

GUIDANCE DOCUMENT

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

**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

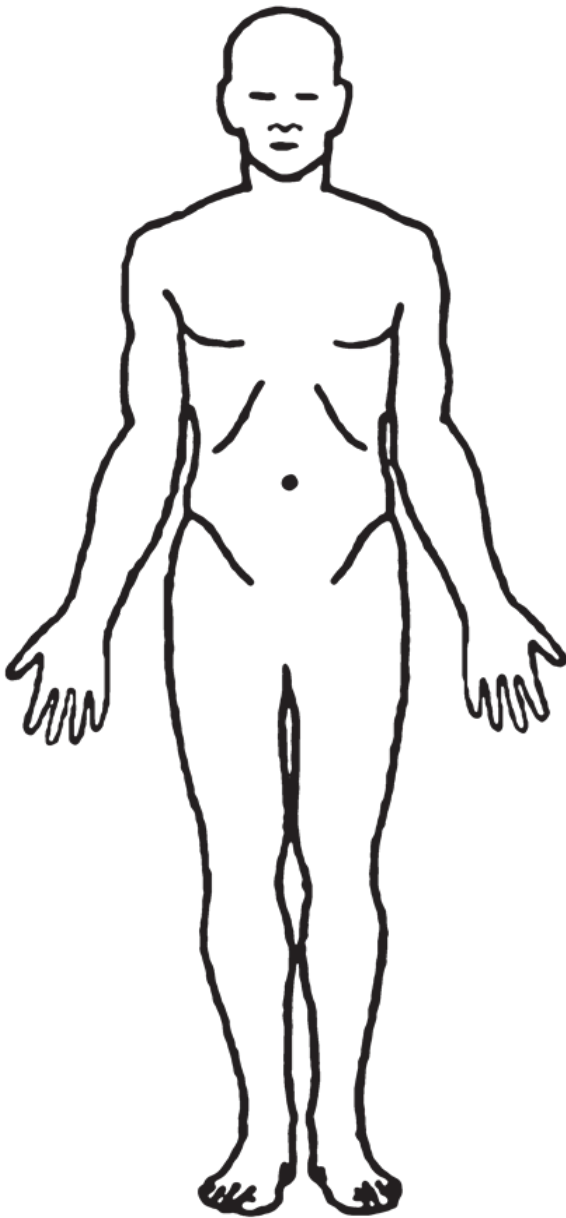
Ocular Donation: No Yes If "Yes," corneas only whole eyes

Organ Donation: No Yes

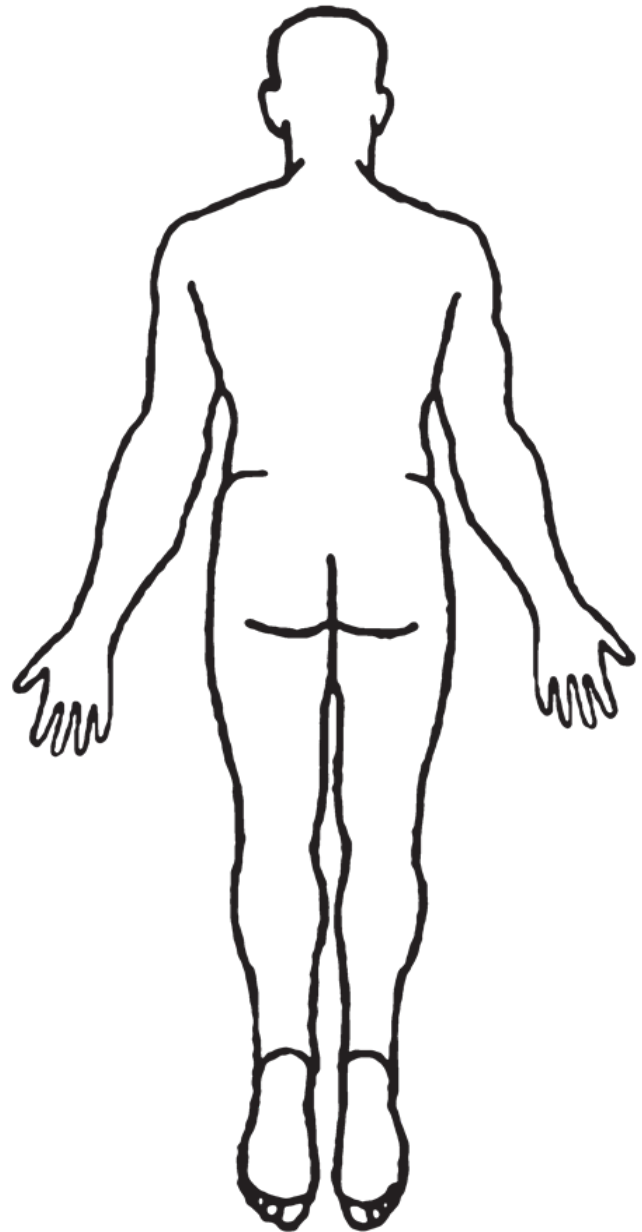
Tissue Donation: No Yes

Tissue Donor Physical Assessment Schematic

Recovery Agency ID: _____



Check if no observations noted



Check if no observations noted

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) _____

Physical Assessment performed by: _____ **Date/Time:** _____ / _____

Tissue Donor Physical Assessment Summary

Recovery Agency ID #: _____

Notes:

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