

POLICIES

This document provides the policy language approved by the OPTN/UNOS Board at its meeting in June 2015 as part of the Operations and Safety Committee's *Proposal to Modify ABO Determination, Reporting, and Verification Requirements*. You can view the complete policy notice [here](#); this policy change along with associated programming will be implemented on June 23, 2016.

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Policy 1: Administrative Rules and Definitions

1.2 Definitions

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1.2 Definitions

I

Intended incompatible

Donor and candidate primary blood types that are biologically incompatible, but transplantation is permissible according to OPTN policy.

Q

Qualified health care professional

A person who is qualified to perform blood type reporting or verification requirements as defined in the OPO, transplant hospital, or recovery hospital written protocol.

S

Source document

An original record of results, or a photocopy or digital copy of the original record.

Policy 2: Deceased Donor Organ Procurement

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2.6 Deceased Donor Blood Type Determination and Reporting

Host OPOs must develop and comply with a written protocol for blood type determination and reporting that includes *all* of the requirements below.

2.6.A Deceased Donor Blood Type Determination

The host OPO must ensure that each deceased donor's blood type is determined by testing at least two donor blood samples prior to the match run. The host OPO must develop and comply with a written protocol to resolve conflicting primary blood type results.

Deceased donor blood samples must:

1. Be drawn on two separate occasions
2. Have different collection times
3. Be submitted as separate samples
4. Have results indicating the same blood type

The host OPO must document that blood type determination was conducted according to the OPO's protocol and the above requirements.

2.6.B Deceased Donor Blood Subtype Determination

Deceased donor blood subtyping must be completed according to the *Table 2-1* and the requirements below.

Table 2-1: Subtyping Requirements by Primary Blood Type and First Subtype Result

If the donor's primary blood type is:	Then subtyping is:	A second subtyping must be completed if the first subtype result is:
A	Required	Blood type A, non-A ₁
AB	Optional	Blood type AB, non-A ₁ B

Deceased donor blood samples for subtyping must:

1. Be tested using pre-red blood cell transfusion samples
2. Be drawn on two separate occasions
3. Have different collection times
4. Be submitted as separate samples

All subtype results reported to the OPTN Contractor must be from two separate tests indicating the same result. If there are conflicting subtype results, the subtype results must not be reported

to the OPTN Contractor and the deceased donor must be allocated based on the primary blood type.

For all blood type A donors, the host OPO must document *either* that subtyping was completed or the reason it could not be completed.

2.6.C Reporting of Deceased Donor Blood Type and Subtype

The deceased donor is not eligible for a match run until the host OPO completes verification and reporting as follows:

1. Two different qualified health care professionals, as defined in the host OPO's protocol, must each make an independent report of the donor's blood type to the OPTN Contractor.
2. If the donor's blood subtype will be used for allocation, a qualified health care professional must report the subtype to the OPTN Contractor. This report must be verified by a different qualified health care professional according to the OPO's protocol.
3. Both qualified health care professionals must use all blood type and subtype determination source documents to verify they:
 - a. Contain blood type and subtype (if used for allocation) results for the donor
 - b. Indicate the same blood type and subtype (if used for allocation) on the two test results
 - c. Match the result reported to the OPTN Contractor

The OPO must document that reporting was completed according to the OPO's protocol and the above requirements.

If donation must be accelerated to avoid organ waste, the host OPO may instead complete these requirements after the match run, but prior to organ release to a transplant hospital. The host OPO must document *all* of the following:

1. The reason that both blood type tests (and subtype tests, if used for allocation) could not be completed, verified, and reported prior to the match run.
2. If there are conflicting primary blood type test results, the host OPO must follow its protocol for resolving the discrepancy and must re-execute the match run if the final ABO result is different from the initial ABO on the original match run.
3. That all required blood type and subtype determinations, verification, and reporting were completed prior to organ release to a transplant hospital.

