

Recovered Cardiovascular 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 (<input type="checkbox"/> Asystole/ <input type="checkbox"/> Aortic Clamping/ <input type="checkbox"/> LSA): Date (dd/mm/yy) _____ Time: _____ ET		
Initial Preparation: Date (dd/mm/yy) _____ Time: _____ ET		
First Incision: Date (dd/mm/yy) _____ Time: _____ ET		
Exposure to Cold Rinse Solution: Date (dd/mm/yy) _____ Time: _____ ET		
Last Tissue on Ice: Date (dd/mm/yy) _____ Time: _____ ET		
Tissue Shipped	Shipped	Received
Heart for Valves	<input type="checkbox"/>	
Pericardium	<input type="checkbox"/>	
Descending Aorta	<input type="checkbox"/>	
Storage Solution: <input type="checkbox"/> 0.9% Saline <input type="checkbox"/> Other: _____		
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 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Was wet ice present upon opening? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, Temperature of contents _____ °C, Thermometer ID _____		
3. Shipment Acceptable? (Acceptable temperatures are >0 to 10°C for fresh tissue for up to 72 hours) <input type="checkbox"/> YES <input type="checkbox"/> 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 ID _____ Date/Time Placed in Fridge _____ Initial _____		