Trillium Gift of Life Network

TRILLIUM GIFT OF LIFE NETWORK
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CTO # 100062

TRANSPLANT PROGRAM – SUSPECTED DONOR RELATED ADVERSE REACTION REPORT

Date: _____

In the event an adverse reaction occurs in your transplant recipient, which possibly could be attributed to the deceased donor, please complete this form and return it to TGLN.

Rationale: TGLN as the source establishment is required to report adverse reactions which have the possibility of being deceased donor related. By reporting these adverse reactions to TGLN, we will be able to follow-up with other transplant programs to determine if the adverse reaction has occurred in another recipient or prevent it from occurring if it is donor related.

An adverse reaction is defined as an undesirable response in a tissue, organ, or composite tissue recipient, including transmission of disease or disease agent, requires in-patient hospitalization or prolongation of existing hospitalization, results in persistent or significant disability or incapacity, is life-threatening or results in death.

Step 1: Reporter Information

Name of Transplant Program: _____

Reporter's Name: _____

Reporter's Phone Number/Email Address: _____

Reporter's Qualification: ☐ Physician ☐ Nurse ☐ Other (specify): _____

Step 2: Identification of a reportable suspected adverse reactions (check all that apply)

☐ Death:_____(YYYY-MM-DD)

☐ Life-threatening Condition

☐ Cause/Prolonged hospitalization

☐ Disabling/Incapacitating

☐ Congenital anomaly in donor organ

☐ Cancer (Type): _____

☐ Other medially important condition (specify): _____

Describe the reaction:

Step 3: Recipient Information

Recipient Name: _____

TGLN Recipient Number: _____

Step 4: Contact TGLN

Please email this form to TGLN Quality at Quality@giftoflife.on.ca. If there are any concerns, you will be contacted by the Quality Department within 2 business days.