

## CLINICAL SERVICES COORDINATOR TO SURGICAL RECOVERY COORDINATOR REPORTING FORM

### DONOR CASE HIGHLIGHTS

Donor TGLN #: \_\_\_\_\_ CSC: \_\_\_\_\_ SRC(s): \_\_\_\_\_

Time SRC Notified: \_\_\_\_\_ Time SRC Arrived in Office: \_\_\_\_\_

OTDC: \_\_\_\_\_ 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

Pick-Up Time: \_\_\_\_\_ Recovery Team Member(s): \_\_\_\_\_

### 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** 2<sup>nd</sup> Recovery Team: \_\_\_\_\_

Flight Tail #: \_\_\_\_\_ 2<sup>nd</sup> 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 Program	Recipient TGLN#	Recovery Surgeon(s)	Transplant Surgeon(s)
<input type="checkbox"/> Heart	_____	_____	_____	_____
<i>Heart Delivery Method:</i>	<input type="checkbox"/> SRC	<input type="checkbox"/> OPP / EMS	<input type="checkbox"/> ORNGE	Flight details: _____
<input type="checkbox"/> Lungs	_____	_____	_____	_____
<i>Lungs Delivery Method:</i>	<input type="checkbox"/> SRC	<input type="checkbox"/> OPP / EMS	<input type="checkbox"/> ORNGE	Flight details: _____
<input type="checkbox"/> Liver	_____	_____	_____	_____
<i>Liver Delivery Method:</i>	<input type="checkbox"/> SRC	<input type="checkbox"/> OPP / EMS	<input type="checkbox"/> ORNGE	Flight details: _____
<input type="checkbox"/> Whole Pancreas	_____	_____	_____	_____
<i>Whole Panc Delivery Method:</i>	<input type="checkbox"/> SRC	<input type="checkbox"/> OPP / EMS	<input type="checkbox"/> ORNGE	Flight details: _____
<input type="checkbox"/> Left Kidney	_____	_____	_____	_____
<input type="checkbox"/> Pump	_____	_____	_____	_____
<input type="checkbox"/> Cooler	_____	_____	_____	_____
<i>Lt Kidney Delivery Method:</i>	<input type="checkbox"/> SRC	<input type="checkbox"/> OPP / EMS	<input type="checkbox"/> ORNGE / Air Canada	Flight details: _____
<input type="checkbox"/> Right Kidney	_____	_____	_____	_____
<input type="checkbox"/> Pump	_____	_____	_____	_____
<input type="checkbox"/> Cooler	_____	_____	_____	_____
<i>Rt Kidney Delivery Method:</i>	<input type="checkbox"/> SRC	<input type="checkbox"/> OPP / Courier	<input type="checkbox"/> ORNGE / Air Canada	Flight details: _____
<input type="checkbox"/> Pancreas Islets	_____	_____	_____	_____
<input type="checkbox"/> Transplant	_____	_____	_____	_____
<input type="checkbox"/> Research	_____	_____	_____	_____
<i>Panc-Islets Delivery Method:</i>	<input type="checkbox"/> SRC	<input type="checkbox"/> OPP / Courier	<input type="checkbox"/> ORNGE / Air Canada	Flight details: _____
<input type="checkbox"/> Bowel	_____	_____	_____	_____
<i>Bowel Delivery Method:</i>	<input type="checkbox"/> SRC	<input type="checkbox"/> OPP	<input type="checkbox"/> ORNGE	Flight details: _____

Donor TGLN #: \_\_\_\_\_

**TISSUE DONATION**

- Eyes       Bones       Heart Valves and / or Pericardium       Spinal Cord       Vessels

**SPECIMENS REQUIRED**

**\* Ensure that hemodilution calculation has been completed \***  
**CSC to request samples for hand over to SRC / Tissue Banks.**

TORONTO SPECIMENS				OTTAWA SPECIMENS			
TEST	QUANTITY	TUBE TYPE		TEST	QUANTITY	TUBE TYPE	
Spleen	<input type="checkbox"/> 1	Spleen		Spleen	<input type="checkbox"/> 1	Spleen	
Archival	<input type="checkbox"/> 1	Red top (serum)		Archival	<input type="checkbox"/> 1	Red top (serum)	
WNV	<input type="checkbox"/> 2	Lavender / Pink top (EDTA)		WNV	<input type="checkbox"/> 2	Lavender / Pink top (EDTA)	
EBV	<input type="checkbox"/> 1	Red top (serum)		EBV	<input type="checkbox"/> 1	Red top (serum)	
Toxo	<input type="checkbox"/> 1	Red top (serum)		Toxo	<input type="checkbox"/> 1	Red top (serum)	
Islets -TGH	<input type="checkbox"/> 1	Gold top (SST)		Cross-match	<input type="checkbox"/> 2	Lavender / Pink top (EDTA)	
Other:	<input type="checkbox"/>	_____		Other:	<input type="checkbox"/>	_____	
Other:	<input type="checkbox"/>	_____		Other:	<input type="checkbox"/>	_____	

LONDON SPECIMENS				HAMILTON SPECIMENS			
TEST	QUANTITY	TUBE TYPE		TEST	QUANTITY	TUBE TYPE	
Spleen	<input type="checkbox"/> 1	Spleen		Spleen	<input type="checkbox"/> 1	Spleen	
Archival	<input type="checkbox"/> 1	Red top (serum)		Archival	<input type="checkbox"/> 1	Red top (serum)	
London Testing	<input type="checkbox"/> 2	Lavender / Pink top (EDTA)					
London Testing	<input type="checkbox"/> 1	Gold top (SST)					
Other:	<input type="checkbox"/>	_____					
Other:	<input type="checkbox"/>	_____					

EDMONTON ISLET SPECIMENS				OUT OF PROVINCE / OTHER TX PROGRAMS			
TEST	QUANTITY	TUBE TYPE		TEST	QUANTITY	TUBE TYPE	
Edm Islet Testing	<input type="checkbox"/> 1	Red top (serum)		Spleen	<input type="checkbox"/> 1	Spleen	
	<input type="checkbox"/> 3	Yellow top (ACD)		OPO Testing	<input type="checkbox"/>	Red top (serum)	
					<input type="checkbox"/>	Lavender / Pink top (EDTA)	
					<input type="checkbox"/>	Yellow top (ACD)	
					<input type="checkbox"/>	Gold top (SST)	
				Other:	<input type="checkbox"/>	_____	
				Other:	<input type="checkbox"/>	_____	

TISSUE SPECIMENS				TISSUE SPECIMENS			
TEST	QUANTITY	TUBE TYPE		TEST	QUANTITY	TUBE TYPE	
Eye Bank	<input type="checkbox"/> 1	Red top (serum)		Skin Bank	<input type="checkbox"/> 2	Lavender / Pink top (EDTA)	
	<input type="checkbox"/> 1	Lavender / Pink top (EDTA)			<input type="checkbox"/> 3	Gold top (SST)	
HSC Heart Valves	<input type="checkbox"/> 1	Red top (serum)		Bone Bank	<input type="checkbox"/> 2	Lavender / Pink top (EDTA)	
	<input type="checkbox"/> 1	Lavender / Pink top (EDTA)			<input type="checkbox"/> 2	Red top (serum)	
					<input type="checkbox"/>	Blood Cultures	
						(1 set of anaerobic / aerobic)	

**RESEARCH SPECIMENS**

Research study: \_\_\_\_\_ Blood  \_\_\_\_\_

Details: \_\_\_\_\_ Other:  \_\_\_\_\_

\_\_\_\_\_ Other:  \_\_\_\_\_

**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).

