



OTDC TO RECOVERY TEAM REPORT

TGLN ID #: _____	MRN: _____
Donor Name: _____	
Hospital: _____	Unit: _____
Phone #: _____ :	
Phone: _____	ICU Contact Person: _____

DOCUMENTATION (IN GREEN FOLDER)

- | | |
|---|--|
| <input type="checkbox"/> - Consent Form | <input type="checkbox"/> - Release of body form (if tissue accepted) |
| <input type="checkbox"/> - 1 st NDD | <input type="checkbox"/> - Blank DCD declaration form |
| <input type="checkbox"/> - 2 nd NDD | <input type="checkbox"/> - Additional blood specimens drawn |
| <input type="checkbox"/> - Ancillary Testing (if applicable) | |
| <input type="checkbox"/> - Warrant to Bury/Death Certificate | |
| <input type="checkbox"/> - Pre printed "to do list" for bedside RN | |
| <input type="checkbox"/> - Donor ID confirmed via paperwork, hospital card and arm band | |
| <input type="checkbox"/> - 2D Echo Report | <input type="checkbox"/> - Bronch <input type="checkbox"/> - Angio |

CORONER INVOLVEMENT

Coroner's Case: Y/N Coroner's Name: _____ Phone #: _____

Special Instructions: _____

Autopsy: Y / N Location to return any un used organs to: _____

OPERATING ROOM

OR Time: _____ Contact: _____

Does the OR time need to be confirmed at any point? _____

Is the OR communicating with Anesthesia? _____

Scrubs arranged: _____

Credentials given: _____

Special Equipment arranged: - bronch - ability to view CXR / echo

ORGANS ALLOCATED FOR RECOVERY

- | | | |
|----------------------------------|--|------------------------------------|
| <input type="checkbox"/> - Heart | <input type="checkbox"/> - Kidneys | <input type="checkbox"/> - Stomach |
| <input type="checkbox"/> - Lungs | <input type="checkbox"/> - Small Bowel | <input type="checkbox"/> - Islets |
| <input type="checkbox"/> - Liver | <input type="checkbox"/> - Pancreas | <input type="checkbox"/> - Vessels |

Organ Recovery Special Instructions: _____

TISSUES ALLOCATED FOR RECOVERY

- | | | |
|---|---|---|
| <input type="checkbox"/> - Heart for Valves/Pericardium/Aorta | <input type="checkbox"/> - Skin | <input type="checkbox"/> - Eyes/ _____ Corneas ONLY |
| <input type="checkbox"/> - Bone and Connective Tissue | Additional blood required for tissue: <input type="checkbox"/> Y <input type="checkbox"/> N | |

Tissue Recovery Special Instructions: _____

FAMILY

Contact Name: _____ Contact #: _____

Relationship to Donor: _____

Family Concerns/Considerations: _____

Family viewing body after recovery? Y/N Family to be called after recovery? Y/N

Who will be calling Family? _____

Who will contact the Family if donation does not proceed: _____

Special Instructions re: Aftercare of Body: _____

Additional Instructions/Comments/Research: _____

Time OTDC off-site @: _____

OTDC SIGNATURE: _____ **Date:** _____ **Time:** _____