Ontario 😵

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 Ocular 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.

This box contains q			Recovery Infor	mation			
TGLN Donor ID#			Receiving Tissue Bank Donor ID#:		:		
Donor Name: Surname			First Name	DOB:	=/	/	
Source Establishment (F	Relevant Tiss	ue Bank) Name/	Address/Tel: Ey	e Bank of Canad	a 340 Colleg	e Street Suite I	B100,
Toronto, Ontario M5T					_		
Retrieval Establishment	(Recovery L	ocation) Name/	Address/Tel:				
	ortic Clamp	ing/□LSA): Da	te (dd/mm/yy) _		Time:	ET	
Blood Draw: Date (dd/n	nm/yy)	ī	Time: E	T If postmorter	m, collection:	□ ≤ 21.5hrs or	r □ >21.5hrs
Eye Recovery Completed: Date (dd/mm/yy)						Qualifies	Does Not Qualify
Right Side Recovered By							
Left Side Recovered By							
Left Side Necovered by	(ii dinerent	tilali ligittj					
Tissue Shipped	Shipped	Tissue Bank Use Received			formation (T	-	
Tissue Shipped	Shipped (√)			at I packaged the	donor tissue a	ccording to TGLI	N CPIs for
Tissue Shipped Right, Whole Globe		Received	consent, screenir	at I packaged the	donor tissue a f deceased dor	ccording to TGLI	
	(√)	Received	consent, screenii Print Name:	at I packaged the	donor tissue a f deceased dor	ccording to TGLI	
Right, Whole Globe	(v)	Received	consent, screenii Print Name:	at I packaged the	donor tissue a f deceased dor	ccording to TGLI	
Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea	(v)	Received	consent, screenii Print Name: Packaged Date ([at I packaged the	donor tissue a f deceased dor	ccording to TGLI	
Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution	(v)	Received	consent, screenii Print Name: Packaged Date (I Packaged Time: _	at I packaged the ng and recovery o	donor tissue a f deceased dor	of Wet Ice:	
Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution	(v)	Received	consent, screenii Print Name: Packaged Date (I Packaged Time: _	at I packaged the ng and recovery of DD/MM/YY):	donor tissue a f deceased dor	of Wet Ice:	
Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution Saline Optisol	(v)	Received	consent, screenii Print Name: Packaged Date (I Packaged Time: _	at I packaged the ng and recovery of DD/MM/YY):	donor tissue a f deceased dor	of Wet Ice:	
Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution	(v)	Received	consent, screenii Print Name: Packaged Date (I Packaged Time: _	at I packaged the ng and recovery of DD/MM/YY):	donor tissue a f deceased dor	of Wet Ice:	
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Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution Saline Optisol	(v)	Received	consent, screenii Print Name: Packaged Date (I Packaged Time: _	at I packaged the ng and recovery of DD/MM/YY):	donor tissue a f deceased dor	of Wet Ice:	
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