TRILLIUM GIFT OF LIFE NETWORK
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Patient Identification

Heart Valve Retrieval Form

Donor Information

TGLN Number: _____
Last name: _____
First name: _____
Birth Date: _____
dd/mm/yy
Retrieval Hospital: _____

Type of donor: ☐ NDD ☐ DCD

Retrieval Environment:
☐ O.R. ☐ Other: _____

Donor identified by:
☐ Wrist Band ☐ Toe Tag ☐ Other: _____

Donor ID & Consent Verification: Before retrieval, it was confirmed that consent for the tissue donation was verified and documented. The name on the consent, medical chart and the donor's ID match.

Name of Person Verifying Donor ID and Consent:
_____

Pre-Recovery Assessment	**Yes**	**No**
Adequate floor and tabletop space to allow separation of sterile instrumentation and performance of aseptic recovery procedures (i.e., zone recovery, sequencing, draping, tissue wrapping) is present.		
Adequate lighting to perform physical assessment and tissue recovery is present.		
Adequate plumbing and drainage for the intended purpose to include access to an adjacent or suitably located hand-washing area that can be used to perform a hand/forearm surgical scrub or wash is present.		
The recovery area has a controlled, closed airflow system. There is no direct access to the outside of the building from the room at any time during, before, or after tissue recovery. All vents appear clean and there is no vented airflow noted to be directed and flowing onto sterile fields.		
The walls, floor, and work surfaces are easily cleanable (i.e., non-carpeted, not porous) and in a good state of repair.		
Signs of insects, rodents, or other pests are not visible.		
Standing fluids or contaminated waste in the room, that could be a source of airborne bacteria, mycobacteria, yeasts or fungi, are not present.		
The recovery room was properly prepared by cleaning and disinfecting all working surfaces prior to recovery of tissue.		
Concurrent With Recovery	**Yes**	**No**
Human traffic is restricted and all personnel entering the recovery area are properly outfitted and their movement controlled.		
Other activities (e.g., embalming, autopsy, another tissue donor recovery) did not occur simultaneously in the same room as this tissue recovery.		

Comments: _____

The above parameters have been met and the recovery site has been determined to be suitable (check one):

Yes: __ No: ___ Signature: _____ Date: _____ Time: _____

Donor Physical Assessment NOTE: This document has already been completed and submitted to SickKids prior to the recovery coordination.

Heart Valve Retrieval Form

TGLN Number: _____

Tissue retrieval: Date: _____ Time:_____
If NDD donor, please record aortic cross clamp date and time: Date: _____ Time:_____
Cardiac Tissue Subjected to cold rinse: Date: _____ Time:_____

Heart Retrieval and Transport Supplies:

Was the heart rinsed after retrieval? Yes ☐ No ☐

Item	Manufactured/Sterilized by:	Lot Number	Expiry Date
Sterile Instrument Set:			
Ringer's Lactate Used for Tissue Rinsing:			
Other Rinse Solution Used (if applicable): Type:			
Tissue-Sol Used for Tissue Transport:			
Other Transport Solution Used (if applicable): Type:			

☐ **Yes, I have verified that the instrument sets and supplies are sterile (complete below) *or:***
☐ **Unable to complete, sterile instruments and supplies set up by OR staff prior to arrival in accordance with OR policy**

Persons Performing / Assisting Retrieval (surgeon, anesthetist, nurses, pathologist, etc.)

1. Name: _____ Title: _____
2. Name: _____ Title: _____
3. Name: _____ Title: _____

Recovery Agency: _____

Address of Recovery Agency: _____

Organs/Tissue Donated: ☐ Kidney(s) ☐ Liver ☐ Lungs ☐ Pancreas ☐ Small Bowel
☐ Bones ☐ Skin ☐ Heart for Valves ☐ Eyes ☐ Other: _____

Donor body was reconstructed and transferred to:

☐ hospital morgue ☐ funeral home ☐ Body left in care of OR staff ☐ other _____

Errors, Accidents or Deviations during tissue recovery: Yes☐ No☐

If yes, Please explain: _____

_____

Form completed by: _____ Title: _____

Date: _____ Time: _____

Please place a numbered tamper proof seal on the shipping container prior to shipping to Sick Kids.