# CTR Local Business Continuity – Offer Update Request Form

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| FormsComplete 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.

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| 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 |
| **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 |

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| 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 |
|

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| **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 |
| **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. |

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| 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 |
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| **Telephone**  |  |
| **Name** |  |  |  |
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| **Fax**  | 613-260-4090 |
| **Telephone**  | 1-855-274-2889 |
| **Agent Name** |  |
| **Ticket Number** |  |
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| 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** | [x]  Yes (default) [ ]  No |
| **Declined Reason*****(Select one only)*** |

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| --- | --- | --- | --- |
| [ ]  | 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 |  |  |

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| **Requestor Contact Information – to be completed by provincial coordinator requesting the action** |
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| **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** |
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| **Telephone**  | 1-855-274-2889 |
| **Agent Name** |  |
| **Ticket Number** |  |
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| **Date/Time** | Click here to enter a date. **Time:**  | [ ]  AM [ ]  PM |

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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 |  |  |

 |
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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 |

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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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|  |
| 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 |

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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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