

CLINICAL SERVICES COORDINATOR TO SURGICAL RECOVERY COORDINATOR REPORTING FORM

DONOR CASE HIGHLIGHTS

Donor TGLN #: _____ CSC: _____ SRC(s): _____
 SOTD: _____ Contact #: _____
 Case Highlights: _____
 Coroner's Case: No Yes Post-Recovery Special Instructions: _____
 ExD: No Yes Reason(s) for ExD: _____
 Donor Hospital: _____ Sternal Saw at Hospital: No (SRC to bring) Yes
 Address: _____ Chest Retractor at Hospital: No (SRC to bring) Yes
 Hospital Phone #: _____ Special Considerations: _____
 Pick-Up Time: _____

AIR TRANSPORTATION (ORNGE 1-800-387-4672)

Outward Flight: _____ Return Flight: _____
 Departure Airport: _____ Return Airport: _____
 FBO / Hangar: _____ FBO / Hangar: _____
 Address/Phone #: _____ Address / Phone #: _____
 Departure Time: _____ Tail #: _____ Departure Time: _____ Tail #: _____
Second Team _____ 2nd Recovery Team: _____
 Flight Tail #: _____ 2nd Team Flight Details: _____
 Departure Time: _____

GROUND TRANSPORTATION

Donor City Airport to Hospital: Type: _____ Time: _____
 Local Airport to Transplant Hospital: Type: _____ Time: _____
 Comments: _____

ORGAN ALLOCATION

Organ	Receiving Transplant Program	Recovery Surgeon(s)
<input type="checkbox"/> Heart	_____	_____
Heart Delivery Method:	<input type="checkbox"/> SRC <input type="checkbox"/> OPP / EMS <input type="checkbox"/> ORNGE/FLIGHT	_____
<input type="checkbox"/> Lungs <input type="checkbox"/> NPOD following DCC attempt	_____	_____
Lungs Delivery Method:	<input type="checkbox"/> SRC <input type="checkbox"/> OPP / EMS <input type="checkbox"/> ORNGE/FLIGHT	_____
<input type="checkbox"/> Liver	_____	_____
Liver Delivery Method:	<input type="checkbox"/> SRC <input type="checkbox"/> OPP / EMS <input type="checkbox"/> ORNGE/FLIGHT	_____
<input type="checkbox"/> Whole Pancreas	_____	_____
Whole Panc Delivery Method:	<input type="checkbox"/> SRC <input type="checkbox"/> OPP / EMS <input type="checkbox"/> COURIER <input type="checkbox"/> ORNGE/FLIGHT	_____
<input type="checkbox"/> Left Kidney <input type="checkbox"/> Pump <input type="checkbox"/> Cooler	_____	_____
Recipient #: _____	_____	_____
Lt Kidney Delivery Method:	<input type="checkbox"/> SRC <input type="checkbox"/> OPP / EMS <input type="checkbox"/> COURIER <input type="checkbox"/> ORNGE/FLIGHT	_____
<input type="checkbox"/> Right Kidney <input type="checkbox"/> Pump <input type="checkbox"/> Cooler	_____	_____
Recipient #: _____	_____	_____
Rt Kidney Delivery Method:	<input type="checkbox"/> SRC <input type="checkbox"/> OPP / EMS <input type="checkbox"/> COURIER <input type="checkbox"/> ORNGE/FLIGHT	_____
<input type="checkbox"/> Pancreas Islets <input type="checkbox"/> Transplant <input type="checkbox"/> Research	_____	_____
Panc-Islets Delivery Method:	<input type="checkbox"/> SRC <input type="checkbox"/> OPP / EMS <input type="checkbox"/> COURIER <input type="checkbox"/> ORNGE/FLIGHT	_____
<input type="checkbox"/> Bowel	_____	_____
Bowel Delivery Method:	<input type="checkbox"/> SRC <input type="checkbox"/> OPP / EMS <input type="checkbox"/> COURIER <input type="checkbox"/> ORNGE/FLIGHT	_____

