



Trillium Gift of Life Network
 483 Bay Street, South Tower, 4th Floor
 Toronto, Ontario, M5G 2C9

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 Fax: (416) 214-7797
 Web: www.giftoflife.on.ca

Request for ORNGE Flights — Living Kidney Donation (Ontario Recipients)

TGLN Donor # _____ Date of Transmission: _____ E-Mail to: finanalyst@giftoflife.on.ca

FLIGHT INFO

Request Date: _____ Request Time: _____ : _____ am / pm
 Transport Required Date: _____ Time: _____ : _____ am / pm
 Date ORNGE provided details: _____ Confirmation Time: _____ : _____ am / pm

ORNGE Booking #: _____ Service Provider: _____ Flight #: _____

Kidney(s) Recovered	Recipient TGLN #	Transplant Centre	Ontario Resident	Comments
<input type="checkbox"/> Right Kidney			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Left Kidney			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Escort Service Provided: Yes No Comments: _____

BACKUP FLIGHT INFO

Request Date: _____ Request Time: _____ : _____ am / pm
 Transport Required Date: _____ Time: _____ : _____ am / pm
 Date ORNGE provided details: _____ Confirmation Time: _____ : _____ am / pm

ORNGE Booking #: _____ Service Provider: _____ Flight #: _____

Kidney(s) Recovered	Recipient TGLN #	Transplant Centre	Ontario Resident	Comments
<input type="checkbox"/> Right Kidney			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Left Kidney			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Escort Service Provided: Yes No Comments: _____

Comments:

I am confirming that the information provided above is accurate and complete.

Data submitted by: _____ : _____
Print Name Signature Date Time

Instructions: * E-mail to TGLN and keep a copy on file.