



RESEARCH DONOR INFORMATION FORM

LNH Donor ID#: _____ **UNOS ID #** _____
Primary COD: _____ **Date and Time of Death or Cross Clamp:** _____
Post Mortem Interval (Time from Death to Preservation): Hr: _____ Min: _____
Non-Clinical Tissue Collected: _____

Age: _____
Sex: _____
Height: _____
Weight: _____
BMI: _____
Race: _____

Medical History

Heart/ Vascular Disorders: _____
Lung Disorders: _____
Liver Disorders: _____
Kidney/ Urinary Disorders: _____
Neurological Disorders: _____
Digestive Disorders: _____
Bone Disorders: _____
Surgical Procedures: _____
Other (Cancer, Infections, etc): _____
Medications: _____

SEROLOGY RESULTS

HBsAg: _____
Total HepB Core Ab: _____
HCV: _____
HIV 1&2: _____
RPR: _____
HIV/HCV/HBV NAT: _____

Recovery Office: _____

Team Leader: _____

Date: _____