



**LIVER TRANSPLANT
OPERATING ROOM DATA**

TRILLIUM GIFT OF LIFE
483 Bay Street South Tower, 4th Floor Toronto, Ontario M5G 2C9
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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

LIVER: _____

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

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

NDD **CROSS CLAMP:** _____ **DATE:** _____ **TIME:** _____ **EST:** _____

DCD **START WIT (WLS):** _____ **DATE:** _____ **TIME:** _____ **EST** _____
FLUSH TIME (END WIT)/CROSS CLAMP TIME: _____ **DATE:** _____ **TIME:** _____ **EST** _____
TOTAL WIT: _____ **TIME:** _____ **(minutes)**

DONOR LIVER DESCRIPTION:

Vessels Enclosed: Y N

Normothermic Perfusion Pump: Y N

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 TYPE:	FULL GRAFT: <input type="checkbox"/>	SPLIT/CUTDOWN: <input type="checkbox"/>
* TRANSPLANT START:	DATE: _____	TIME: _____ EST
* PORTAL VIEN CROSS CLAMP:	DATE: _____	TIME: _____ EST
* REMOVED FROM COLD:	DATE: _____	TIME: _____ EST
* REMOVED FROM NORMOTHERMIC:	DATE: _____	TIME: _____ EST
PERFUSION PUMP		
* PORTAL VIEN CLAMP OFF:	DATE: _____	TIME: _____ EST
* HEPATIC ARTERY CLAMP OFF:	DATE: _____	TIME: _____ EST
Vessels Used (please identify): Y <input type="checkbox"/> N <input type="checkbox"/>		

RN:
Please fill
in these
OR times.
Thank
you

- TGLN

