



Trillium
Gift of Life
Network

Fax/Email to: _____ or 416-214-7797 Toll Free: 1-866-557-6100

Request for Culture Results:

For the purpose of organ and/or tissue donation

Hospital Name	Site (if applicable):	Sent Date:
Patient Name (Last, first, middle initial)	Date of Birth:	Date of Death:
Hospital Record Number:	TGLN Number	

The following microbiology results are urgently required:

Specimen Source	Date Collected	Time Collected	Accession # if Known
Blood Culture			
Blood Culture			
Blood Culture			
Urine Culture			
Sputum			
Bronch Wash Left			
Bronch Wash Right			

PRIVATE AND CONFIDENTIAL

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LEGISLATION PERMITTING ACCESS

The *Gift of Life Act* gives Ontario Health (Trillium Gift of Life Network [TGLN]) the authority to collect and use personal information (PI) for purposes related to tissue donation or transplants, where tissue defined under the *Act* includes organs.

Designated facilities (hospitals) are required to disclose personal information to TGLN provided that the disclosure is necessary for purposes related to organ and tissue donation or transplants (*Gift of Life Act*, s.8.19).

Requestors Name and Title:

Telephone #:

