# CTR Local Business Continuity – Offer Update Request Form

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| Forms Complete the *Requestor Information* section for each required section then telephone  CTR Customer Support at 1-855-274-2889, before emailing this form to [transplantregistry@blood.ca](mailto:transplantregistry@blood.ca).   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | RUN ALLOCATION – Request that CTR Customer Support run allocation for donor | | | | | | | | | | **DONOR** | **CTR National ID** | | CTD | **ODO** | Choose an item. | | | | | **Date requested:** | Click here to enter a date.**Time:** | | | | | | | AM  PM | | **Requestor Contact Information – to be completed by provincial coordinator requesting the action** | | | | | | | | | | **Email** | |  | | | | | | | | **Fax** | |  | | | | | | | | **Telephone** | |  | | | | | | | | **Name** | |  | | | |  |  | | | *I have reviewed and confirmed that all information included in this document is correct.* | | | | | | | | | | **Date/Time** | | Click here to enter a date.**Time:** | | | | | | AM  PM | | **CTR Customer Support Contact Information – To be completed by Canadian Blood Services** | | | | | | | | | | After allocation is run, CTR Customer Support will provide the requestor with a PDF copy of the resulting HSP Allocation List, even if no recipients are found, as that report contains the “HSP Allocation Run On” date and time, for the requestor’s records. | | | | | | | | | | **Email** | | [transplantregistry@blood.ca](mailto:transplantregistry@blood.ca) | | | | | | | | **Fax** | | 613-260-4090 | | | | | | | | **Telephone** | | 1-855-274-2889 | | | | | | | | **Agent Name** | |  | | | | | | | | **Ticket Number** | |  | | | | | | | | *I have entered the information provided in this document into the Canadian Transplant Registry.* | | | | | | | | | | **Date/Time** | | Click here to enter a date. **Time:** | | | | | | AM  PM |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | MAKE OFFER - Request that CTR Customer Support Make Offer to HSP Kidney Recipient | | | | | | **DONOR** | **CTR National ID** | CTD | **ODO** | Choose an item. | | **RECIPIENT** | **CTR Support will make the HSP offer to the top ranked Recipient the Allocation list, according to policy.** | | | | | **Organ Type Offered** | Left  Right | | | | | **Send Alert** | Yes (default)  No | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Requestor Contact Information – to be completed by provincial coordinator requesting the action** | | | | | | **Email** |  | | | | | **Fax** |  | | | | | **Telephone** |  | | | | | **Name** |  |  |  | | | *I have reviewed and confirmed that all information included in this document is correct.* | | | | | | **Date/Time** | Click here to enter a date.**Time:** | | | AM  PM | | **CTR Customer Support Contact Information – To be completed by Canadian Blood Services** | | | | | | **Email** | [transplantregistry@blood.ca](mailto:transplantregistry@blood.ca) | | | | | **Fax** | 613-260-4090 | | | | | **Telephone** | 1-855-274-2889 | | | | | **Allocation ID\*** |  | | | | | **Offer ID\*** |  | | | | | **Donor Consented Organ ID\*** |  | | | | | **Agent Name** |  | | | | | **Ticket Number** |  | | | | | *I have entered the information provided in this document into the Canadian Transplant Registry.* | | | | | | **Date/Time of Offer** | Click here to enter a date. **Time:** | | | AM  PM | | \*These values will be provided at the start of the next business day. | | | | | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | ACCEPT OFFER - Request that CTR Customer Support Accept Offer for HSP Kidney | | | | | | | | | **DONOR** | **CTR National ID** |  | **ODO** |  | **ABO** | |  | | **RECIPIENT** | **CTR National ID** |  | **ODO** |  | **ABO** | |  | | **Date Offer Accepted** | Click here to enter a date.**Time:** | | | | | AM  PM | | | **Send Alert** | Yes (default)  No | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Requestor Contact Information – to be completed by provincial coordinator requesting the action** | | | | | | **Email** |  | | | | | **Fax** |  | | | | | **Telephone** |  | | | | | **Name** |  |  |  | | | *I have reviewed and confirmed that all information included in this document is correct.* | | | | | | **Date/Time** | Click here to enter a date.**Time:** | | | AM  PM | | **CTR Customer Support Contact Information – To be completed by Canadian Blood Services** | | | | | | **Email** | [transplantregistry@blood.ca](mailto:transplantregistry@blood.ca) | | | | | **Fax** | 613-260-4090 | | | | | **Telephone** | 1-855-274-2889 | | | | | **Agent Name** |  | | | | | **Ticket Number** |  | | | | | *I have entered the information provided in this document into the Canadian Transplant Registry.* | | | | | | **Date/Time** | Click here to enter a date. **Time:** | | | AM  PM | | | | | | | | | | | | | | | | | | | |