2.15 Organ Procurement

2.15.A Conflicts of Interest

The organ recovery procedure and the transplantation of organs must *not* be performed by *either* of the following:

- The potential deceased donor's attending physician at the time of death
- The physician who declares the time of the potential deceased donor's death

2.15.B Pre-Recovery Verification

Host OPOs must develop and comply with a written protocol to perform a pre-recovery verification for each organ recovered as required below. Qualified health care professionals, as defined in the host OPO's protocol, must perform all verifications. At least one of the individuals performing a verification must be an OPO staff member.

The host OPO must conduct a verification prior to organ recovery according to *Table 2.1* below.

Assistance using an OPTN-approved electronic method is permitted.

Table 2.1: Pre-Recovery Verification Requirements

The host OPO must verify <i>all</i> of the following information:	Using at least <i>one</i> of these sources:	By the following individuals:
Donor ID	<ul style="list-style-type: none"> • Donor's identification band • OPTN computer system 	<ol style="list-style-type: none"> 1. On-site recovering surgeon 2. Qualified health care professional
Organ (and laterality, if applicable)	<ul style="list-style-type: none"> • Donor medical record • OPTN computer system 	<ol style="list-style-type: none"> 1. On-site recovering surgeon 2. Qualified health care professional
Donor blood type and subtype (if used for allocation)	<ul style="list-style-type: none"> • Donor blood type and subtype source documents 	<ol style="list-style-type: none"> 1. On-site recovering surgeon 2. Qualified health care professional

When the intended recipient is known prior to organ recovery, the host OPO must verify *all* of the additional information according to *Table 2.2* below.

Table 2.2: Additional Pre-Recovery Verification Requirements When the Intended Recipient is Known Prior to Organ Recovery

The host OPO must verify <i>all</i> of the following information:	Using at least <i>one</i> of these sources:	By the following individuals:
Intended recipient unique identifier	<ul style="list-style-type: none"> • OPTN computer system 	Two qualified health care professionals
Intended recipient blood type	<ul style="list-style-type: none"> • OPTN computer system 	Two qualified health care professionals
Donor and intended recipient are blood type compatible (or intended incompatible)	<ul style="list-style-type: none"> • OPTN computer system 	Two qualified health care professionals

The host OPO must document that the verifications were completed according to the OPO's protocol and the above requirements.

Policy 3: Candidate Registrations, Modifications, and Removals

3.3 Candidate Blood Type Determination and Reporting before Waiting List Registration

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3.3 Candidate Blood Type Determination and Reporting before Waiting List Registration

Transplant programs must develop and comply with a written protocol for blood type determination and reporting that includes *all* of the requirements below.

3.3.A Candidate Blood Type Determination

The transplant program must ensure that each candidate's blood type is determined by testing at least two candidate blood samples prior to registration on the waiting list. The transplant program must develop and comply with a written protocol to resolve conflicting primary blood type results.

Candidate blood samples must:

1. Be drawn on two separate occasions
2. Have different collection times
3. Be submitted as separate samples
4. Have results indicating the same blood type

The transplant program must document that blood type determination was conducted according to the program's protocol and the above requirements.

3.3.B Reporting of Candidate Blood Type

The candidate is not eligible to appear on a match run until the transplant program completes verification and reporting as follows:

1. Two different qualified health care professionals, as defined in the transplant program's protocol, must each make an independent report of the candidate's blood type to the OPTN Contractor
2. Both qualified health care professionals must use all blood type determination source documents to verify they:
 - a. Contain blood type results for the candidate
 - b. Indicate the same blood type on the two test results
 - c. Match the result reported to the OPTN Contractor

The transplant program must document that reporting was completed according to the program's protocol and the above requirements.

Policy 5: Organ Offers, Acceptance, and Verification

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5.4 Organ Offers

5.4.A Nondiscrimination in Organ Allocation

A candidate's citizenship or residency status in the United States must not be considered when allocating deceased donor organs to candidates for transplantation. Allocation of deceased donor organs must not be influenced positively or negatively by political influence, national origin, ethnicity, sex, religion, or financial status.

