Patient Name: TEST CRMC TEST PLEASE IGNORE

ABO: -----

UNOS #: ------Tissue#: -----

†: ------ 12667 Alcosta Blvd, Suite 500 San Ramon, CA 94583 US 925-480-3100

Donor Network West

Referral#: 18-08331

HEMODYNAMICS/TEMP

Summary of Hemodynamic	s/Temperat	ure Events	from Commenceme	nt of Treatment to Start	of OPO Management		
Lowest Blood Pressure:	/		Date-Time:	//	Duration:	-	
Highest Blood Pressure:	/		Date-Time:	//	Duration:		
Lowest Heart Rate:	/min		Date-Time:	//	Duration:		
Highest Heart Rate:	/min		Date-Time:	//	Duration:		
Lowest Temperature:			Date-Time:	//	Duration:		
Highest Temperature:			Date-Time:	//	Duration:		

Date Generated: iTx Version #: Last Updated: 07/30/2018 14:33 PDT 2018.1.1.1

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Hemodynamics/Temp

Staff Completing:

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