

SMALL 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				
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:
•	IT)/CROSS CLAMP:	DATE:	TIME:	
TOTAL WIT:			(minutes)	
DONOR SMALL BOWEL DESCRIPTION:				
RECIPIENT INFORMATION MRN #:				
RECIPIENT TGLN #:				
RECIPIENT CTR #:				
RECIPIENT HT: cm RECIPIENT WT: kg				
RECIPIENT CMV (P/N):	RECIPIENT ABO	& Rh:		
RECIPIENT PRIMARY DISEASE:			(May use hospital sticker or stamp if available)	
TRANSPLANT HOSPITAL:				
RECIPIENT OR: PLEASE COMPLETE THIS BOX				
*TRANSPLANT START:	DATE:	TIM	IE:ES	T RN:
* Portal Vein Cross Clamp:	DATE:	TIM	IE:ES	Please fill T in these
* Removed From Cold:	 DATE:		 IE:ES	OR times.
* Portal Vein Clamp Off:	DATE:		IE:ES	Inank
•				' '
* Hepatic Art. Clamp Off:	DATE:	TIN	1E:ES	T - TGLN



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