GUIDANCE DOCUMENT

AATB Tissue Donor Physical Assessment Form
(RE: Section NT-D3.210 Physical Assessment)
### Identification:

**Name on Document of Gift/Authorization:** __________________________

Donor ID: ______________

Manner identified by:

- [ ] ID Band
- [ ] Body/Toe Tag
- [ ] Other (describe): __________________________

**Identification Band/Tag:**

ID re-created: 

Or:

- [ ] N/A Photo taken/saved
- [ ] N/A ID not present

The body’s physical characteristics (e.g., age, gender, race, height, weight, signs associated with the cause of death, or information on the DRAI form) are consistent with available relevant medical records, and the identification is consistent with other documents.

- [ ] Yes
- [ ] No

If answered “NO,” contact appropriate management for guidance before proceeding with recovery.

**Personnel verifying donor ID:** __________________________

**Date/Time:** __________ / __________

### General Appearance/Evidence of Donation:

**Height:** ________ in

**Weight:** ________ lbs

**Ocular Donation:**

- [ ] No
- [ ] Yes

  If “Yes,”

- [ ] corneas only
- [ ] whole eyes

**Organ Donation:**

- [ ] No
- [ ] Yes

**Tissue Donation:**

- [ ] No
- [ ] Yes
Tissue Donor Physical Assessment Schematic

Recovery Agency ID: ___________________________

Key to Schematic:

(A) Abrasion
(B) Bruise/Contusion/Hematoma
(E) ET tube/NG tube
(F) Fracture/Dislocation
(H) Skin Tag(s)
(I) ID Band/Tag
(J) Laceration/Wound
(K) Autopsy Incision
(N) Body piercing – requires description
(O) Urethral catheter

(P) Skin lesion – requires description
(Q) Scar (surgical/trauma)
(R) Rash
(S) Ocular Donation
(T) Tattoo
(U) Stretch mark(s)
(V) Mole
(Z) ___________________________
(AA) ___________________________

Check if no observations noted

Physical Assessment performed by: ___________________________ Date/Time: ________ / ________
Tissue Donor Physical Assessment Summary

Recovery Agency ID #: _____________________

Notes:
_____________________________________________________________________________________________________________________________
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Personal effects with body:  ❑ Yes  ❑ No

Summary:
A review of available relevant medical/social history and physical assessment findings were completed prior to recovery and found to be:  ❑ acceptable  ❑ not acceptable

____________________________________________   /__________________________________
Responsible Person                                      Date/Time