



Australian Government
Organ and Tissue Authority



National Standard Operating Procedure

Storage and documentation of donor vessels

Solid Organ Packaging and Labelling

Organ Retrieval Report Form

Introduction

Section 1: The use of donor vessels retrieved in the deceased organ donor setting forms part of the standard practice for solid organ transplantation, particularly within the abdomen. Donor vessels are used to facilitate the transplantation of liver, pancreas, intestinal and renal allografts. Donor vessels most routinely retrieved are:

- The common, external, and internal iliac vessels and veins
- Superior mesenteric artery and vein
- Internal jugular
- Carotid artery
- Subclavian veins

Section 2: This part of the national standard operating procedure (SOP) focuses on the general principles of standard solid organ packaging, labelling, and documentation including the Organ Retrieval Report Form (ORRF).

Purpose

This national SOP outlines the procedures and underlying principles in relation to the packaging, labelling, storage, tracking and documentation of both solid organs and donor vessels.

These procedures are in place to maximise patient safety and minimise risks. Adherence to these procedures standardises practice across Australia and New Zealand.

Scope

This national SOP applies to the packaging, labelling, storage and tracking of solid organs and vessels retrieved from deceased organ donors.

Exclusions

This SOP does **not** apply to:

- Whole organs recovered solely for tissue donation (e.g. a whole heart and accompanying vessels retrieved for cardiovascular tissue donation).
- Other human tissues, including corneas, musculoskeletal tissue, and skin.
- The use of machine perfusion devices within organ retrieval theatres.

Responsibility

The responsibility for review of this document lies with the Transplantation Society of Australia and New Zealand (TSANZ) and Donor Surgeons, Donor Coordinators Advisory Committee (DSDC).

Heads of transplant units, the Organ and Tissue Authority (OTA) through the DonateLife State and Territory Medical Directors, Managers of DonateLife Agencies and Organ Donation New Zealand (ODNZ) have the responsibility for ensuring that relevant staff under their supervision utilise this SOP.

The transplant unit is responsible for the storage and management of retrieved solid organs and donor vessels until transplantation. The transplanting unit is responsible for

- maintaining a Donor Vessel Log Record within the transplant operating theatre
- ensuring the appropriate use, storage, and disposal of unused donor vessels
- completing and returning the Donor Vessel Tracking Form (DVTF) within 14 days, documenting the use and disposal of all vessels retrieved for transplantation purposes
- completing the Organ Retrieval Report Form (ORRF) and returning to Donation agency within 48 hrs of retrieval.

If a retrieved organ and/or associated donor vessels are unable to be transplanted, the transplant unit must notify the relevant DonateLife Agency or Organ Donation New Zealand (ODNZ) immediately as a matter of priority.

Responsibility	It is the responsibility of each DonateLife Agency or ODNZ to: - commence the TSANZ Donor Vessel Tracking Form and ensure it accompanies the donor organ(s) and vessel(s) to the recipient hospital - commence the TSANZ ORRF and ensure it is transmitted to the transplanting hospital - enter information regarding the retrieval and outcome of solid organ(s) and vessels into the relevant data pages within OrganMatch (Australia only), or the ODNZ Donor Database (New Zealand only).
Consent for Donor Vessel Retrieval and Use	The consent process for donor vessels in each state and territory varies. It is important to note the differences between jurisdictions when applying this protocol.

Historical updates

Change No.	Previous document	Changes made
1	New Zealand Donation Service- NZDS	Terminology changed to Organ Donation New Zealand – ODNZ throughout document
2	Donor vessels documents envelope	Name changed to “donor vessel documentation envelope” throughout document
3	Section I: Background — The use of deceased donor vessels retrieved in the multiorgan donor setting forms part of the standard practice of solid organ transplantation	Content reworded: — The use of donor vessels retrieved in the deceased multi-organ donor setting forms part of the standard practice for solid organ transplantation — Mention of intestinal allografts now included Content added regarding most routinely retrieved donor vessels.
4	Section II: Purpose	Paragraph gap removed
5	Section III: Scope — The protocol does not apply to any other human tissues involved in transplantation such as corneas, musculo-skeletal tissue, heart valves and skin.	Content reworded: — This protocol does not apply to whole organs retrieved for tissue donation (i.e. whole heart and accompanying vessels retrieved for cardiovascular tissue), nor does it apply to any other human tissues such as corneas, musculo-skeletal tissue or skin.
6	Section IV: Part 3. Surgical process- packaging and labelling of donor vessels	Format simplified Detail added to include two options for the first level of packaging: “The decision to package the artery and vein together or separately in the first container is at the discretion of the retrieval surgeon unless otherwise requested by the implanting surgeon.