| DECLINE OFFER - Request that CTR Customer Support Decline Offer for HSP Kidney | | | | | | | | | | |
| **DONOR** | **CTR National ID** | | CTD | **ODO** | Choose an item. | | | **ABO** | | Choose an item. |
| **RECIPIENT** | **CTR National ID** | | CTR | **ODO** |  | | | **ABO** | | Choose an item. |
| **Date Offer Declined** | Click here to enter a date.**Time:** | | | | | | | | AM  PM | |
| **Send Alert** | Yes (default)  No | | | | | | | | | |
| **Declined Reason**  ***(Select one only)*** | |  |  |  |  | | --- | --- | --- | --- | |  | Abnormal test results |  | Organ test results unavailable | |  | ABO identical donorpreferred |  | Poor flush | |  | At threshold limit |  | Positive cross match | |  | DCD did not die within acceptable time |  | Positive serology | |  | Donor age |  | Prolonged CIT | |  | Donor medical history |  | Prolonged WIT | |  | Donor quality |  | Recipient deceased | |  | Donor size |  | Recipient duplicate | |  | Donor social history |  | Recipient medically unsuitable | |  | High medical risk |  | Recipient refused | |  | Mis-assignment of status |  | Recipient unavailable | |  | Multi-organ placement |  | Recipient withdrew consent | |  | No recovery team available |  | Selected incorrect recipient | |  | No suitable recipient |  | Surgeon unavailable | |  | Organ anatomical damage or defect |  | Technical problem in OR | |  | Organ declined on visualisation in OR |  | Transportation logistics | |  | Organ not as described |  | Unacceptable HLA after review | |  | Organ preservation |  | Unstable donor | |  | Organ test results unacceptable |  |  | | | | | | | | | | |
| **Requestor Contact Information – to be completed by provincial coordinator requesting the action** | | | | | | | | | | |
| **Email** | |  | | | | | | | | |
| **Fax** | |  | | | | | | | | |
| **Telephone** | |  | | | | | | | | |
| **Name** | |  | | | |  |  | | | |
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| **Date/Time** | | Click here to enter a date.**Time:** | | | | | | | AM  PM | |
| **CTR Customer Support Contact Information – To be completed by Canadian Blood Services** | | | | | | | | | | |
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| **Telephone** | | 1-855-274-2889 | | | | | | | | |
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| CANCEL ACCEPTANCE OFFER - Request that CTR Customer Support Cancel Acceptance of Offer for HSP Kidney | | | | | | | | | | |
| **DONOR** | **CTR National ID** | | CTD | **ODO** | Choose an item. | | | **ABO** | | Choose an item. |
| **RECIPIENT** | **CTR National ID** | | CTR | **ODO** | Choose an item. | | | **ABO** | | Choose an item. |
| **Date of “Cancel Acceptance of Offer”** | Click here to enter a date.**Time:** | | | | | | | | AM  PM | |
| **Send Alert** | Yes (default)  No | | | | | | | | | |
| **Cancel Acceptance Reason**  ***(Select one only)*** | |  |  |  |  | | --- | --- | --- | --- | |  | Abnormal test results |  | Prolonged CIT | |  | At threshold limit |  | Prolonged WIT | |  | DCD did not die within acceptable time |  | Recipient deceased | |  | Donor quality |  | Recipient duplicate | |  | Mis-assignment of status |  | Recipient medically unsuitable | |  | No recovery team available |  | Recipient refused | |  | No suitable recipient |  | Recipient unavailable | |  | Organ anatomical damage or defect |  | Recipient withdrew consent | |  | Organ declined on visualisation in OR |  | Retracted back-up offer | |  | Organ not as described |  | Selected incorrect recipient | |  | Organ preservation |  | Surgeon unavailable | |  | Organ test results unacceptable |  | Technical problem in OR | |  | Organ test results unavailable |  | Transportation logistics | |  | Poor flush |  | Unacceptable HLA after review | |  | Positive cross match |  | Unstable donor | |  | Positive serology |  |  | | | | | | | | | | |
| **Requestor Contact Information – to be completed by provincial coordinator requesting the action** | | | | | | | | | | |
| **Email** | |  | | | | | | | | |
| **Fax** | |  | | | | | | | | |
| **Telephone** | |  | | | | | | | | |
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| WITHDRAW OFFER - Request that CTR Customer Support Withdraw Offer for HSP Kidney | | | | | | | | | | |
| **DONOR** | **CTR National ID** | | 036889 | **ODO** | **ON-TGLN** | | | **ABO** | |  |
| **RECIPIENT** | **CTR National ID** | | 037841 | **ODO** | **ON-TGLN** | | | **ABO** | |  |
