

**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

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

First Assistant:

(Name)

(MD #)

(Signature)

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

Transplant Attending/Fellow:

(Name)

(UCSF MD #)

(Signature)

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John P. Roberts, MD  
Chief, Division of Transplant

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Date

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

Kamho Lee  
Division of Transplant  
Box 0780, 505 Parnassus Ave., M896  
San Francisco, CA 94143-0780  
Phone: 415-353-1713  
Fax: 415-353-8709  
Kamho.lee@ucsfmedctr.org

\* 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 Kamho, who will then prepare the necessary audits and submit to Dr. Roberts. Thank you.

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