

**To register or change the status of a VCA transplant patient on the wait list, please enter ALL applicable fields and send completed form to:**

**#OH-TGLN\_csc@ontariohealth.ca and call the PRC at 416-214-7808**

The following steps identify how to activate a patient on the wait list for VCA transplantation:

1. For a patient new registration, enter all mandatory fields into TOTAL to generate a TGLN ID #.  
The mandatory fields are outlined below:
  - First Name
  - Last Name
  - Blood Type
  - Re-type Blood Type
  - RH
  - Sex
  - Race
  - Date of Birth
  - Insurance Plan
  - Insurance No.
2. Complete and enter HLA testing results into Case Manager.
3. Complete VCA Registration and Status Change Form – *form attached below*.
4. Send completed form to TGLN to activate the patient on the manual wait list.
5. For patient status changes and/or cPRA updates only complete page 3 and send to TGLN.

You will receive notification when your request has been changed on the manual wait list. TGLN will send the signed VCA Registration and Status Change Form back to the Transplant Hospital.

TGLN ID#: \_\_\_\_\_

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## REGISTRATION INFORMATION

Registration Date: \_\_\_\_\_

Time: \_\_\_\_\_

HLA: cPRA: \_\_\_\_\_%

Date of Serum: \_\_\_\_\_

Transplant Type:  Upper Limb  
 Other, please specify: \_\_\_\_\_

Combination, Upper limb w/ [\(Click to choose organ\)](#)

Graft Type:  Left  Right  Bilateral

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## PATIENT INFORMATION

Patient Last Name: \_\_\_\_\_

Patient First/Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

OHIP #: \_\_\_\_\_

MRN #: \_\_\_\_\_

Sex:  Male  Female  Unknown

Town/City of Residence: \_\_\_\_\_ Province: [Click to choose one](#) Postal Code: \_\_\_\_\_

Blood Type - Copy of ABO Attached:  Yes  No

Patient ABO:  A  B  AB  O

Allergy to Latex:  Yes  No Other allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Secondary diagnosis: \_\_\_\_\_

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## CLINICAL INFORMATION

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Level of Amputation - Right Limb (if applicable):

- Wrist Level  Wrist to Below Elbow  
 Elbow to Below Shoulder  Other, Specify: \_\_\_\_\_

Level of Amputation - Left Limb (if applicable):

- Wrist Level  Wrist to Below Elbow

# VCA PATIENT REGISTRATION AND STATUS CHANGE FORM

TGLN ID#: \_\_\_\_\_

Elbow to Below Shoulder       Other, Specify: \_\_\_\_\_

**Race:** [Click to choose one](#)

**Skin Pigmentation - Please choose acceptable Fitzpatrick scale skin type:**

I: White/Very Fair       II: White/Fair       III: Beige  
 IV: Beige with Brown Tint       V: Dark Brown       VI: Black

**Additional Comments:**

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## COMMENTS / DONOR PREFERENCES:

**Gender of donor preferred:**

Male     Female     Either

**Age Preferences (leave blank if no preference):**

Minimum age: [Click to enter #](#)      Maximum age: [Click to enter #](#)

**Graft Size - Please specify:** \_\_\_\_\_

\_\_\_\_\_

**Other:**

\_\_\_\_\_

\_\_\_\_\_

TGLN ID#: \_\_\_\_\_

## PATIENT INFORMATION

Patient Last Name: \_\_\_\_\_

Patient First/Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ABO: \_\_\_\_\_

## STATUS CHANGE AND CPRA UPDATES

Status Change:

Place on Hold, reason: \_\_\_\_\_

Remove from on hold, relist as active

Remove from wait list, reason: \_\_\_\_\_

HLA Updates:

cPRA: \_\_\_\_%

Date of Updated Serum: \_\_\_\_\_

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## RECIPIENT COORDINATORS

Transplant Hospital: [Click to choose one](#)

Listing Recipient Coordinator: \_\_\_\_\_ Contact: \_\_\_\_\_

Verify that all information provided is complete and correct:  Yes  No

Verified by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: [Click to enter date.](#)

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## FOR TGLN USE ONLY:

Blood Type Verified:  Yes  No

Wait List Status Updated:  Yes  No

Verified by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: [Click to enter date.](#)