5.4.B Order of Allocation

The process to allocate deceased donor organs occurs with these steps:

1. The match system eliminates candidates who cannot accept the deceased donor based on size or blood type.
2. The match system ranks candidates according to the allocation sequences in the organ allocation policies.
3. OPOs must first offer organs to potential recipients in the order that the potential recipients appear on a match run.
4. If no transplant program on the initial match run accepts the organ, the host OPO may give transplant programs the opportunity to update their candidates' data with the OPTN Contractor. The host OPO must re-execute the match run to allocate the organ.
5. If no transplant program within the DSA or through an approved regional sharing arrangement accepts the organ, the Organ Center will allocate an abdominal organ first regionally and then nationally, according to allocation Policies. The Organ Center will allocate thoracic organs according to *Policy 6: Allocation of Hearts and Heart-Lungs* and *Policy 10: Allocation of Lungs*.
6. Members may export deceased donor organs to hospitals in foreign countries only after offering these organs to all potential recipients on the match run. Members must submit the *Organ Export Verification Form* to the OPTN Contractor prior to exporting deceased donor organs.

This policy does not apply to VCA transplants; instead, members must allocate VCAs according to *Policy 12.2: VCA Allocation*.

5.4.C Liver Offers

The host OPO must make the initial liver offer using only a match run that is less than eight hours old. The host OPO may only re-execute the match run for use in allocation sooner than eight hours if *one* of the following occurs:

- A previously accepted liver is later refused because there is a change in specific medical information related to the deceased liver donor
- The deceased donor liver has not been allocated within two hours of procurement

- New donor information is received that would screen any potential recipient from appearing on the match run due to donor acceptance criteria according to in *Policy 5.5: Re-Execution of the Match Run Due to New Information*

5.4.D Backup Organ Offers

OPOs may make backup offers for all organs. Transplant programs must treat backup offers the same as actual organ offers and must respond within one hour of receiving the required deceased donor information for an organ. If a transplant program refuses to consider or does not respond to a backup offer, the offer will be considered refused.

If a transplant program accepts a backup offer, it may later refuse to accept the organ based on medical or logistical criteria. Transplant programs must be promptly notified of any change in deceased donor status or organ availability.

5.4.E Allocation to Candidates Not on the Match Run

When a candidate does not appear on at least one of the deceased donor's match runs for at least one organ type, the transplant hospital must document the reason the candidate does not appear and ensure that the organ is safe and appropriate for the candidate. Acceptable reasons for allocation to the candidate may include, but are not limited to, directed donations or to prevent organ waste.

In such an event, the transplant hospital must document *all* of the following:

1. The reason for transplanting an organ into a candidate who did not appear on the match run
2. The reason the candidate did not appear on the match run
3. Whether the transplant hospital is willing to accept a kidney from a deceased donor with a KDPI score greater than 85% or from a donation after circulatory death (DCD) donor, if applicable
4. Prior to transplant, the transplant hospital must verify the medical suitability between the deceased donor organ and recipient in at least, but not limited to, *all* the following areas according to organ type:
 - Blood type
 - Blood subtype, when used for allocation
 - Donor HLA and candidate's unacceptable antigens
 - Donor height
 - Donor weight
 - Infectious disease test results
 - For HIV positive deceased donor kidneys and livers, the OPO and transplant hospital must also do *both* of the following:
 - a. Verify that the potential recipient is registered as a HIV positive candidate at a transplant hospital that meets the requirements in *Policy 15.6.C Transplant Hospital Requirements for Transplantation of HIV Positive Organs*
 - b. Meet the requirements in *Policy 15.6: Open Variance for the Recovery and Transplantation of Organs from HIV Positive Donors*

The transplant hospital must maintain all related documentation.

5.4.F Local Conflicts

If any member believes there is an inequity or has a conflict with an OPO policy regarding the allocation of organs that cannot be resolved, the member may submit the issue to the appropriate organ-specific committee and Board of Directors for review and a final decision.

5.6 Receiving and Accepting Organ Offers

5.6.A Receiving and Reviewing Organ Offers

Transplant hospitals must view organ offers and respond to these offers through the match system. The previous sentence does not apply to VCA transplants.

