</td>
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Review/Revision Completed By:
Transplant Administrator
Transplant Coordinator

Next Review Date: 5/1/2021