







**Trillium Gift of Life Network**

483 Bay Street South tower, 4th Floor Toronto, Ontario M5G2C9 Telephone (24/7): 1.877.363.8456 Facsimile: 1.866.557.6100

**Tissue Accepted**

Eyes:  Yes  No Corneas:  Yes  No Purpose:  Transplant  Medical Education  Research  
 If not accepted, reason: \_\_\_\_\_

Heart Valves:  Yes  No If not accepted, reason: \_\_\_\_\_

Skin:  Yes  No If not accepted, reason: \_\_\_\_\_

Bones:  Yes  No If not accepted, reason: \_\_\_\_\_

**Case Follow Up Report**

Recovery Complete Notification: Eyes: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Multi-tissue: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time  
Date Time Date Time

Body Release: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time by: \_\_\_\_\_ with: \_\_\_\_\_  
Date Time Coordinator Name Name Hospital Staff / Department

If Coroner Case: Coroner's office notified of recovery completion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Coordinator Name  
Date Time Coordinator Name

Confirmed:  Autopsy  No Autopsy

Important issues, learning opportunities and follow-up: \_\_\_\_\_ or  N/A

**Missed Tissue Opportunity**

Eyes  No  Yes  
 Heart Valves  No  Yes  
 Skin  No  Yes  
 Bones  No  Yes

**If Yes:** Family notified  yes via phone or  no after several documented attempts  
 yes via letter

Incident report completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
dd mm yyyy