Change No.	Previous document	Changes made
7	Section V: Consent for donor vessel retrieval and use	Content updated highlighting the difference in state practices.
8	Section VI Part 1. Retrieval packaging and labelling of donor vessels — whole pancreas transplantation and intestinal transplantation	Heading reworded — Retrieval of donor vessels Content reworded: — ... whole pancreas and intestinal transplantation
9	Section VI Part 2. Surgical process	Heading reworded — Surgical process – packaging and labelling of donor vessels Content updated to describe the type of containers that should be used and the labelling requirements of containers.
10	Section VI Part 3. Documentation to accompany donor vessels for transport	Format simplified and content updated including rational for change of practice from the use and relabeling of one envelope to the use of two separate envelopes: — Donor/Organ Documentation and — Donor Vessel Documentation
11	Section VI Part 4. Procedure for donor vessels in the recipient theatre	Format simplified and content removed regarding the previous process of relabeling of the Donor/Organ Documentation envelope
12	Section VI Part 4.2 If vessel package OPENED and only ONE vessel container opened and used	Heading changed to: If the vessel package is OPENED and only ONE vessel is used Content changed to: Label must read TO BE USED FOR THIS RECIPIENT ONLY 4.2 b – content now explains labelling of the unopened vessels with the vessel ID tag
13	Section VI Part 5: Procedure for storage of donor vessels at the recipient hospital	Example removed from section c ii Section iii removed regarding fax numbers
14	Section VI Part 6: Procedure for positive serology cases	Second paragraph removed as top paragraph deemed to be a sufficient explanation
15	Section VI Part 7: Use of donor vessels for patients other than the intended organ recipient Sub-category e: — obtain informed consent from the patient, particularly with regard to the risks associated with the use of donor vessels as grafts and taking into account specific risks identified in the donor of the blood vessels to be used, notify the local DonateLife agency of the donor and patient details so that subsequent patient tracking can be undertaken.	Content reworded to: — obtain informed consent from the recipient (where possible, otherwise as soon as practicable), particularly with regard to the risks associated with the use of donor vessels and taking into account specific risks identified in the vessel donor.

Change No.	Previous document	Changes made
16	Appendix 2	Sticker updated to latest version
17	Appendix 3	Sticker updated to latest version
18	Appendix 4	DVTF updated to latest version
19	Appendix 5	Added titled Donor Vessel Flowsheet

Version Control

This SOP will be reviewed regularly and updated as needed to reflect changes in clinical practice, operational requirements, or new and emerging evidence that supports revisions to current processes. Continuous evaluation ensures the document remains accurate, relevant, and aligned with best practice.

Next scheduled review date: October 2028

Version #	Changes made	Approved by	Date
6.0	— Content review of Section 1.7 — Document reformatted — Appendix items re-labelled A - E — Updated Appendix C & E — New Appendix B2	— TSANZ — OTA — DSDC	October 2025
6.1	— New Section 2 — Revised SOP Title — New Appendix F and G — Review of Appendix B — Updated Introduction, Purpose, Scope and Responsibilities	— TSANZ — OTA — DSDC	October 2026

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Section 1

Donor vessel processes, procedures and documentation

1.1 Retrieval of donor vessels

It is routine for donor vessels (arteries and veins) to be retrieved for liver, whole pancreas and intestinal transplantation. Vessels may also be retrieved for renal transplantation.

If the liver is split, artery(s) and vein(s) should accompany both portions of the liver. It is recommended that the whole length of the common and external iliac artery and vein be retrieved for liver extension grafts.

If the liver has been split and the pancreas has been procured for whole pancreas transplantation, three sets of donor vessel packages will be required.

1.2 Surgical process – packaging and labelling of donor vessels

Arteries and veins are placed in containers with preservation solution and are triple packaged as follows.