The transplanting surgeon at the receiving transplant hospital is responsible for ensuring the medical suitability of organs offered for transplant to potential recipients, including whether deceased donor and candidate blood types (and donor subtype, when used for allocation) are compatible or intended incompatible.

5.6.B Time Limit for Acceptance

A transplant hospital must access deceased donor information in the match system within one hour of receiving the initial organ offer notification. If the transplant hospital does not access the match system within this time, the offer will be considered refused.

Transplant hospitals must either accept or refuse the organ within one hour of accessing the deceased donor information required for an organ according to *Policy 2.3: Evaluating and Screening Potential Deceased Donors*. If the transplant hospital does not respond within this time, the offer expires and the organ may be offered to the transplant hospital for the candidate that appears next on the match run.

This policy does not apply to VCA transplants.

5.6.C Effect of Acceptance

When a transplant hospital accepts an OPO's organ offer without conditions, this acceptance binds the transplant hospital and OPO unless they mutually agree on an alternative allocation of the organ.

5.7 Organ Check-In

Transplant hospitals must develop and comply with a written protocol to perform organ check-ins as required below.

The transplant hospital must complete an organ check-in any time an organ is recovered outside the facility where the transplant will take place. The organ check-in must be completed upon arrival at the transplant hospital prior to opening the organ's external transport container.

The transplant hospital must use the OPTN external organ label to confirm that the label contains the expected:

1. Donor ID
2. Organ type and laterality (if applicable)

Assistance using an OPTN-approved electronic method is permitted. If the transplant hospital determines that the donor ID, organ type or laterality label information conflicts with the expected information, then

the transplant hospital must notify the host OPO as soon as possible, but within one hour, of the determination.

The transplant hospital must document that the organ check-in was completed.

5.8 Pre-Transplant Verification

Transplant hospitals must develop and comply with a written protocol to perform pre-transplant verifications as required below.

5.8.A Pre-Transplant Verification Prior to Organ Receipt

If the recipient surgery will begin prior to organ receipt in the operating room, the transplant hospital must conduct a pre-transplant verification that meets *all* of the following requirements:

1. Two licensed health care professionals must participate in the verification
2. The intended recipient must be present in the operating room
3. The verification must occur *either*:
 - a. Prior to induction of general anesthesia
 - b. Prior to incision if the patient has been receiving continuous sedation prior to arrival in the operating room
2. Transplant hospitals must use at least one of the acceptable sources during the pre-transplant verification prior to organ receipt to verify all of the following information in *Table 5.1* below. Assistance using an OPTN-approved electronic method is permitted.

Table 5.1: Pre-Transplant Verification Prior to Organ Receipt Requirements

The transplant hospital must verify all of	Using at least <i>one</i> of these sources:
Expected donor ID	<ul style="list-style-type: none"> • OPTN computer system • Recipient medical record
Expected organ (and laterality if applicable)	<ul style="list-style-type: none"> • OPTN computer system • Recipient medical record
Expected donor blood type and subtype (if used for allocation)	<ul style="list-style-type: none"> • Donor blood type and subtype source documents • OPTN computer system
Recipient unique identifier	<ul style="list-style-type: none"> • Recipient identification band
Recipient blood type	<ul style="list-style-type: none"> • Recipient blood type and subtype source documents • Recipient medical record
Expected donor and recipient are blood type compatible (or intended incompatible).	<ul style="list-style-type: none"> • OPTN computer system • Recipient medical record • Attestation following verification of donor and recipient blood types

If a pre-transplant verification was conducted prior to organ receipt, the transplant hospital must document that the verification was completed according to the hospital's protocol and the above requirements.

