

** indicates Health Canada Required Fields

| DONOR INFORMATION | | | |
|---|----------------------------|-----------------------------|---------------------------------------|
| **TGLN # _____ | DOB : DD/MM/YYYY | **ABO + Rh: _____ | **RETRIEVAL HOSPITAL: _____ |
| | | | **ADDRESS: _____ |
| <input type="checkbox"/> Organ Donor OR Checklist Completed | | | **PHONE NUMBER: _____ |

All times occur after date/time TEAM ENTER OR. All times are Eastern Time Zone.

| ORGAN RECOVERY PROFILE | | | | | | | | |
|---|---------------------|---------------------------|----------------------|-------------------|----------------------|------------------------|------------------|--|
| <input type="checkbox"/> DNC <input type="checkbox"/> DCC <input type="checkbox"/> NPOD | | | | | | | | |
| **Date of Retrieval: DD/MM/YYYY | | HEPARIN DOSE: _____ Units | | | Time: HH:MM | | | |
| TEAM OR ENTER HH:MM | WLSM (DCC) HH:MM | **ARREST (DCC) HH:MM | DONOR ENTER HH:MM | SKIN CUT HH:MM | FLUSH (DCC) HH:MM | **CROSS CLAMP HH:MM | OR EXIT HH:MM | |
| For DNC: <input type="checkbox"/> No Donor Stability Concerns OR <input type="checkbox"/> Donor Stability concerns outlined (see comments) | | | | | | | | |

| ORGANS(S): RECOVERED AND FLUSHING INFORMATION: (Note 1: Anatomy is normal unless stated below. Note 2: Fields below left blank are N/A) | | | | | |
|---|---|------------------------|--|---------------------|--|
| **Organ | **Flush Solution | Flush Sol. Vol. (L) | **Storage Solution | **Cold Storage Time | **Anatomy / Comments |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Servator-H <input type="checkbox"/> _____ | | <input type="checkbox"/> Servator-H <input type="checkbox"/> _____ | HH:MM | |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Perfadex + <input type="checkbox"/> _____ | _____ Ante Retro | <input type="checkbox"/> Perfadex + <input type="checkbox"/> _____ | HH:MM | |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Servator - B | _____ Aortic | <input type="checkbox"/> Servator - B <input type="checkbox"/> _____ | HH:MM | |
| <input type="checkbox"/> Pancreas | | | <input type="checkbox"/> Servator - B <input type="checkbox"/> _____ | HH:MM | |
| <input type="checkbox"/> Left Kidney | | | <input type="checkbox"/> Servator - M <input type="checkbox"/> Servator - B <input type="checkbox"/> _____ | HH:MM | A: ____ V: ____ U: ____ Pump <input type="checkbox"/> |
| <input type="checkbox"/> Right Kidney | | | <input type="checkbox"/> _____ | _____ Portal | <input type="checkbox"/> Servator - M <input type="checkbox"/> Servator - B <input type="checkbox"/> _____ |
| Vessels Recovered: | | | <input type="checkbox"/> Servator - B <input type="checkbox"/> _____ | HH:MM | For Vessels Specify Vessel Bank: <input type="checkbox"/> HSC CTO Reg. # 100037 <input type="checkbox"/> LHSC MOTP CTO Reg. # 100117 Description if Applicable: _____ |
| <input type="checkbox"/> Iliac Artery & Vein: <input type="checkbox"/> _____ | | | Lot#: _____ Expiry: _____ | | |
| <input type="checkbox"/> _____ | | | | HH:MM | |
| Comments: _____ | | | | | |

| **ORGAN SAFETY | | |
|---|--|---|
| <input type="checkbox"/> This/these organ(s) has/have been processed as per Health Canada and TGLN Requirements, and is/are considered SAFE FOR TRANSPLANTATION OR | | |
| <input type="checkbox"/> This/These organ(s) are being released under EXCEPTIONAL DISTRIBUTION for not complying with Health Canada Regulations and/or TGLN requirements for the following reasons: | | |
| Health Canada: | <input type="checkbox"/> Unknown Sex Hx <input type="checkbox"/> Hx of dementia/degenerative neuro disease of viral/Unknown etiology <input type="checkbox"/> Positive blood cultures/Active infections of clinical significance <input type="checkbox"/> Positive Serology <input type="checkbox"/> Positive NAT <input type="checkbox"/> Unknown Cause of Death <input type="checkbox"/> Known Sex Hx Risk <input type="checkbox"/> Unknown on Med/Soc <input type="checkbox"/> Other: _____ <input type="checkbox"/> Missing mandatory organ specific test | TGLN: |
| | | <input type="checkbox"/> Missing Covid Result <input type="checkbox"/> Travel to/Lived in Hx with risk for: _____ <input type="checkbox"/> Other: _____ |

| **ERROR, ACCIDENT, ADVERSE REACTION OR RECEIPT OF ORGAN CONCERNS | |
|---|--------------------------------|
| If there are any adverse reactions, errors, accidents or concerns with the receipt of the organ (e.g. damage to packaging, the way the organ was packaged, information that accompanied the organ, etc.) please contact TGLN PRC at 1.888.603.1399. | |
| SRC Name: _____ | SRC Signature: _____ |