

Transplant Surgery Match Run Verification Form

Date: _____

Time: _____

Match ID#: _____

Recipient Name: _____ Donor UNOS ID: _____

Recipient ABO: _____

Donor ABO: _____

Transplant Procedure: Kidney Liver

Pancreas Kidney-Pancreas

*Combined Liver-Kidney transplant recipient matches should be reviewed using Liver match run

Crossmatch negative

Crossmatch positive,
but acceptable

No Crossmatch necessary

My signature indicates that I have personally verified the match run for this particular donor-recipient pair. I have verified the donor ID#, donor ABO and recipient name from the match run. I have verified the recipient ABO from the recipient's medical record. I attest that the donor-recipient information from the match run and from the recipient's medical record is accurately reflected on this form and transplant surgery will proceed.

Signature of Transplant Surgeon

Patient Label