Donor TGLN #: _____

SPECIMENS REQUIRED

Ensure that hemodilution calculation has been completed for any serology sample testing
CSC to request samples for hand over to SRC

TORONTO SPECIMENS

Heart Lung Liver Kidney Pancreas Islets Bowel

TEST	QUANTITY	TUBE TYPE
Spleen	<input type="checkbox"/> 1	Spleen
Archival	<input type="checkbox"/> 1	Red Top (serum)
HLA	<input type="checkbox"/>	Yellow Top (ACD)
WNV	<input type="checkbox"/> 2	Lavender Top (EDTA)
EBV	<input type="checkbox"/> 1	Red Top (serum)
HTLV	<input type="checkbox"/> 2	Red Top (serum)
Other:	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	_____

OTTAWA SPECIMENS

Heart Kidney

TEST	QUANTITY	TUBE TYPE
Spleen	<input type="checkbox"/> 1	Spleen
Archival	<input type="checkbox"/> 1	Red top (serum)
HLA	<input type="checkbox"/>	Yellow Top (ACD)
WNV	<input type="checkbox"/> 2	Lavender Top (EDTA)
EBV	<input type="checkbox"/> 1	Red Top (serum)
HTLV	<input type="checkbox"/> 2	Red Top (serum)
Other:	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	_____

LONDON SPECIMENS

Heart Liver Kidney Pancreas

Spleen	<input type="checkbox"/> 1	Spleen
Archival	<input type="checkbox"/> 1	Red top (serum)
HLA	<input type="checkbox"/>	Yellow top (ACD)
Other:	<input type="checkbox"/>	_____

HAMILTON SPECIMENS

Kidney

Spleen	<input type="checkbox"/> 1	Spleen
Archival	<input type="checkbox"/> 1	Red top (serum)
HLA	<input type="checkbox"/>	Yellow top (ACD)
Other:	<input type="checkbox"/>	_____

EDMONTON ISLET SPECIMENS

Pancreas for islets

Edm Islet Testing:	<input type="checkbox"/>	Red top (serum)
	<input type="checkbox"/>	Yellow Top (ACD)
	<input type="checkbox"/>	Lavender Top (EDTA)
	<input type="checkbox"/>	Other: _____

OTHER TRANSPLANT PROGRAM (TP) or OPO

Receiving TP/OPO & Organ:		
<input type="checkbox"/>	1	Spleen
<input type="checkbox"/>	_____	Red Top (Serum)
<input type="checkbox"/>	_____	Lavender Top (EDTA)
<input type="checkbox"/>	_____	Yellow Top (ACD)
<input type="checkbox"/>	_____	Gold Top (SST)
Other:	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	_____

TISSUE DONATION

TC to request samples from SOTD

TISSUE SPECIMENS

TISSUE BANK	QUANTITY	TUBE TYPE
Eye Bank	<input type="checkbox"/> 1	Red top (serum)
	<input type="checkbox"/> 1	Lavender Top (EDTA)
HSC Heart Valves	<input type="checkbox"/> 1	Red top (serum)
	<input type="checkbox"/> 1	Lavender Top (EDTA)

TISSUE BANK	QUANTITY	TUBE TYPE
Skin Bank	<input type="checkbox"/> 2	Lavender Top (EDTA)
	<input type="checkbox"/> 3	Gold top (SST)
Bone Bank	<input type="checkbox"/> 2	Lavender Top (EDTA)
	<input type="checkbox"/> 2	Red top (serum)
	<input type="checkbox"/> 1	Set of Blood Cultures

RESEARCH SPECIMENS

Research study: _____	Blood	<input type="checkbox"/>	_____
Details: _____	Other:	<input type="checkbox"/>	_____

BIOPSY

Stat Non-Stat Liver Kidneys Other

To be Performed at: _____

BIOHAZARD



The SRC or designate is responsible for ensuring an exterior label is present and complete for each organ recovered. The "Biohazardous Infection Material" symbol shall be designated as "Yes" if there is a presence of an infectious disease (ie. positive serology for HIV I/II, HCV, HBsAg, HBcAb IgM or IgG, HTLV I/II, Syphilis/VDRL, WNV).

