



**PARATHYROID
OPERATING ROOM DATA**

TRILLIUM GIFT OF LIFE
 483 Bay Street South Tower, 4th Floor
 Toronto, Ontario M5G2C9
 Telephone (24/7): 1.877.363.8456
 Facsimile: 1.866.557.6100
 CTO # 100062

TRANSPLANT PROGRAMS:
TORONTO: RETURN TO ORIGINATING COOLER AND NOTIFY TGLN FOR COOLER PICK UP.
OUTSIDE TORONTO: FAX BOTH SIDES OF FORM TO TGLN @ 1-866-557-6100.
 CONTACT TGLN IF YOU HAVE ANY QUESTIONS

DONOR INFORMATION

DONOR TGLN #: _____ **DONOR CTD #:** _____ **RECOVERY SURGEON:** _____

DONOR AGE: ____ **DONOR ABO & Rh:** ____ **DONOR HT:** ____ cm **DONOR WT:** ____ kg **DONOR CMV (P/N):** ____

NDD SKIN CUT: DATE: _____ TIME: _____ EST

COLD STORAGE: DATE: _____ TIME: _____ EST

PARATHYROID DESCRIPTION:

RECIPIENT INFORMATION

RECIPIENT TGLN #: _____

RECIPIENT CTR #: _____

RECIPIENT HT: _____ cm **RECIPIENT WT:** _____ kg

RECIPIENT CMV (P/N): _____ **RECIPIENT ABO & Rh:** _____

RECIPIENT PRIMARY DISEASE: _____

TRANSPLANT HOSPITAL: _____

MRN #: _____

(May use hospital sticker or stamp if available)

RECIPIENT OR: PLEASE COMPLETE THIS BOX

TRANSPLANT SURGEON: _____

TRANSPLANT START: DATE: _____ TIME: _____ EST

*** REMOVED FROM COLD:** DATE: _____ TIME: _____ EST

RN:
 Please fill
 in these
 OR times.
 Thank
 you

- TGLN



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DONOR TGLN #: _____ **DONOR CTD #:** _____

CONFIRMATION OF DELIVERY

Exceptional Distribution: Y N

If Yes, reason: _____

Name of surgeon accepting: _____

Delivered by: _____ (Name – please print)

Date: _____ **Time:** _____ **EST**

Receiving Hospital: _____

Accepting Staff: _____ (Name – please print) **Signature:** _____

OTHER (please specify):