5.8.B Pre-Transplant Verification Upon Organ Receipt

At the time of organ receipt in the operating room, the transplant hospital must conduct a pre-transplant verification with the following requirements:

1. The transplant surgeon and another licensed health care professional must participate in the verification
2. The intended recipient must be present in the operating room
3. The verification must occur after the organ arrives in the operating room, but prior to anastomosis of the first organ
4. Transplant hospitals must use at least one of the acceptable sources during the pre-transplant verification upon organ receipt to verify all of the following information in *Table 5.2* below. Assistance using an OPTN-approved electronic method is permitted

Table 5.2: Pre-Transplant Verification Upon Organ Receipt Requirements

The transplant hospital must verify all	Using at least <i>one</i> of these sources:
Donor ID	<ul style="list-style-type: none"> • External and internal organ package labels • Documentation with organ
Organ (and laterality if applicable)	<ul style="list-style-type: none"> • Organ received
Donor blood type and subtype (if used for allocation)	<ul style="list-style-type: none"> • Donor blood type and subtype source documents
Recipient unique identifier	<ul style="list-style-type: none"> • Recipient identification band
Recipient blood type	<ul style="list-style-type: none"> • Recipient blood type source documents • Recipient medical record
Donor and recipient are blood type compatible (or intended incompatible)	<ul style="list-style-type: none"> • OPTN computer system • Recipient medical record • Attestation following verification of donor and recipient blood types
Correct donor organ has been identified for the correct recipient	<ul style="list-style-type: none"> • Recipient medical record • OPTN computer system

The transplant hospital must document that the pre-transplant verification upon organ receipt was completed according to the hospital's protocol and the above requirements.

Policy 13: Kidney Paired Donation (KPD)

13.6 Matching within the OPTN KPD Program

13.6.A Requirements for Match Run Eligibility for Candidates

The OPTN KPD program will only match candidates who comply with *all* of the following requirements:

1. The candidate's transplant hospital must comply with Policies 5.5.A: *Receiving and Reviewing Organ Offers*, 5.7: *Organ Check-In*, and 5.8: *Pre-Transplant Verification*
2. The candidate's transplant hospital must complete the informed consent process according to *Policy 13.3: Informed Consent for Candidates*
3. The candidate's transplant hospital must submit *all* the information for these required fields to the OPTN Contractor:
 - a. Candidate details, including *all* of the following:
 - Last name
 - First name
 - SSN
 - Date of birth
 - Gender
 - Ethnicity
 - ABO
 - Whether the candidate has signed an agreement to participate in the OPTN KPD program
 - Whether the candidate has signed a release of protected health information
 - Whether the candidate is a prior living donor
 - KPD status: active, inactive or removed. A candidate must have current active status in the OPTN KPD program to be eligible for a match run.
 - b. Candidate choices, including *all* of the following
 - Whether the candidate would be willing to travel, and, if so, the transplant hospitals to which a candidate would be willing to travel or the distance the candidate is willing to travel
 - Whether the candidate is willing to accept a shipped kidney, and, if so, from which transplant hospitals the candidate would be willing to accept a shipped kidney
 - Minimum and maximum acceptable donor age
 - Minimum acceptable donor creatinine clearance or glomerular filtration rate (GFR)
 - Maximum acceptable donor BMI
 - Maximum acceptable systolic and diastolic blood pressure
 - Whether the candidate is willing to accept a hepatitis B core antibody positive KPD donor, a CMV positive KPD donor, and an EBV positive KPD donor
 - Whether the candidate would be willing to accept a left kidney, right kidney, or either kidney

- Candidate HLA as defined in *Policy 13.5.A: Histocompatibility Requirements for KPD Candidates*
4. The candidate must have at least one active and eligible potential KPD donor registered in the OPTN KPD program
 5. The candidate's transplant hospital must submit a response for all previous match offers for the candidate in the OPTN KPD program, including reasons for refusing offers
 6. The candidate must not be in a pending exchange in the OPTN KPD program

13.6.B Requirements for Match Run Eligibility for Potential KPD Donors

The OPTN KPD program will only match potential KPD donors that comply with *all* of the following requirements:

