

## 2.0 MINIMUM PROCUREMENT STANDARDS FOR AN ORGAN PROCUREMENT ORGANIZATION (OPO)

The following policies provide the minimum procurement standards for an Organ Procurement Organization (OPO).

**2.1 HOST OPO.** The Organ Procurement Organization (OPO) responding to an organ donor call from a hospital is the "Host OPO" for that particular donor. The Host OPO is responsible for identifying, evaluating and maintaining the donor, obtaining consent for the removal of organ; verifying pronouncement of death and organ allocation. Additionally, the Host OPO is responsible for ensuring that tissue typing information about the donor is entered into the UNOS computer and that the approved UNOS organ allocation computer program is executed for each donor organ. Every reasonable attempt shall be made to obtain a social history from and not restricted to the person granting permission for organ donation. The Host OPO is responsible for organ procurement quality including appropriate preservation, and packaging of the organs, and assurance that adequate tissue typing material is procured, divided, and packaged. The Host OPO is responsible for ensuring that written documentation of donor evaluation, donor maintenance, consent for donation, death pronouncement, and organ procurement quality accompanies the organ as described in Policy 5.0 (Standardized Packaging and Transporting of Organs and Tissue Typing Materials).

**2.2 EVALUATION OF POTENTIAL DONORS.** When available, the Host OPO shall perform the following evaluations and provide this information to the OPO or transplant center. The transplant center will make the clinical decision whether to accept or reject the organ based on the available data or the need for additional information:

**2.2.1** Verifying that death has been pronounced according to applicable laws pertaining to organ donation;

**2.2.2** Determining whether there are conditions which may influence donor acceptance.

**2.2.3** Obtaining the donor's history.

**2.2.4** Reviewing the donor's medical chart.

**2.2.5** Performing a physical examination of the donor.

**2.2.6** Obtaining the donor's vital signs.

**2.2.7** Performing pertinent tests including:

**2.2.7.1 For all potential donors:**

- CBC;
- Electrolytes;
- ABO typing;
- Hepatitis screen; including HBsAg, HBcAb, and Anti-HCV;
- VDRL or RPR;
- FDA licensed Anti-HIV I/II;
- Anti-HTLV I/II;
- Anti-CMV;
- Blood and urine cultures if the donor is hospitalized 72 hours or longer; and
- Chest x-ray.

Upon request, the OPO will provide a donor blood sample for EBV testing (blue top tube) to each transplant program receiving the organ(s).

**2.2.7.2 For potential renal donors:**

- Urinalysis;
- Creatinine; and
- B.U.N.

**2.2.7.3 For potential liver donors:**

- AST
- ALT
- Alkaline phosphatase
- GGT
- Total bilirubin;
- Direct bilirubin (if requested);
- INR (PT if INR not available);
- PTT; and
- Blood group subtyping of ABO=A donors.

**2.2.7.4 For potential heart donors:**

- 12 Lead ECG;
- Cardiology consult and/or echocardiogram; and
- Blood gases.

**2.2.7.5 For potential pancreas donors:**

- Serum amylase;
- Serum lipase (if requested); and
- Glucose.

**2.2.7.6 For potential lung donors:**

- Blood gases, and
- Sputum gram stain.

**2.3 DONOR MAINTENANCE.** The Host OPO must ensure that the donor is maintained as follows:

**2.3.1** Blood pressure is adequate to maintain perfusion of vital organs;

**2.3.2** Vital signs are monitored and documented;

**2.3.3** I.V. therapy or drugs are administered as required (i.e. vasopressors, vasodilators; etc.).

**2.3.4** Antibiotic therapy is administered as required; and

**2.3.5** Intake and output are documented.

**2.4 OBTAINING CONSENT.** The Host OPO must provide evidence of consent for donation according to applicable legal authority.

**2.5 ORGAN PROCUREMENT QUALITY.** Minimum standards of quality shall include documentation of the following:

**2.5.1** Final urinalysis;

**2.5.2** Monitoring and recording of blood pressure and temperature;

- 2.5.3 Use of standard surgical techniques in a sterile operating environment;
- 2.5.4 Maintenance of flush solutions and preservation media at appropriate temperatures and recording of flush solutions and additives;
- 2.5.5 Each OPO, with their respective histocompatibility laboratories, will establish minimum written requirements for tissue typing material required to generate match runs for local or regional placement of all organs. Organ procurement organizations will establish minimum requirements for tissue typing material required for local disposition of livers, hearts and lungs. In view of the frequent need for regional shipment of pancreas and kidney allografts, however, sufficient specimens for several crossmatches are required. Minimal typing material to be obtained for EACH kidney and pancreas will include the following:
- One 7 to 10ml. clot (red topped) tubes, plus
  - 2 ACD (Yellow top) tubes
  - 3 to 5 lymph nodes
  - One 2 X 4 cm. wedge of spleen in culture medium, if available.
- 2.5.6 Proper packaging of organs for transport (see OPTN Policy 5.0); and
- 2.5.7 Proper packaging of all paperwork containing complete donor information to accompany organ to recipient institution.
- 2.5.7.1 Written documentation accompanying each organ must include:
- Donor evaluation;
  - Complete record of donor maintenance;
  - Documentation of consent; and
  - Documentation of organ quality.
- 2.5.8 The Host OPO is responsible for ensuring that the donor medications are given at appropriate times and that medication administration, including flush solutions and additives, is duly recorded during the retrieval process. Complete information must be maintained by the Host OPO on any and all organs recovered, and must include any abnormal anatomy found during the retrieval process. The Host OPO is responsible for ensuring that non-local procurement teams have appropriate transportation to and from the local airport.
- 2.6 **INITIATING ORGAN PROCUREMENT AND PLACEMENT.** In order to maximize the number of transplantable donor organs; tissue typing and crossmatching of an organ donor shall commence as soon as possible, ideally pre-procurement. Tissue typing is initiated only after the consent of either the donor by previous designation or the next of kin.
- 2.6.1 Notification of Donor Blood Type. Before kidneys are procured from a donor the Host OPO shall inform the UNOS Organ Center of the donor's ABO blood type.
- 2.7 **REMOVAL OF NON-RENAL ORGANS.** When a non-renal organ is offered for transplantation, the recipient center procurement team must be given the option of removing the non-renal organ unless extenuating circumstances dictate otherwise. Cases in which this option is not given to the recipient transplant team must be reported in writing by the Host OPO and recipient transplant center to the appropriate organ-specific OPTN committee. This policy also applies to non-renal organs from controlled donation after cardiac death (DCD) donors.
- 2.7.1 **Multiple Abdominal Organ Procurement.** Both the liver and pancreas are to be

procured from a donor if each is transplantable. If, for anatomical reasons, both the liver and pancreas cannot be procured, liver procurement is of higher priority. If a liver team offered the opportunity to procure and/or transplant a liver does not agree to also allow pancreas procurement (at the time the organ is offered), the liver offer may be withdrawn from that team's center and made to the center with the patient of next highest priority. Cooperation between liver and pancreas teams is expected.

- 2.8 MULTI-CULTURAL AND DIVERSITY ISSUES.** Each OPO must develop and implement a plan to address a diverse population related to organ donation.