HEART / LUNG 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

LUNG: ___________________________

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

DONOR HEART / LUNG DESCRIPTION:

RECIPIENT INFORMATION

RECIPIENT TGLN #: ____________

RECIPIENT CTR #: ________________

MRN #: ___________________

(May use hospital sticker or stamp if available)

RECIPIENT HT: ___________ **cm** **RECIPIENT WT:** ________ **kg**

RECIPIENT CMV (P/N): _______ **RECIPIENT ABO & Rh:** ______

RECIPIENT PRIMARY DISEASE: _________________________________

TRANSPLANT HOSPITAL: ____

Lung

TRANSPLANT TYPE: **SINGLE:** ☐ **R/L:** ____ **BILATERAL:** ☐

*** TRANSPLANT START:** DATE: _______________ TIME: _______________EST

R: DATE: ___________ TIME: _______________EST

*** REMOVED FROM COLD:** **L:** DATE: ___________ TIME: _______________EST

R: DATE: ___________ TIME: _______________EST

*** CLAMPS OFF** **L:** DATE: ___________ TIME: _______________EST

RN:
Please fill in these OR times. Thank you

*- **TGLN***

Heart

*** TRANSPLANT START:** **DATE:** _________________ **TIME:** _______________**EST**

*** REMOVED FROM COLD:** **DATE:** _________________ **TIME:** _______________**EST**

*** CLAMPS OFF:** **DATE:** _________________ **TIME:** _______________**EST**

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DONOR TGLN #: __________ **DONOR CTD #:** ________________ **LUNG:**_______________

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): ____

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