1. The transplant hospital registering the potential KPD donor must perform blood typing and subtyping as required by *Policy 14.5: Living Donor Blood Type Determination and Reporting* with the following modifications:
 - a. The transplant hospital registering the potential KPD donor must report the potential KPD donor's blood type to the OPTN Contractor
 - b. A qualified health care professional, other than the qualified health care professional who initially reported the potential KPD donor's blood type to the OPTN Contractor, must compare the blood type from the two source documents, and separately report the potential KPD donor's blood type to the OPTN Contractor
 - c. The potential KPD donor is not eligible for a KPD match run until the transplant hospital verifies and reports two identical blood types
2. The transplant hospital registering the potential KPD donor must complete the informed consent process according to *Policy 13.4: Informed Consent for KPD Donors*
3. The transplant hospital registering the potential KPD donor must complete the medical evaluation process according to *Policy 14: Living Donation*.
4. The transplant hospital registering the potential KPD donor must submit the information for the required fields below to the OPTN Contractor:
 - a. Donor details, including *all* of the following:
 - Last name
 - First name
 - SSN
 - Date of birth
 - Gender
 - Ethnicity
 - ABO
 - Height and weight
 - Whether the potential KPD donor is a non-directed donor or a paired donor
 - If the potential KPD donor is a paired donor, the KPD Candidate ID of the paired candidate and the potential KPD donor's relationship to the candidate
 - Whether the potential KPD donor has signed an agreement to participate in the OPTN KPD program
 - Whether the potential KPD donor has signed a release of protected health information

- Whether the potential KPD donor has signed an informed consent as required in policy
 - Whether the potential KPD donor has undergone a medical evaluation as required in *Policy 14: Living Donation*
 - Whether the potential KPD donor has had all age appropriate cancer screenings as defined by the American Cancer Society
 - KPD status: active, inactive or removed. A donor must have current active status in the OPTN KPD program to be eligible for a match run.
- b. Clinical information, including *all* of the following:
- The number of anti-hypertensive medications the potential KPD donor is currently taking
 - Systolic and diastolic blood pressure with date (either 24-hour monitoring or two measurements)
 - Creatinine clearance or glomerular filtration rate (GFR), date, and method
 - Anti-CMV, EBV, HbsAg, and Anti-HbcAb serology results
- c. Donor choices, including *all* of the following:
- Whether the potential KPD donor would be willing to travel, and, if so, the transplant hospitals to which the potential KPD donor would be willing to travel or the distance the donor is willing to travel
 - Whether the potential KPD donor is willing to ship a kidney
 - Whether the potential KPD donor is willing to donate a left kidney, right kidney, or either kidney
 - Whether the KPD candidate-donor pair and the transplant hospital are willing to participate in a three-way exchange or a donor chain
 - Whether the potential KPD donor and the transplant hospital are willing for the potential KPD donor to be a bridge donor
- d. Donor HLA as defined in *Policy 13.5.C: Histocompatibility Requirements for KPD Donors*
5. The potential KPD donor must be paired to an active and eligible candidate registered in the OPTN KPD program or be a non-directed donor
 6. The transplant hospital registering the potential KPD donor must submit a response for all previous match offers for the potential KPD donor in the OPTN KPD program, including reason for refusing offers
 7. The potential KPD donor must not be in a pending exchange in the OPTN KPD program

Policy 14: Living Donation

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14.5 Living Donor Blood Type Determination and Reporting

Recovery hospitals must develop and comply with a written protocol for blood type determination and reporting that includes all of the requirements below.

14.5.A Living Donor Blood Type Determination

The recovery hospital must ensure that each living donor's blood type is determined by testing at least two donor blood samples prior to generation of the living donor ID. The recovery hospital must develop and comply with a written protocol to resolve conflicting primary blood type results.

Living donor blood samples must:

1. Be drawn on two separate occasions
2. Have different collection times
3. Be submitted as separate samples
4. Have results indicating the same blood type

The recovery hospital must document that blood type determination was conducted according to the hospital's protocol and the above requirements.

14.5.B Living Donor Blood Subtype Determination

Subtyping is optional for living donors.

