

Specialist, Organ and Tissue Donation Attestation of Clinical Competency

Name: _____ Start date of shadowing: _____ (ddmmyy)

Area of shadowing and Learning Content
1. Referral and Identification
2. DNC
3. DCC
4. Consent Process
5. Screening and Testing
6. Donor Management
7. Coroner
8. OR Recovery Procedures
9. ICU & Family Follow Up
10. Donor Management System (iTransplant)
11. Resources and Communication
12. Special Circumstances* (to be completed if opportunities available during orientation)

This individual has been deemed competent for individual practice in the Specialist, Organ and Tissue Donation (S-ODT) role as of _____ (date ddmmyy)

Manager Signature: _____

S-ODT Signature: _____