



**LIVER / BOWEL TRANSPLANT  
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**

**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 / BOWEL DESCRIPTION:**

**Vessels Enclosed:** 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 START:         | DATE: _____ | TIME: _____ EST |
| * PORTAL VIEN CROSS CLAMP:  | DATE: _____ | TIME: _____ EST |
| * REMOVED FROM COLD:        | DATE: _____ | TIME: _____ EST |
| * PORTAL VIEN CLAMP OFF:    | DATE: _____ | TIME: _____ EST |
| * HEPATIC ARTERY CLAMP OFF: | DATE: _____ | TIME: _____ EST |

**Vessels Used (please identify):** Y  N

**RN:**  
Please fill  
in these  
OR times.  
Thank  
you

- TGLN