The smaller inner container:

- is inclusive of the vessel(s) and perfusion solution
- must be a sterile container
- once sealed, inner container is placed within a larger container

The larger container:

- is inclusive of the smaller inner container
- must be a sterile container
- once sealed, the second layer must be placed within the third and outer packaging

Cold slush may be used within the second (larger) container.

The two inner containers are each to be labelled with vein and/or artery as well as the three donor identifiers:

Donor ID, MRN and DOB.

The third and outer packaging/bag does not need to be sterile and is labelled with the **Vessel ID tag** ([Appendix A](#)). The **Vessel ID tag** must be ticked to indicate those vessels included within the package.

The decision to package the artery and vein together or separately in the first container, is at the discretion of the retrieval surgeon unless requested by the implanting surgeon.

NB: If the artery and vein are packaged separately in the first instance (separate first and second layer containers used), they can then be stored together in the third outer layer.

The vessels must NOT be contained within the sterile layers of the organ packaging.

Both vessels and the associated organ can be placed together within the same transport container, ensuring that both packages are completely surrounded and covered by ice.

In NZ, the vessel packages may be placed in a separate transport container for logistical reasons.

1.3 Documentation to accompany donor vessels for transport

Two separate envelopes are required:

- a Donor/Organ Documentation envelope ([Appendix E](#)) and
- b Donor Vessel Documentation envelope ([Appendix B](#))

Indicate the following in the tick boxes provided:

- “Tick” if document enclosed in envelope
- Place the letter “T” if documents have been electronically transmitted

Both envelopes are to be placed inside the transport container in a sealed zip-lock bag (to prevent moisture).

The documentation enclosed in the **Donor/Organ Documentation** envelope that accompanies the organ includes deidentified copies of:

- Donor blood group
- Donor serology
- Donor NAT (when applicable/available)
- Recipient Crossmatch (when applicable/ available)
- Organ Data Page (ODNZ only)

Section 1 / Donor vessel processes, procedures and documentation

With the following documents transmitted post operatively

- EDR Organ Data Page (organ specific) – transmitted (Australian donors only)
- EDR Intraoperative Management page – transmitted (Australian donors only)
- EDR DCDD Flowsheet (when applicable) – transmitted (Australian donors only)
- Organ Retrieval Report Form (ORRF)

The documentation enclosed in the **Donor Vessel Documentation** envelope that accompanies the vessels includes deidentified copies of:

- Donor blood group
- Donor serology
- Donor NAT (when applicable/available)
- **Donor Vessel Tracking Form**

These documents then accompany the vessel package when later stored at the transplant hospital

1.4 Procedure for donor vessels in the recipient theatre

At the recipient hospital, the recipient coordinator/transplant technician/surgical theatre staff member AND the implanting surgeon must verify the **Donor/Organ Documentation** that has accompanied the organ.

It is the responsibility of the implanting surgeon to ensure that a designated person; the recipient coordinator, transplant technician or surgical theatre staff has reviewed the **Donor Vessel Documentation** envelope and ensure it is retained with the donor vessels.

1.4.1 If vessel package NOT opened and donor vessels NOT USED

- Place donor vessels in a designated refrigerator in the operating theatre complex. Donor vessels **MUST** be accompanied by the **Vessel ID tag** and **Donor Vessel Documentation** envelope (in a plastic sleeve), and stored together, ensuring they are not separated.
- It is the responsibility of the local designated staff member who places the documents with the donor vessels package for storage in the refrigerator, to also document in the local Donor Vessel Log Record.

1.4.2 If the vessel package is OPENED and only ONE vessel is used

- If the inner container (repository for the vessels) has been opened onto the sterile field in the operating theatre of the transplant recipient, it is considered contaminated and can **ONLY** be used for this recipient.

The surgeon may request that a remaining piece of vessel (which was opened on the sterile field) be retained because of the nature of the case or potential for future complications of that particular recipient. In this situation the remaining vessel may be stored again under sterile conditions but **MUST** be clearly identified on the second AND third layer with the recipient ID label. Both labels (second and third layer) must read **TO BE USED FOR THIS RECIPIENT ONLY**.

The recipient ID label should be placed partly on the lid and down the wall of the second container as a breakable seal to ensure integrity. Once transplanted or discarded at a later date, this is also recorded on the **Donor Vessel Tracking Form** ([Appendix C](#)) and in the Donor Vessel Log Book.

