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Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist- Final

| Name of the Facility: | |
|-----------------------|--|
| Date of Inspection:// | |

| Ref. | Description | Yes | No | N/A | Remarks | | | | |
|--------|---|-----|----|-----|---------|--|--|--|--|
| 5 | STANDARD ONE: HEALTH FACILITY REQUIREMENTS | | | | | | | | |
| | The HF providing ICU services should have internal | | | | | | | | |
| 5.2. | policies and procedures in place, to cover all relevant | | | | | | | | |
| | donation steps which should include but not limited to: | | | | | | | | |
| 5.2.1. | Donor identification and referral information (Appendix | | | | | | | | |
| 3.2.1. | 4); | | | | | | | | |
| 5.2.2. | Donor evaluation; | | | | | | | | |
| 5.2.3. | Donor maintenance; | | | | | | | | |
| 5.2.4. | Death declaration; | | | | | | | | |
| 5.2.5. | Family approach; | | | | | | | | |
| 5.2.6. | Operating theatre procedures; | | | | | | | | |
| | Communication between ICU professionals, organ | | | | | | | | |
| 5.2.7. | donation unit, and the National Center for Donation and | | | | | | | | |
| | Transplant (NCDT); and | | | | | | | | |
| 5.2.8. | Organ packaging and transportation (if applicable). | | | | | | | | |
| 5.3. | The HF providing ICU services should have an Organ | | | | | | | | |
| 5.5. | Donation Unit (ODU). | | | | | | | | |

| Checklist | ID | lssue# | Issue Date | Revision Date | Page# |
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| Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist- Final | CP_9.6.01_F37 | 2 | Jul 10 ,2023 | Jul 10,2026 | 1/1 |