



**KIDNEY 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

KIDNEY LEFT RIGHT BOTH

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: _____ **DATE:** _____ **TIME:** _____ **EST** _____

TOTAL WIT: _____ **TIME:** _____ **(minutes)**

DONOR KIDNEY(S) DESCRIPTION:

Vessels Enclosed: Y N

Kidney on 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: LEFT RIGHT BOTH

***TRANSPLANT START:** **DATE:** _____ **TIME:** _____ **EST** _____

L: **DATE:** _____ **TIME:** _____ **EST** _____

*** REMOVED FROM COLD:** **R:** **DATE:** _____ **TIME:** _____ **EST** _____

L: **DATE:** _____ **TIME:** _____ **EST** _____

*** CLAMPS OFF** **R:** **DATE:** _____ **TIME:** _____ **EST** _____

Vessels Used (please identify): Y N

RN:
Please
fill in
these
OR
times.
Thank
you

- TGLN



**KIDNEY 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 TGLN #: _____ **DONOR CTD #:** _____ **KIDNEY** LEFT RIGHT BOTH

CONFIRMATION OF DELIVERY

Exceptional Distribution: Y N

If Yes, reason: _____

Name of surgeon accepting: _____

Delivered by: _____ (Name – please print)

Date: _____ **Time:** _____ **EST**

Receiving Hospital: _____

Accepting Staff: _____ (Name – please print) **Signature:** _____

OTHER (please specify): _____