- Unopened vessel containers, NOT opened on the sterile field of the recipient (either artery or vein), must be stored in the designated refrigerator. These vessels must remain triple packaged with the donor vessels documentation and labelled with the **Vessel ID tag**. Ensure the **Vessel ID tag** is labelled accordingly to indicate remaining vessel(s) (artery and/or vein).

Note: If an organ and the associated vessels are not transplanted, immediately contact the relevant DonateLife or ODNZ on-call donation coordinator as per Appendix E2. If a donor organ has been removed and subsequently not transplanted and the donor family have indicated on the consent form that unused organs are to be returned to the body, then the donor vessels should accompany the organ for this purpose. The DonateLife Agency or ODNZ must be notified in order to return both organ and donor vessels to the deceased.

Section 1 / Donor vessel processes, procedures and documentation

1.5 Procedure for storage of donor vessels at the recipient hospital

Donor vessels should be stored in a secure designated refrigerator (temperature monitored and maintained within a range of 2–8 degrees Celsius) together with the Donor Vessel Documentation.

The donor vessels should be stored for no longer than 14 days from the original retrieval date.

After 14 days from retrieval date:

- the donor vessels **MUST** be discarded according to the local hospital disposal of human tissue policy.
- the **Donor Vessel Tracking Form** must be completed with the outcome (discarded/transplanted) and faxed or emailed to the DonatLife Agency or ODNZ of the DONOR's state of origin.

The remaining documents in the envelope should be either destroyed or securely stored as confidential documents as per recipient Transplant Unit procedure (advised by local Transplant Unit).

1.6 Procedure for positive serology cases

If donor vessels have been retrieved from a seropositive donor (positive for HIV, Hepatitis B, or Hepatitis C) for a designated transplant recipient, donor vessels **MUST NOT BE STORED** after the completion of the transplant operation. The Donor Vessel Documentation (Appendix B) 'tick box' is to be completed which reflects the donor vessels have been retrieved from a HIV, Hepatitis B or Hepatitis C donor (where results are prospectively available).

1.7 Use of donor vessels for patients other than the intended organ recipient

In exceptional circumstances, vessels retrieved from a deceased donor may be allocated for emergency use in a patient other than the intended organ transplant recipient.

Such use must be subject to appropriate governance, including documentation of clinical indication, informed recipient consent (or surrogate decision maker), and oversight by the transplanting centre.

In these situations, it is the responsibility of the transplanting surgeon to:

- a determine the appropriateness of using the graft
- b assess the relative risks and benefits of using this and other graft types
- c check the documentation accompanying the donor vessels, particularly with regard to ABO, serology, and donor-disease transmission risks
- d check the EDR or ODNZ referral documentation to assess and ascertain the risks associated with the donor, including those for infectious disease and malignancy transmission (review past medical history, social history laboratory and other investigations). Further guidance on donors at increased risk of HIV, HBV and HCV can be found in Section 2.3.1 of the [TSANZ Clinical Guidelines](#)
- e obtain informed consent from the recipient or surrogate decision maker, particularly with regard to the risks associated with the use of donor vessels and taking into account specific risks identified in the vessel donor
- f complete the Donor Vessel Tracking Form and returned the DonatLife Agency or ODNZ of the donor's state of origin
- g Ensure immediate verbal communication with the relevant donation agency and subsequent documentation if recipient testing indicates *de novo* infection or malignancy in the follow-up period post vessel usage, as per section 2.3.1 of the TSANZ Clinical Guidelines

Section 2

Principles of standard solid organ packaging, labelling, and documentation

TSANZ, in collaboration with its surgical representatives across each of the solid organ advisory committees, have established nationally consistent standards for the packaging, labelling and transport of organs intended for transplantation. These standards are designed to support the safe and secure handling of donor organs throughout the retrieval, transportation and transplantation process, while ensuring that organ identification and traceability are maintained at all times.

The standards outline the requirements for appropriate organ packaging and labelling, including the identification of the donor and organ, relevant transport information, and the use of suitable packaging systems to protect the organ and maintain the required conditions during transportation. Adherence to these standards is essential to minimise the risk of organ damage, misidentification, contamination or loss of traceability and to facilitate the safe transfer of organs between donor hospitals, retrieval teams, transport providers and transplant centres.

