

# Case Milestone Communication Tool: Consented Organ Donors

Provincial Resource Centre  
Tel: 416-363-4438  
Toll Free: 1-877-363-8456  
Fax: 416-214-7797  
Toll Free Fax: 1-866-557-6100

TGLN # \_\_\_\_\_ Donor Name: \_\_\_\_\_ MRN: \_\_\_\_\_

Coordinators Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Current Date: \_\_\_\_\_ Current Time: \_\_\_\_\_

*\*Please allow the TGLN coordinator to provide the family relevant updates regarding the donation process.  
This form is a communication tool for hospital staff only, completed by the TGLN coordinator.*

DCD: WLSM Planned Date/Time: \_\_\_\_\_  No Time Set

NDD Declarations:  Planned Date/Time: \_\_\_\_\_  Completed Date/Time: \_\_\_\_\_

Next Steps:  Donor Order Set Initiated

Coroner:  Contacted  Permission Provided  N/A

**Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organ Specific Diagnostic and Lab Testing

Ordered	Completed	Test
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Organ Allocation:  Not Started \_\_\_\_\_  In Progress \_\_\_\_\_

Accepted	Declined	Organs	Declined Rationale
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

OR:  Not Booked Date/Time OR Scheduled: \_\_\_\_\_ Reason if OR time changes: \_\_\_\_\_

Case Closed For Organ Donation: Date/Time: \_\_\_\_\_ Reason: \_\_\_\_\_

Call The Provincial Resource Centre Back At Time Of Death For Tissue Donation Assessment:  Yes  No

\_\_\_\_\_  
TGLN Coordinator Signature

\_\_\_\_\_  
Date & Time