TRANSPLANT PROGRAM PROFILE TEMPLATE

To be completed for each Transplant Program (in Ontario) to which Trillium Gift of Life Network refers organs

Transplant Progra	m: Hamilton Heal	th Sciences Centre
Address: St.Joseph's Hospital		50 Charlton Avenue East
		Hamilton, Ont L8N 4A6
Organs Transplanted:		Kidneys
Adult		yes
Paediatric		
Director:		Dr. Russell
Contact Information:	Telephone:	(905)522-1155 Ext 3679
	Fax:	
	On-Call Pager:	
Program : Nephro		
Program Director:		Dr. Darrin Trevelan
		Email: treleavn@mcmaster.ca
Chief Renal Transplant Surgeon:		Dr. Anil Kapoor
		Phone: 905 522-6536
		Email: <u>kapoor4@mcmaster.ca</u>
Referral		
Process:		Call Hamilton's renal transplant program to
		offer kidneys by contacting the renal transplant
		recipient coordinator on call to discuss. (page
		through locating @ 905 522-4941
		link to process and algorithm
Special Instructions:		Required information for referral:
		Urinalysis
		Creatinine clearance
		 List of all medications and dosages
Contacts:		• List of an incurcations and dosages
Staff		
Name:		Dr. Groongnan likas to ratriava kidnova (OTDC
		Dr. Greenspan likes to retrieve kidneys (OTDC
Pager #:		to contact hime)
Home #:		
Cell #:		
Contact Preferences:		(e.g. call at home # at night)
Repeat for all Staff		
Recovery Fellows		
Name:		On call Perfusionist (Tony or Richard)
Pager #:		Page through locating @ 905 522-4941
Home #:		
		1

Repeat for all Fellows	
Residents / Clerks	
Name:	
Pager #: Home #:	
Home #:	
**** link to call schedule ****	