

## Status Changes / Urgent Listings After Hours Form

### Instructions for listing and wait list status changes outside of regular business hours:

- The Transplant Program submits the completed 'Status Changes/Urgent Listing After Hours Form' to TGLN via fax at **1-866-557-6100** or email at OH-TGLN\_csc@ontariohealth.ca. TGLN may also accept this information verbally (on a recorded line).
  - For all new listings, transplant programs are required to fax/email a hard copy of the patients ABO type to the PRC.
- The person requesting the change must call the Provincial Resource Centre at **1-888-603-1399** to confirm request has been received.
- The relevant Recipient Coordinator is responsible for verifying new and revised patient information in TGLN's Organ Allocation and Transplant System information system on the next business day.
- After hours urgent listings can only be completed by the PRC for the following organ statuses:

Liver	Heart	Kidney / Pancreas (Whole)	Lung	Small Bowel	Pancreas (Islets) / VCA
3F, 4F	4	H – High Priority	3	3	Not Applicable

- For urgent listings of new recipients select “**urgent listing**” in the recipient profile and organ journey of Organ Allocation Transplant System

Date of Submission: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Total # of pages: \_\_\_\_\_  
Submitted by: \_\_\_\_\_ Transplant Program: \_\_\_\_\_

ORGAN: \_\_\_\_\_

New Listing: Status: \_\_\_\_\_ OR  Status change from: \_\_\_\_\_ Status change to: \_\_\_\_\_  
 On Hold Reason (if applicable): \_\_\_\_\_

### RECIPIENT INFORMATION

Recipient TGLN #:	Recipient ABO:
Recipient Name:	Donor Acceptability Criteria: <input type="checkbox"/> Accept A2 or A2B Donor <input type="checkbox"/> Accept ABO incompatible Donor <input type="checkbox"/> Accept HCV Ab+ Donor <input type="checkbox"/> Accept HCV NAT+ Donor <input type="checkbox"/> Accept Hep B Core Ab+ (kidney and pancreas only)
Date of Birth (DD-MM-YYYY): Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Measurements Date: (DD-MM-YYYY): Height(cm):      Weight(kg):
Diagnosis:	

### ADDITIONAL DATA FOR LIVER LISTINGS / CHANGES (Not Required for “URGENT LISTINGS” 4F & 3F)

Na MELD: Patients ≥ 12 years	PELD: Patients < 12 years
Date:	Date:
Total Bilirubin (umol/L):	Total Bilirubin (umo/L):
INR:	INR:
Serum Creatinine (umol/L):	Serum Albumin (g/L):
Serum Sodium (mmol/L):	Growth Failure: <input type="checkbox"/> Yes <input type="checkbox"/> No
Serum Albumin (g/L)	Age at Listing:
Recent Dialysis & Serum Creatinine Test: <input type="checkbox"/> Yes <input type="checkbox"/> No Select Yes if: <i>Candidate received two or more dialysis treatments within 7 days prior to serum creatinine test OR candidate received 24 hours of continuous veno-venous hemodialysis within the 7 days prior to the serum creatinine test</i>	

Request submitted by (Transplant):	Date:	Time:
Data entered by (CSC/RTC):	Date:	Time:
Data verified by (2 <sup>nd</sup> CSC/RTC):	Date:	Time:
Program verification (Transplant):	Date:	Time:

### Disclosure: Transplant programs are responsible for maintaining their own lists.

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