| **Date Offer Withdrawn** | **Time:** | | | | | | | | AM  PM | |
| **Send Alert** | Yes (default)  No | | | | | | | | | |
| **Withdraw Reason**  ***(Select one only)*** | |  |  |  |  | | --- | --- | --- | --- | |  | At threshold limit |  | Recipient duplicate | |  | Consent withdrawn by donor next of kin |  | Retracted back up offer | |  | DCD did not die within acceptable time |  | Selected incorrect recipient | |  | Donor quality |  | Surgeon unavailable | |  | Mis-assignment of status |  | Technical problem in OR | |  | No recovery team available |  | Transportation logistics | |  | Offer time expired |  | Unstable donor | |  | Re-run HSP kidney allocation | x | Should be right not left kidney | | | | | | | | | | |
| **Requestor Contact Information – to be completed by provincial coordinator requesting the action** | | | | | | | | | | |
| **Email** | |  | | | | | | | | |
| **Fax** | |  | | | | | | | | |
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| **Telephone** | | 1-855-274-2889 | | | | | | | | |
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| CANCEL TRANSPLANT – Request that CTR Customer Support cancel record of HSP kidney Transplanted | | | | | | | | | | |
| **DONOR** | **CTR National ID** | | CTD | **ODO** | Choose an item. | | | **ABO** | | Choose an item. |
| **RECIPIENT** | **CTR National ID** | | CTR | **ODO** | Choose an item. | | | **ABO** | | Choose an item. |
| **Date requested:** | Click here to enter a date.**Time:** | | | | | | | | AM  PM | |
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| **Email** | |  | | | | | | | | |
| **Fax** | |  | | | | | | | | |
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| **Fax** | | 613-260-4090 | | | | | | | | |
| **Telephone** | | 1-855-274-2889 | | | | | | | | |
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| NOT TRANSPLANTED - Request that CTR Customer Support record HSP Kidney as ‘Not Transplanted’ | | | | | | | | | | |
| **DONOR** | **CTR National ID** | | CTD | **ODO** | Choose an item. | | | **ABO** | | Choose an item. |
| **RECIPIENT** | **CTR National ID** | | CTR | **ODO** | Choose an item. | | | **ABO** | | Choose an item. |
| **Date requested** | Click here to enter a date.**Time:** | | | | | | | | AM  PM | |
| **Organ Type** | Left  Right | | | | | | | | | |
| **Not Transplanted Disposition**  ***(Select one only)*** | Medical Education  Not Used  Pathology  Research  Tissue | | | | | | | | | |
| **Not Transplanted Reason**  ***(Select one only)*** | |  |  |  |  | | --- | --- | --- | --- | |  | Cold Ischemia Time |  | Recipient died | |  | Lack of recipient hospital resources |  | Recipient medically unsuitable | |  | No suitable recipient |  | Storage and preservation problems | |  | Organ no longer transplantable |  | Technical problem in OR | |  | Organ Split |  | Transportation logistics | |  | Other Organ Type Transplanted |  | Warm Ischemia Time | | | | | | | | | | |
| **Requestor Contact Information – to be completed by provincial coordinator requesting the action** | | | | | | | | | | |
| **Email** | |  | | | | | | | | |
| **Fax** | |  | | | | | | | | |
| **Telephone** | |  | | | | | | | | |
| **Name** | |  | | | |  |  | | | |
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| **Fax** | | 613-260-4090 | | | | | | | | |
| **Telephone** | | 1-855-274-2889 | | | | | | | | |
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| CANCEL NOT TRANSPLANTED – Request that CTR Customer Support cancel record of HSP kidney NOT Transplanted | | | | | | | | | | |
| **DONOR** | **CTR National ID** | | CTD | **ODO** | Choose an item. | | | **ABO** | | Choose an item. |
|  |  | |  |  |  | | |  | |  |
| **Date requested:** | Click here to enter a date.**Time:** | | | | | | | | AM  PM | |
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| **Email** | |  | | | | | | | | |
| **Fax** | |  | | | | | | | | |
| **Telephone** | |  | | | | | | | | |
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| **Date/Time** | | Click here to enter a date.**Time:** | | | | | | | AM  PM | |
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| **Email** | | [transplantregistry@blood.ca](mailto:transplantregistry@blood.ca) | | | | | | | | |
| **Fax** | | 613-260-4090 | | | | | | | | |
| **Telephone** | | 1-855-274-2889 | | | | | | | | |
| **Agent Name** | |  | | | | | | | | |
| **Ticket Number** | |  | | | | | | | | |
| *I have entered the information provided in this document into the Canadian Transplant Registry.* | | | | | | | | | | |
| **Date/Time** | | Click here to enter a date. **Time:** | | | | | | | AM  PM | |