



Donor Information		
Name:	DOB (DD/MM/YY):	TGLN #:
<input type="checkbox"/> Consent Obtained for Donation	Next of Kin providing consent:	Relation to Donor:
<input type="checkbox"/> Section Not Applicable to Case		

Coroner/Forensic Pathology Information	
Investigating Coroner:	Regional Supervising Coroner:
Post-Mortem Examination Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Forensic Pathologist:
Authorization for Donation Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorization requested by: <input type="checkbox"/> Phone <input type="checkbox"/> In-Person (Coroner Signature if requested in person): _____
<input type="checkbox"/> Section Not Applicable to Case	

Police Investigation Information	
Is there an anticipated police seal?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who will be authorized to break the seal?: <input type="checkbox"/> Coroner/Forensic Pathologist <input type="checkbox"/> Police
Police Contact Information: <input type="checkbox"/> N/A	<input type="checkbox"/> Other
Service:	Contact Info:
Permission to break seal granted: <input type="checkbox"/> Yes If yes, by whom: <input type="checkbox"/> No	
<input type="checkbox"/> Section Not Applicable to Case	

Coroner (Nurse) Investigator Information	
Coroner Investigator:	Telephone:

NOTE: Please call Dispatch at 416-314-4100 to speak with the above personnel.

Type of Donation: Please initial box(s) to indicate which organs/tissue have been authorized or not for procurement

<input type="checkbox"/> Section Not Applicable to Case							
Authorization	Heart	Lungs	Liver	Kidneys	Pancreas	Small bowel/stomach	Other
Yes							
No							
<i>Special Instructions:</i>							

<input type="checkbox"/> Section Not Applicable to Case					
Authorization	Eyes	Bone	Skin	Heart Valves	Other
Yes					
No					
<i>Special Instructions:</i>					

<input type="checkbox"/> Section Not Applicable to Case						
Authorization	Hand		Hand/Forearm/Shoulder		Face and underlying structures	Other
Yes	R	L	R	L		
No	R	L	R	L		
<i>Special Instructions:</i>						

Ontario Health (Trillium Gift of Life Network [TGLN]):

Ontario Health (TGLN) Coordinator's Name: _____ Signature: _____ Date (DD/MM/YY): _____

This form must be faxed to 416-314-0888 or emailed to OCCDispatchers@ontario.ca via SFTP based on the following scenarios (all those that apply):

- 1) All consented cases with a post-mortem examination
- 2) All Coroner's cases consented for organ and/or tissue donation
- 3) Any case being recovered in the Tissue Recovery Suite