

**Recovered Skin Tissue Package Insert (RegenMed) - 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: RegenMed 290 Munro Street, Suite 2000, Thunder Bay, ON P7A7T1 1-807-346-2265		
Retrieval Establishment (Recovery Location) Name/Address/Tel: Choose an item.		
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		
Last Tissue on Wet Ice: Date (dd/mm/yy) _____ Time: _____ ET		
Tissue Shipped	Shipped (v)	Tissue Bank Use Received (v)
Posterior Skin Trunk	<input type="checkbox"/>	<input type="checkbox"/>
Posterior Skin Legs	<input type="checkbox"/>	<input type="checkbox"/>
Anterior Skin Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Anterior Skin Legs	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storage Solution:</b> <input type="checkbox"/> Tis-U-Sol <input type="checkbox"/> Other: _____ <b>Comments:</b> _____ _____		
Shipping Information (TGLN Use)		
I hereby verify that I packaged the donor tissue 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		
Courier: _____		
For Receiving Tissue Bank Use ONLY : Receiving Information		
Date Received (dd/mm/yy): _____ Time: _____		
_____ ET Shipment Opened By: _____		
1. Is a zip-tie seal present on the transport cooler? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Is wet ice present upon receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. The TGLN Donor ID # on each tissue container matches the TGLN Donor ID # on all documentation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Tissue jars double bagged and sealed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. Tis-U-Sol storage solution in jars covers skin? <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. Tissue refrigerated on receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. Transmissible disease samples received? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Storage: Fridge/Freezer ID _____ Shelf _____ Date/Time placed in Freezer _____		
Initial: _____		