

CSC TO CSC REPORTING TOOL

CSC Name: _____ Date: _____ Time: _____

TGLN # _____ HOSPITAL _____ HLA TECH (notified) _____ (has samples) _____ Expected Results _____ Huddle: _____

ROCC/TC: _____ HLA Trays: Peds < 4yrs Peds 4-18 SCD ECD DCD Out of Province HCV ABO ident
 ABO identical ABO Compatible Pancreas K/P Heart Lungs

OTDC _____ OR/WLS TIME: _____ TML TECH (notified) _____ (has samples) _____ Expected Results _____

CUT SKIN _____ X CLAMP _____ WNV TECH (notified) _____ (has samples) _____ Expected Results _____

Paperwork	Reporting off CSC	Oncoming CSC	Paperwork	Reporting CSC	Oncoming CSC	Paperwork	Reporting CSC	Oncoming CSC
Consent (s)			hemodilution			Lung allocation		
NDD/Resp Drive			ExD			Liver allocation		
ABO			Coroners consent			Pancreas allocation		
Serology			Physical Examination			Heart allocation		
Medical/social History						Left kidney allocation		
Donor assessment form						Right kidney allocation		

SRC : _____ Time Notified: _____ ETA into PRC _____ PU of Teams _____

ORGAN/TISSUE	ACCEPTING MD	RETRIEVAL STAFF / FELLOW(s)	ROCC / Transplant program	RECIPIENT / OR TIME	ORGAN DELIVERY INSTRUCTIONS	Skin Cut / MD'S AWARE	X CLAMP / MD'S AWARE	Special Instructions (bld / Xmatch/ BIOPSY)
LUNGS		<input type="checkbox"/> Notified of pu time						
HEART		<input type="checkbox"/> Notified of pu time						
LIVER		<input type="checkbox"/> Notified of pu time						
PANCREAS/Islets		<input type="checkbox"/> Notified of pu time						
L. KIDNEY/ KP		<input type="checkbox"/> Notified of pu time						
R. KIDNEY		<input type="checkbox"/> Notified of pu time						
BONES		<input type="checkbox"/> Notified of OR time						
EYES		<input type="checkbox"/> Notified of OR time						
SKIN		<input type="checkbox"/> Notified of OR time						

