Trillium Gift of Life Network

Trillium Gift of Life Network
483 Bay Street South Tower, 4th Floor
Toronto, Ontario M5G2C9

Tel: (416) 214-7808
Fax: (416) 214-7797
Web: www.giftoflife.on.ca

Request for ORNGE Flights

PLEASE FILL IN ALL FIELDS, THEN EMAIL DOCUMENT TO:
OH-TGLN_finanalyst@ontariohealth.ca

Keep a copy in TGLN Donor Chart

TGLN# _____ **Date of Transmission:** _____

FLIGHT 1

Transport Required: Date: _____ Time: : am / pm

Request Date: _____ Request Time: : am / pm

Date ORNGE provided details: _____ Confirmation Time: : am / pm

Service Provider: _____ Flight # _____ Tail # _____

Recovery team(s) on this flight: ☐ Toronto ☐ London ☐ Ottawa ☐ Hamilton ☐ N/A (Organ only)

Organ(s) Recovered	Recipient TGLN #	Transplant Centre	Ontario Resident	Comments
☐ Heart			☐ Yes ☐ No	
☐ Liver			☐ Yes ☐ No	
☐ Right Kidney			☐ Yes ☐ No	
☐ Left Kidney			☐ Yes ☐ No	
☐ Lungs			☐ Yes ☐ No	
☐ Pancreas			☐ Yes ☐ No	
☐ Upper Limb			☐ Yes ☐ No	

☐ Recommended Mode ☐ Exception Mode Reason: _____

FLIGHT 2

Transport Required: Date: _____ Time: : am / pm

Request Date: _____ Request Time: : am / pm

Date ORNGE provided details: _____ Confirmation Time: : am / pm

Service Provider: _____ Flight # _____ Tail # _____

Recovery team(s) on this flight: ☐ Toronto ☐ London ☐ Ottawa ☐ Hamilton ☐ N/A (Organ only)

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☐ Lungs			☐ Yes ☐ No	
☐ Pancreas			☐ Yes ☐ No	
☐ Upper Limb			☐ Yes ☐ No	

☐ Recommended Mode ☐ Exception Mode Reason: _____

Comments: _____

I am confirming that the information provided above is accurate and complete.

Data submitted by: _____ _____ _____ _____

Print Name *Signature* *Date* *Time*

Instructions: * E-mail to TGLN and keep a copy on file.