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### ORGAN RECOVERY PERSONNEL CERTIFICATION FORM

TO: Trillium Gift of Life Network

FROM: [Name of Hospital]

RE: Quality Assurance for Members of the Organ Recovery Team

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Attached is the transplant program's updated list of staff physicians and fellows participating in the recovery of organs on behalf of the Hospital from time to time.

As the Medical Director of the Transplant Program, I certify that each of these physicians:

- has been granted privileges at the Hospital in accordance with the Hospital's process under its by-laws; and
- has privileges at the Hospital on this date that are in good standing (i.e., no restrictions).

Furthermore, I will provide TGLN with any additions to or deletions from this list in a timely manner. I will remove from the list any physician who ceases to meet these qualifications or those established by Accreditation Canada, and I will notify TGLN in a timely manner.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name:

Title:

Note: Attached list must contain the following information:

- First and last name
- Title/role
- Hospital base
- CPSO number (if applicable)
- CMPA membership
- Expiry date of team participation, if any
- Name of physician certifying credentials
- Name of organ(s) speciality

### LIST OF AUTHOURIZED RECOVERY PERSONNEL