All personnel involved in organ retrieval, packaging, transport and receipt should be familiar with and adhere to the applicable TSANZ standards and procedures.

2.1 Packaging and Labelling of solid organs

The following standard principles of packaging solid organs apply

- a** The organ is triple bagged with at least 500mls of preservation solution surrounding the organ in the first bag
- b** Slush is placed in the second bag
- c** The third bag is dry
- d** The outer bag is labelled with type of organ, donor blood group and donor identifiers (also see [Appendix E](#))
- e** When an organ is transported via air, the transport container must be lined with a large plastic bag to prevent leakage of wet ice during transportation. *N.B* this is an airline standard requirement
- f** The triple-packaged organ is completely submerged in wet ice within the transport container, with the organ ID tag exposed

- g** The Donor/Organ Documentation envelope ([Appendix E](#)) is sealed in a zip-lock bag (to prevent moisture) then placed inside the organ transport container
- h** Transport container sealed with tape around openings and transversely
- i** When the organ is sent interstate or to NZ, an urgent delivery address label is completed and affixed to the outside lid of the organ transport. See [Appendix G](#).
- j** An alert sticker (see [Appendix E2](#)) must also be applied to the outer packaging and donor organ documentation envelope to prompt notification to the Donation Agency if the transplanting team decides not to proceed with transplantation of the organ.

2.2 Documentation to accompany solid organs for transport

The documentation enclosed in the Donor/Organ Documentation envelope that accompanies the organ includes deidentified copies of:

- Donor blood group
- Donor serology +/- NAT (when applicable/available)
- Recipient Crossmatch (when applicable/ available)
- Organ Data Page (ODNZ only)

All other donor information and intraoperative data capture can be transmitted electronically, or can be viewed via the relevant data pages within OrganMatch.

Section 2 / Principles of standard solid organ packaging, labelling, and documentation

2.3 The Organ Retrieval Report Form (ORRF) Appendix F

2.3.1 Completion of the form

Section 1/Retrieval

Completed by the Donor Coordinator with details of any organ abnormalities, injuries identified including specific comments as reported by the Retrieval Surgeon at time of retrieval surgery.

- a** If the organ is placed on a machine perfusion device in retrieval theatres, the commencement details +/- comments must also be entered here.
- b** The Donor Coordinator will transcribe comments from section 1 into the specific EDR data page or ODNZ Organ Database.
- c** The Donor Coordinator will electronically transmit this form to the transplanting unit(s) for completion and return to the relevant Donation Agency.

Section 2/Transplant

Completed by the recipient hospital's transplanting surgeon or appropriate delegate (if organ transplanted), or decision maker (if organ discarded) – noting problems identified and any recommendations.

- a** If a machine perfusion device is commenced at the transplanting centre, the transplanting team is responsible for completing all relevant information. (See section 1.1 of [Appendix F](#))
- b** If a machine perfusion device is commenced in the retrieval theatre, the transplanting unit must complete the ceased date and time, together with any additional relevant commentary. (See Section 1.1 of [Appendix F](#))

2.3.2 Processing the form

A member from the transplanting team is to return the form within 48-hours (or **two** working days) post retrieval, to the appropriate Donation Agency (refer to [Appendix F](#)).

Donatelifelife Agencies are responsible for entering data from the ORRF into the appropriate ORRF page of OrganMatch/ODNZ Organ Database.

Each jurisdiction must have a documented process that clearly defines responsibility for communicating completed operative feedback from the transplanting unit to the retrieval surgeon. In jurisdictions without a transplanting service, this responsibility typically rests with the Donation Agency. Processes should include email confirmation that the feedback has been received by the retrieval surgeon(s).

2.3.3 Data storage and audit

The ability to generate a QA report is present in OrganMatch. Each Donation agency must have a documented process for monitoring outstanding ORRFs, including clearly assigned responsibility for tracking, following up with the relevant retrieval and transplanting teams, and ensuring completed forms are returned within the expected 48-hour timeframe.

The ORRF annual audit is tabled for discussion at the TSANZ Donor Surgeons Donor Coordinators (DSDC) Advisory Committee meeting.

