TRILLIUM GIFT OF LIFE NETWORK
483 Bay Street South Tower, 4th Floor Toronto, Ontario M5G 2C9
Telephone (24/7): 1.877.363.8456
Facsimile: 1.866.557.6100

Recovered Bone Tissue Package Insert - NOT SUITABLE FOR TRANSPLANT IN CURRENT FORM

This box contains quarantine donated human tissue for transplant. Donor eligibility has not been completed.

Recovery Information

TGLN Donor ID#_____ Receiving Tissue Bank Donor ID#: _____

Source Establishment (Relevant Tissue Bank) Name/Address/Tel:

_____

Retrieval Establishment (Recovery Location) Name/Address/Tel:

_____

Death (☐Asystole/☐Aortic Clamping/☐LSA): Date (dd/mm/yy) _____ Time: _____ ET

Initial Preparation: Date (dd/mm/yy)_ _____ Time: _____ ET

First Incision: Date (dd/mm/yy) _____ Time: _____ ET

Last Tissue on Ice: Date (dd/mm/yy)_____ Time:_____ET

Tissue Shipped	L	R	Received L	Received R
Humerus	☐	☐		
Fascia	☐	☐		
Gracilis	☐	☐		
Semitendinosus	☐	☐		
Tibialis, Anterior	☐	☐		
Tibialis, Posterior	☐	☐		
Peroneus Longus	☐	☐		
Tibia ☐ W ☐ P ☐ D	☐	☐		
Fibula ☐ W ☐ P ☐ D	☐	☐		
Achilles	☐	☐		
Femur ☐ W ☐ P ☐ D	☐	☐		
☐ Hemipelvis ☐ Ilium ☐ Iliac Crest	☐	☐		
Radius:	☐	☐		
Ulna:	☐	☐		
Peroneus Brevis:	☐	☐		
Other:	☐	☐		

Storage Solution:
❑ Ringer's Lactate with Cefazolin and Bacitracin
❑ Other: _____
❑ N/A

Comments:

_____

Shipping Information (TGLN Use)

I hereby verify that I packaged the donor according to TGLN CPIs for consent, screening and recovery of deceased donor tissue.

Print Name: _____

Packaged Date (DD/MM/YY): _____

Packaged Time: _____ ET

Courier: _____ Weight of Wet Ice : _____ lb

For Receiving Tissue Bank Use ONLY : Receiving Information

Date Received (dd/mm/yy): _____

Shipment Opened: By _____ Date _____ Time _____

1. Was the shipment delivered before package expiration?
   ❑YES ❑ NO
2. Was wet ice present upon opening?
   ❑YES ❑ NO
   If No, Temperature of contents _____°C, Thermometer ID _____
3. Shipment Acceptable? (Acceptable temperatures are (≥ 0°C) to ≤ 10°C for MS tissue for up to 72 hours)
   ❑ YES ❑ NO Initial _____

For Receiving Tissue Bank Use ONLY

ID Verification: The Donor ID of each tissue was verified to match the Donor ID at the top of this form. Initial _____

Storage: Fridge / Freezer ID _____ Shelf _____ Date/Time Placed in Freezer _____ Initial _____