TRANSPLANT PROGRAM PROFILE TEMPLATE

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

| Transplant Program: Ottawa Hospital | | | | |
|--|----------------|---|--|--|
| Address: | | Civic Campus: 1053 Carling Avenue | | |
| | | Ottawa, Ont. K1Y 4E9 | | |
| | | General Campus: 501 Smyth Road | | |
| | | Ottawa, Ont. K1H 8L6 | | |
| Organs Transplanted: | | Heart; kidneys | | |
| Adult | | Yes | | |
| Paediatric | | Yes (heart only) | | |
| Director: Medical Director – Organ and Tissue Donation | | Dr Giuseppe Pagliarello | | |
| Contact Information: | Telephone: | (613) 761-5199 | | |
| | Fax: | (613) 761-5418 | | |
| | On-Call Pager: | locating | | |
| Program : Heart | | | | |
| Program Director: | | Dr Haissam Haddad - Medical Director | | |
| | | (613) 761-4593 fax: 724-6234 | | |
| | | Dr Roy Masters – Surgical Director | | |
| | | (613) 761-4233 fax: 761-5367 | | |
| Referral | | | | |
| Process: Special Instructions: to be confirmed** | | Contact the locating department at the | | |
| | | University of Ottawa Heart Institute 761-4708. | | |
| | | They will page the surgeon on call for the | | |
| | | transplant program. Once the heart is accepted | | |
| | | they will also contact the fellow or surgeon on | | |
| | | call for the surgical recovery. | | |
| | | Suitability Criteria: | | |
| | | • Age<75 | | |
| | | No significant CAD | | |
| | | No HIV, Hep B or C | | |
| | | No incompatible ABO | | |
| Contacts: | | | | |
| Staff | | | | |
| Name: | | Carolyn Pugliese | | |
| Pager #: | | Advanced Practice Nurse – Cardiac Transplant | | |
| Home #: | | Coordinator. (613) 761-5172 or paged through | | |
| Cell #: | | locating | | |
| Contact Preferences: | | | | |
| Repeat for all Staff | | | | |
| Repeat 101 all Statt | | | | |

| Danama Fallania | |
|---|---|
| Recovery Fellows | |
| Name: | Rotation (C12) 7(1.4722 |
| Pager #: | Contact locating at (613) 761-4708 |
| Home #: | Dr Pipe, Dr Ibrahim and Dr Hendry do |
| | recovery at the present time |
| Depart for all Fallayya | |
| Repeat for all Fellows Residents / Clerks | |
| Name: | |
| Pager #: | |
| Home #: | |
| nome #. | |
| **** link to call schedule **** | |
| | |
| Program: Kidney | D.C. W. II |
| Program Director: | Dr Greg Knoll |
| | (613) 738-8400 ext. 82536 |
| Referral | |
| Process: | Call (613) 761-4221 or 737-8222 and have |
| | them page the transplant nephrologists on call. |
| | If kidneys accepted the transplant surgeons will |
| | be notified to coordinate procurement (Drs |
| | Barron or Mahoney). Once allocation has been |
| | done the patients will be notified by the |
| | transplant clinic staff or by the TL on 7NW |
| Special Instructions: to be confirmed** | Examples of special instructions: |
| | Specific info required (e.g. CXR, |
| | ABG's, TLC) |
| Contacts: | |
| Staff | |
| Name: | Diane Dumont |
| Pager #: | Renal Transplant Coordinator |
| Home #: | Office# 738-8400 ext. 82513 |
| Cell #: | Pager 782-9737 |
| Contact Preferences: | Fax 738-8489 |
| | |
| Repeat for all Staff | |
| Recovery Fellows | |
| Name: | Rotation contact locating |
| Pager #: | (613) 737-8222 |
| Home #: | |
| | |
| Repeat for all Fellows | |
| Residents / Clerks | |
| Name: | |

| Pager #: Home #: | |
|---------------------------------|--|
| Home #: | |
| | |
| **** link to call schedule **** | |