Appendix A

Vessel Tag

VESSELS		
Donor ID:	Donor ABO:	
Donor MRN:	ARTERY included ☐	VEIN included ☐
Donor DOB:	Vessels labelled by: Name: Signature:	

Appendix B

Donor Vessel Documentation

Donor Vessel Documentation



Donor No: _____ Donor MRN: _____ Donor DOB: _____

Retrieval Coordinator: _____ Phone No: _____

Retrieval Date: _____ Donor State: _____

1. This envelope with the accompanying documents **MUST** be stored at all times with the vessels in the designated fridge

2. AFTER 14 DAYS, when vessels have been used or discarded, fax/email the enclosed "Donor vessel Tracking Form" to the donor state agency and shred the envelope with remaining documentation

3. TICK HERE IF DONOR HBV, HCV and/or HIV positive. Donor Vessels **MUST NOT BE STORED** after completion of the transplant operation

☐

☒ Contained within in the envelope

☐ Transmitted electronically

Donor Blood Group ☐

Donor Serology ☐

Donor NAT ☐

Donor Vessel Tracking Form ☐

Date donor vessels are to be discarded if not used:

Appendix C

Donor Vessel Tracking Form

Donor Vessel Tracking Form



Donor Identification Details						
Retrieval Coordinator – Name:				Contact Number:		
State Agency:				Donor ABO:		
Donor No:		Donor DOB:		Donor MRN:		
Artery ☐		Vein ☐		Other:		
DNDD	X-Clamp Date: / /		DCDD	Date of Death: / /		
Vessels retrieved from:		Abdomen ☐	Thorax ☐	Leg ☐		
Vessels provided with:		Whole liver ☐	L Liver ☐	R Liver ☐	Pancreas ☐	Intestine ☐
						Other (specify) ☐

IF VESSELS NOT USED AFTER 14 DAYS (Date to be discarded ____/____/____). Discard as per hospital protocol.

Transplant Team to complete

Vein Outcome	Date	Artery Outcome	Date
Transplanted to Intended recipient		Transplanted to Intended recipient	
Transplanted to other patient – complete section A below		Transplanted to other patient – complete section B below	
Not transplanted – Research		Not transplanted – Research	
Not transplanted – Discarded		Not transplanted – Discarded	

Section A: <u>VEIN</u> recipient details		Section B: <u>ARTERY</u> recipient details	
First name		First name	
Last name		Last name	
D.O.B		D.O.B	
Patient MRN		Patient MRN	
Surgeon		Surgeon	
Hospital		Hospital	
State		State	