If the recovery hospital chooses to subtype *and* pre-red blood cell transfusion samples are available, then subtyping must be completed according to *Table 14-10*.

Table 14-10: Subtyping Requirements by First Subtype Result

If the donor's primary blood type is:	A second subtyping must be completed if the first subtype result is:
A	Blood type A, non-A ₁
AB	Blood type AB, non-A ₁ B

Living donor blood samples for subtyping must:

1. Be tested using pre-red blood transfusion samples
2. Be drawn on two separate occasions
3. Have different collection times
4. Be submitted as separate samples

All subtype results reported to the OPTN Contractor must be from two separate tests indicating the same result. If there are conflicting subtype results, the subtype results must not be reported

to the OPTN Contractor and living donor transplant compatibility or allocation must be based on the primary blood type.

If subtype is determined and reported, the recovery hospital must document that subtyping was conducted according to the above requirements.

14.5.C Reporting of Living Donor Blood Type and Subtype

The recovery hospital must report and verify the living donor blood type prior to registration with the OPTN Contractor using the *Living Donor Feedback Form* as required below:

1. Two different qualified health care professionals, as defined in the recovery hospital's protocol, must each make an independent report to the OPTN Contractor for blood type. For VCA recoveries, the blood type verification and reporting must be recorded in the living donor's medical record.
2. If blood subtype is used for ensuring transplant compatibility or allocation, a qualified health care professional must report blood subtype to the OPTN Contractor. This report must be verified by a different qualified health care professional according to the recovery hospital's protocol. For VCA recoveries, the blood subtype verification and reporting must be recorded in the living donor's medical record.
3. Both qualified health care professionals must use all blood type and subtype determination source documents to verify they:
 - a. Contain blood type and subtype (if used for ensuring transplant compatibility or allocation) results for the donor
 - b. Indicate the same blood type and subtype (if used for ensuring transplant compatibility or allocation) on the two test results
 - c. Match the result reported to the OPTN Contractor or VCA donor medical record

The recovery hospital must document that reporting was completed according to the hospital's protocol and the above requirements.

14.7 Living Donor Pre-Recovery Verification

Recovery hospitals must develop and comply with a written protocol to perform pre-recovery verifications as required below.

The recovery hospital must conduct a pre-recovery verification that meets *all* of the following requirements:

1. The recovery surgeon and another licensed health care professional must participate in the verification.
2. The verification must occur prior to the induction of general anesthesia on the day of the living donor recovery.
3. Recovery hospitals must use at least one of the acceptable sources during the pre-recovery verification to verify all of the following information in *Table 14.11* below. Assistance using an OPTN approved electronic method is permitted.

Table 14.11: Pre-Recovery Verification Requirements

The recovery hospital must verify <i>all</i> of the following information:	Using at least <i>one</i> of these sources:
Donor ID	<ul style="list-style-type: none"> • Donor identification band
Organ type and laterality (if applicable)	<ul style="list-style-type: none"> • OPTN computer system

Donor blood type and subtype (if used for ensuring transplant compatibility or allocation)	<ul style="list-style-type: none"> • Donor blood type and subtype source documents
Intended recipient unique identifier	<ul style="list-style-type: none"> • Recipient medical record • OPTN computer system
Intended recipient blood type	<ul style="list-style-type: none"> • Recipient medical record • OPTN computer system
Donor and intended recipient are blood type compatible (or intended incompatible).	<ul style="list-style-type: none"> • OPTN computer system • Recipient medical record • Attestation following verification of donor and recipient blood types
Correct donor organ has been identified for the correct intended recipient	<ul style="list-style-type: none"> • Donor medical record • OPTN computer system

The recovery hospital must document that the verification was completed according to the hospital's protocol and the above requirements.

14.9 Living Donor Organ Check-In

Transplant hospitals must perform organ check-ins as required by *Policy 5.7: Organ Check-In*.

14.10 Living Donor Pre-Transplant Verification

Transplant hospitals must perform pre-transplant verifications as required by *Policy 5.8: Pre-Transplant Verification*.