

PARATHYROID PATIENT REGISTRATION AND STATUS CHANGE FORM

TGLN ID#: _____

To register or change the status of a parathyroid transplant patient on the wait list, please enter ALL applicable fields and send completed form to:
CSC@GiftofLife.on.ca and call the PRC at 416-214-7808

The following steps identify how to activate a patient on the wait list for parathyroid 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 Parathyroid 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 Parathyroid Registration and Status Change Form back to the Transplant Hospital.

PARATHYROID PATIENT REGISTRATION AND STATUS CHANGE FORM

TGLN ID#: _____

REGISTRATION INFORMATION

Registration Date: _____ Time: _____
HLA: _____ cPRA: _____ % Date of Serum: _____
Transplant Type: Parathyroid

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: _____
Copy of ABO Attached: Yes No
Patient ABO: A B AB O
Allergy to Latex: Yes No Other Allergies: _____
Diagnosis: _____ Secondary Diagnosis: _____

CLINICAL INFORMATION

Height (cm): _____ Weight (kg): _____
Race: [Click to choose one](#)
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 #](#)

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: _____

RECIPIENT COORDINATORS

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

Listing Recipient Coordinator: _____ **Contact Phone Number:** _____

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

Verified by _____ Signature: _____ Date: [Click to enter date.](#)

FOR TGLN USE ONLY:

Blood Type Verified: Yes No

Wait List Status Updated: Yes No

Verified by: _____ Signature: _____ Date: [Click to enter date.](#)