

Organ Transport Cold Chain Checklist

Transport Information

| | | | |
|------------|--|--------------|--|
| Date | | Time | |
| Organ Type | | Transport ID | |
| From | | To | |

Packaging Checklist

| Item | Checked | Notes |
|---|---------|-------|
| Primary Leak-proof Bag/Container | | |
| Secondary Waterproof Container | | |
| Third Outer Box (Rigid) | | |
| Seal Intact (All Layers) | | |
| Absorbent Material Present | | |
| Ice Packs/Cooling Elements Sufficient | | |
| Temperature Logger Placed | | |
| Clear Labelling (Organ, Date/Time, Contact) | | |

Cold Chain Maintenance

| Step | Checked | Notes |
|-------------------------------------|---------|-------|
| Temperature on Packing | | |
| Temperature During Transit | | |
| Temperature on Arrival | | |
| Continuous Monitoring/Logger Review | | |

Handover / Receiving Checklist

| Step | Checked | Notes |
|--------------------------------|---------|-------|
| Condition of Package Verified | | |
| Temperature Range Maintained | | |
| Correct Documentation Included | | |
| Recipient Signature & Time | | |

Additional Notes