

**UCSF Department of Surgery
Division of Transplant
First Assist Donor Procurement Documentation Form**

Complete information below and/or place a Donor Patient Label from Autotransfusion.

Date of Procurement (MM/DD/YYYY)

Donor UNOS Number: Location of Procurement

Organs Procured: Liver Kidneys Pancreas

I assisted the attending/fellow on the organ donor procurement listed above.

First Assistant:

(Name)

(MD #)

(Signature)

The first assist listed above was present and assisted me during the above donor procurement.

Transplant Attending/Fellow:

(Name)

(UCSF MD #)

(Signature)

Chris Freise, MD
Interim Chief, Division of Transplant

Date

Please return signed form by e-mail*, fax, or mail to:

Beth Chapman
Division of Transplant
Box 0780, 505 Parnassus Ave., M896
San Francisco, CA 94143-0780
Phone: 415-353-9594
Fax: 415-353-8709
Lilibeth.Chapman@ucsf.edu

* If sending invoice by e-mail, please include all acknowledgements on the same e-mail thread by sending the attachment to the Fellow, who will forward the e-mail with attachment to Beth, who will then prepare the necessary audits and submit to Dr. Freise. Thank you.
