



DONOR EXCLUSION CRITERIA PROGRAM SPECIFIC CHANGE REQUEST

Transplant programs are to complete this form to notify the Provincial Resource Centre (PRC) of any changes to transplant site specific donor exclusion criteria. Once the document is received, the PRC will update the transplant site specific exclusions section of the relevant Donor Exclusion Criteria document and make offers accordingly.

Please complete this form and send the request to ClinicalServices@GiftofLife.on.ca. Please note that all change requests must be confirmed and signed by the transplant centre medical director.

Date:

Transplant Hospital: [Click to choose one](#)

Person Submitting Request:

Contact #:

Change applicable to the following donor organ:

- | | | | |
|---------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Kidney/Pancreas | <input type="checkbox"/> Liver | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Small Bowel | <input type="checkbox"/> All Organs | <input type="checkbox"/> Other, specify: |

Type of Change required:

TRANSPLANT CENTRE MEDICAL DIRECTOR

I am confirming that the requested change is accurate:

Name: _____

Signature: _____