



CTR Customer Support – Business Continuity Request Form DWL Recipient Record – Urgent Status Update

Complete each section below then telephone CTR Customer Support at [1-855-274-2889](tel:1-855-274-2889), before you email this form to transplantregistry@blood.ca.

Patient Identification data	
ODO:	<input type="checkbox"/> AB-CAL-SAODP – Southern Alberta Organ Donation Program. <input type="checkbox"/> AB-EDM-HOPE – HOPE Program – Edmonton <input type="checkbox"/> BC-BCT – British Columbia Transplant <input type="checkbox"/> MB-TMGL – Transplant Manitoba – Gift of Life Program <input type="checkbox"/> NB-NBODP – New Brunswick Organ Donation Program <input type="checkbox"/> NL-OPEN – Organ Procurement and Exchange Newfoundland & Labrador <input type="checkbox"/> NS-CCODP – Critical Care Organ Donation Program - QEII Health Science Centre <input type="checkbox"/> ON-TGLN – Trillium Gift of Life Network <input type="checkbox"/> QC-TQ – Transplant -Québec <input type="checkbox"/> SK-STP – The Saskatchewan Transplant Program
Transplant Centre:	
First and Last Names:	
National Recipient ID:	
Local or Alternate ID:	

Registration – Organ Requests			
Transplant Type	<input type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Multiple-Same Donor		
Organ	<input type="checkbox"/> Heart <input type="checkbox"/> Liver		
Current Medical Status	Heart	Liver	
	<input type="checkbox"/> 4 (urgent)	<input type="checkbox"/> 4F (urgent)	
	<input type="checkbox"/> 4S (urgent)	<input type="checkbox"/> 4	
	<input type="checkbox"/> 3	<input type="checkbox"/> 3F (urgent)	
	<input type="checkbox"/> 3.5	<input type="checkbox"/> 3	
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
	<input type="checkbox"/> 1	<input type="checkbox"/> 1T	
	<input type="checkbox"/> 0 - Offlist	<input type="checkbox"/> 1	
		<input type="checkbox"/> 0 - Offlist	
New Medical Status	Heart	Liver	
	<input type="checkbox"/> 4 (urgent)	<input type="checkbox"/> 4F (urgent)	
	<input type="checkbox"/> 4S (urgent)	<input type="checkbox"/> 4	
	<input type="checkbox"/> 3	<input type="checkbox"/> 3F (urgent)	
	<input type="checkbox"/> 3.5	<input type="checkbox"/> 3	
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
	<input type="checkbox"/> 1	<input type="checkbox"/> 1T	
	<input type="checkbox"/> 0 - Offlist	<input type="checkbox"/> 1	
		<input type="checkbox"/> 0 - Offlist	

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Organ Request State - Current	<input type="checkbox"/> Active <input type="checkbox"/> On Hold <input type="checkbox"/> Offlist	
Organ Request State - New	<input type="checkbox"/> Active <input type="checkbox"/> On Hold <input type="checkbox"/> Offlist	
On Hold / Offlist Reasons (if applicable to Organ Request State - New)	On Hold (choose one)	Offlist (choose one)
	<input type="checkbox"/> Medical Improvement(s) <input type="checkbox"/> Medically Unsuitable - Temporary <input type="checkbox"/> Non-Medical Reasons <input type="checkbox"/> Not available (away) <input type="checkbox"/> Pending Investigations or Tests <input type="checkbox"/> Psychological Issues(s)-Temporary <input type="checkbox"/> Potential Living Donor - KPD <input type="checkbox"/> Potential Living Donor - Desensitization (ABO or HLA) <input type="checkbox"/> Too Sick <input type="checkbox"/> Other	<input type="checkbox"/> Consent Withdrawn <input type="checkbox"/> Created in Error (Cancelled) <input type="checkbox"/> Deceased <input type="checkbox"/> Decision Not To Proceed at This Time – Patient Choice <input type="checkbox"/> Duplicate Record <input type="checkbox"/> Entered in Error <input type="checkbox"/> Medically Improved, no longer eligible <input type="checkbox"/> Medically Unsuitable - Permanent <input type="checkbox"/> Too Sick <input type="checkbox"/> Transplanted - Other National Program <input type="checkbox"/> Transplanted Local - Donor Not in CTR <input type="checkbox"/> Transplanted Out of Country <input type="checkbox"/> Unlocked <input type="checkbox"/> Unsuitable for Transplant - Non Compliance Decision to Stay on Dialysis <input type="checkbox"/> Unsuitable for Transplant - Psychological <input type="checkbox"/> Other
Medical Status Change Date/Time	YYYY-MM-DD HH:MM	
Comments, Details and Additional Information		

REQUESTOR INFORMATION		
ODO		
Name		
Email		
<input type="checkbox"/> I have reviewed and confirmed that all information included in this document is correct.		
Date	Click here to enter a date.	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

CTR Customer Support Contact Information – To be completed by Canadian Blood Services upon completion		
Fax	613-260-4090	
Telephone	1-855-274-2889	
Agent Name		
Ticket Number		
Date/Time	Click here to enter a date.	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

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