

LIVER TRANSPLANT **OPERATING ROOM DATA**

TRILLIUM GIFT OF LIFE

483 Bay Street South Tower, 4th Floor Toronto, Ontario M5G 2C9 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	@ 1-866-55		CT TGLN IF YO	U HAVE ANY	QUESTIONS
DONOR INFORMATION				LIVER:		
DONOR TGLN #: DONO	DR CTD #: RECOVERY SURGEON:					
DONOR AGE: DONOR ABO & F	Rh: DONOR	HT: (cm DONOR WT: _	kg DONO F	R CMV (P/N)	:
NDD CROSS CLAMP:		DATE:	ті	ME:	EST	·:
DCD START WIT (WLS): FLUSH TIME (END WIT)/CRO	DSS CLAMP TIME:		TIN			
TOTAL WIT:		TIME:	(minutes	5)		
DONOR LIVER DESCRIPTION: Vessels Enclosed: Y N Normothermic Perfusion Pump: Y] n □					
RECIPIENT INFORMATION			Г			
RECIPIENT TGLN #:			MRN #:			
RECIPIENT HT: cm	RECIPIENT WT: _	P	g			
RECIPIENT CMV (P/N):	RECIPIENT ABO	& Rh:	(May use hosp	oital sticker or stan	np if available)	
RECIPIENT PRIMARY DISEASE:						
TRANSPLANT HOSPITAL:						
RECIPIENT OR: PLEASE COMPLET	E THIS BOX					1
TRANSPLANT TYPE:	FULL GRAFT:			UTDOWN:		DAL
* TRANSPLANT START:	DATE:					RN: Please fill
* PORTAL VIEN CROSS CLAMP:	DATE:					in these
* REMOVED FROM COLD:	DATE:					OR times.
* REMOVED FROM NORMOTHERMIC:	DATE:		IIME: _		EST	Thank
PERFUSION PUMP	DATE:		T18.4F		FOT	you
* PORTAL VIEN CLAMP OFF:	DATE:					- TGLN
* HEPATIC ARTERY CLAMP OFF:	DATE:		IIME: _		E91	- TOLIN
Vessels Used (please identify): Y	\mathbf{N}					



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CONTACT TGLN IF YOU HAVE ANY QUESTIONS

DONOR TGLN #:	DONOR CTD #:	LIVER	:
CONFIRMATION	OF DELIVERY		
Exceptional Distribution:	Y N		
f Yes, reason:			
Name of surgeon accepting:			
Delivered by:			(Name – please prir
Date:		Time:	EST
Receiving Hospital:	·		
Accepting Staff:	(Name – pleas	e print) Signature:	
SPLIT LIVER DE Liver split at:			
·	Surgeon:	Date:	Time:
Split portion received at:			
Transplant Program:	Accepting Staff:	(Name -	please print) Signature:
Date:	Time:		