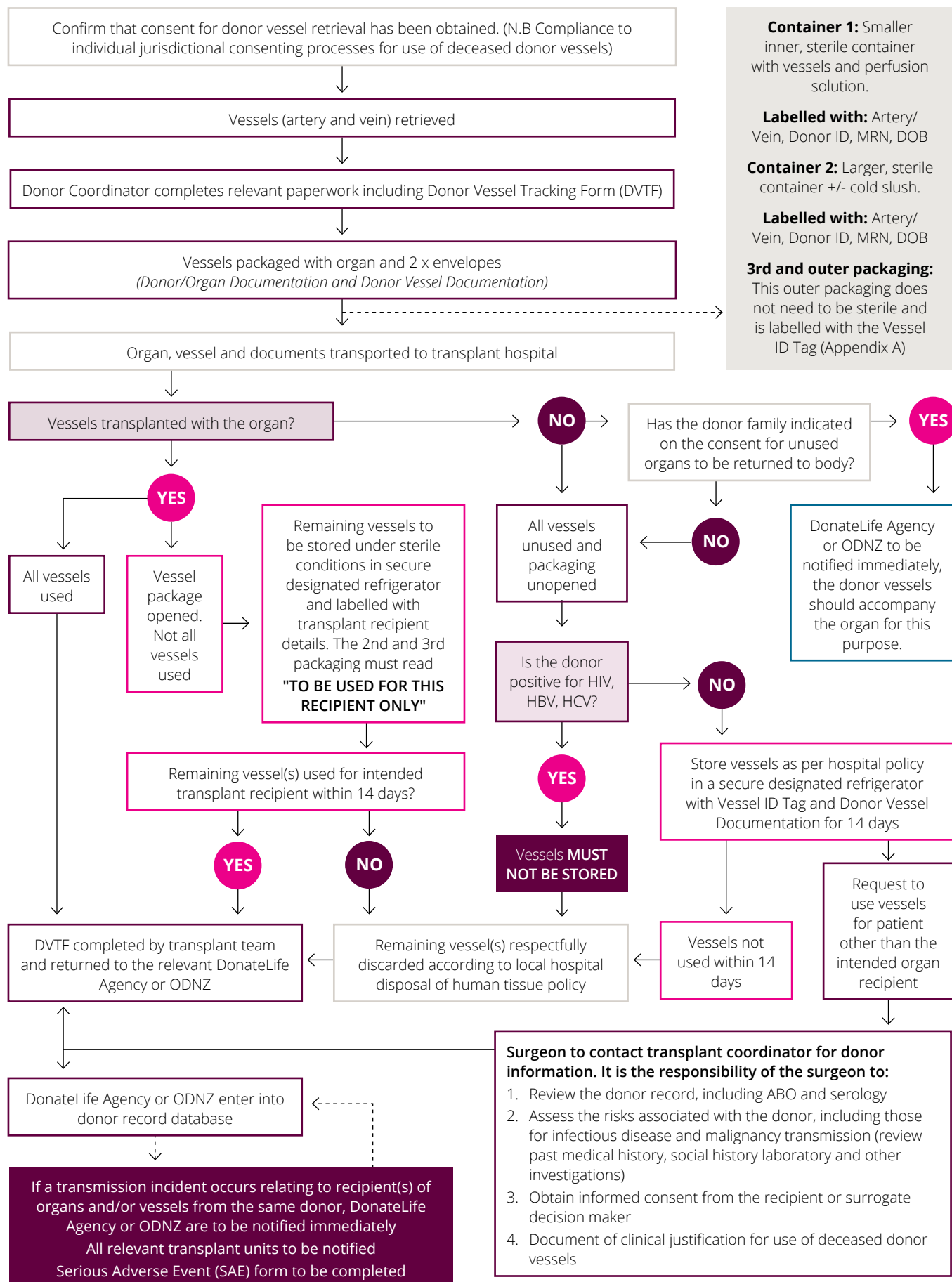
Emailed or faxed by:	Name and designation	Contact phone	Date

FORM TO BE RETURNED TO THE ABOVE MENTIONED STATE AGENCY:

QLD	donor.coordinator@health.qld.gov.au	fax 07 3176 2999	WA	DonateLifeOnCall@health.wa.gov.au
NT	DLNTCoordinators.DoH@nt.gov.au	fax 08 8944 8096	NSW/ACT	seslhd-clinicalotds@health.nsw.gov.au
VIC	dlvcaseworkervic@redcrossblood.org.au	fax 03 9349 2730	SA	donatelifesa@sa.gov.au
NZ	contactus@donor.co.nz		TAS	dltcaseworker@ths.tas.gov.au

Appendix D

Donor Vessels Flowsheet



Appendix E

Donor/Organ Documentation envelope

Donor/Organ Documentation Confidential Information for Transplant Surgeon		
Donor No: _____	☒ Contained within the envelope ☐ Transmitted electronically	
Donor State: _____	Donor Blood Group ☐ Donor Serology ☐ Donor NAT ☐ Recipient crossmatch ☐ Organ Retrieval Report Form ☐	
Organ: _____		
Retrieval Date: _____		
Retrieval Coordinator: _____		
Contact No: _____		

THIS ENVELOPE AND ITS CONTENTS ARE TO BE RETURNED TO THE HOSPITAL TRANSPLANT/DONOR COORDINATOR.
DO NOT FILE THESE DOCUMENTS IN THE RECIPIENT RECORD



Appendix E2

Alert sticker for back of Donor/Organ Documentation Envelope and outer packaging

ATTN: TRANSPLANT SURGEON

If organ is **NOT TRANSPLANTED**,
IMMEDIATELY contact the
DonateLife/ODNZ
On-Call Donation Coordinator

Contact Number: _____

Appendix F

Organ Retrieval Report Form (ORRF)

E-form/print ready form
on following page

Appendix G
Solid Organ Packaging Label



URGENT DELIVERY

Human Organ for Transplant



Send to:

Unit:

Hospital:

Address:

Telephone:

Donor No:

KIDNEY

LIVER

HEART

LUNG

PANCREAS

VESSELS

Sender: DonorLife Organ and Tissue Donation Service

Address:

Organ Donor Coordination:

Contact Mobile:

