

Patient Name: TEST CRMC TEST PLEASE IGNORE
ABO: -----

UNOS #: -----
Tissue#: -----
Referral#: 18-08331

Donor Network West
12667 Alcosta Blvd, Suite 500
San Ramon, CA 94583 US 925-480-3100

HEMODYNAMICS/TEMP

Summary of Hemodynamics/Temperature Events from Commencement 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: | -- | -- |
