**Organ Retrieval Theatre Booking Form**

To be completed in conjunction with the Specialist Nurse in Organ Donation (SNOD)

**Patient Details**

Or place sticker here

Patient Name:

CHI:

Location of patient:

Date theatreinformed:

**Type of Organ Retrieval**

DBD DCD NRP DCD

**Organs to be retrieved**

Kidney(s) Pancreas Liver

Heart\* Lungs\* Small bowel

**Special Nurse in Organ Donation (SNOD)**

Name:

Contact number:

Date and time on-call till:

Who is taking over and when:

**Timings**

Date of retrieval:

Ideal time theatre required from (for set up, including NRP):

Anticipated retrieval start time:

Where will withdrawal of treatment occur? **ITUAnaesthetic room**

\*Cardiothoracic retrieval teamarrivaltime if applicable:

Any additional information: