

CSC TGLN DONOR
CASE CLOSURE CHECKLIST

TGLN # / OPO # _____
Hospital: _____
CTD # _____
Retrieval Date: _____

DOCUMENTATION										COMMENTS / NOTES:
Hardcopy	Initials	iTransplant	Initials							
• ABO & Subtype (if applicable) Uploaded		• E-Signatures x 2		Exceptional Distribution Forms: <input type="checkbox"/> UHN-TGH <input type="checkbox"/> SMH <input type="checkbox"/> LHSC <input type="checkbox"/> HAMILTON <input type="checkbox"/> OTTAWA <input type="checkbox"/> HSC <input type="checkbox"/> KINGSTON <input type="checkbox"/> OOP						
• Declarations (Ontario Only - NDD & DCD)		• BD 1/2 or Asystole Date & Time								
• Consent & Registered Consent Decision		• Uploaded								
• DCD Only		• Uploaded								
Consent for Treatment		• Uploaded								
WLST Note		• Uploaded								
• Medical / Social Questionnaire (and Maternal if applicable)		• Transcribed into PMHx								
• Stat Serology Results		• E-Signatures x 2								
• HTLV (OOP Donors)		• E-Signatures x 2								
• WNV (OOP Donors): May 1st - October 31st		• E-Signatures x 2								
• EBV		• E-Signatures x 2								
• Toxo (Heart Donors)		• E-Signatures x 2								
• Maternal Serology / EBV / Toxo		• E-Signatures x 2								
• Hepatitis C Genotype		• Uploaded								
• Exceptional Distribution		• Yes or No entered, if Yes - Reason								
• Form faxed to Tx Program(s)		• Upload fax confirmation								
• Post-Release Result faxed to Tx Program(s)		• Upload fax confirmation								
• All signed forms returned to TGLN		• Uploaded								
• Transportation Documents (Courier confirmations, AirCanada)		• Uploaded								
• Request for ORNGE Flight(s) Form		• Uploaded & e-mailed								
• Preliminary Cultures Obtained & Reported to All Programs & Tissue Banks	<i>Day 3 Post-OR</i>									
• Blood		• Enter & upload fax confirmation								
• Urine		• Enter & upload fax confirmation								
• Sputum / BAL		• Enter & upload fax confirmation								
• Other		• Enter & upload fax confirmation								
• Final Cultures Obtained & Reported to All Programs & Tissue Banks	<i>Day 5 Post-OR</i>									
• Blood		• Enter & upload fax confirmation								
• Urine		• Enter & upload fax confirmation								
• Sputum / BAL		• Enter & upload fax confirmation								
• Other		• Enter & upload fax confirmation								
TOTAL COMPUTER INPUT										
	Liver	Rt. Kidney	Lt. Kidney	Combo	Pancreas / Islets	Small Bowel	Heart	Lung	VCA	
Transplant Centre										
Organ(s) Offered										
Organ(s) Decline Reason										
Organ(s) Recovered										
Cold Times Obtained										
Recipients Off System										
HSP Kidney - CTR Web Services					Recovery Systems & Surge Planning					
Withdraw Offer (Ontario DONORS Only)					Surge Escalation Required (Y/N)					
Cancel Transplanted Record (Ontario Recipients Only)					Surge Form Completed and Emailed to MOC					
iTRANSPLANT COMPUTER INPUT										
	Liver	Rt. Kidney	Lt. Kidney	Combo	Pancreas / Islets	Small Bowel	Heart	Lung	VCA	
Recovery Team							N/A	N/A	N/A	
R and L Kidney Pump device	N/A				N/A	N/A	N/A	N/A	N/A	
ORGAN OUTCOME/DISPOSITION										
Intent at OR										
Outcome & Disposition										
Recip Transplant Centre										
Recip TGLN #, Age, Sex in First Name										
*HOSPITAL CASE FOLLOW-UP (ASSIGN TO OTDC when Organ Disposition Page is complete) :					Date	Signature				
Entered	Initials	Entered	Initials	CSC FINAL CHART SIGN OFF Completed case assigned to Data Entry Personnel:						
• Enter & Exit OR Times (iTransplant)		• NDD / DCD / ECD Criteria (iTransplant)								
• Skin Cut & X-Clamp Times (iTransplant)		• Organ Outcome & Detail (iTransplant)								
• Referral Indicator Questions (iTransplant)		• On a Vent ? & Referral Type (iTransplant)								
CHART CHECKS										
Date	Signature	Date	Signature	Date	Signature	SIGNATURE:				
Date	Signature	Date	Signature	Date	Signature					
Date	Signature	Date	Signature	Date	Signature					

**SRC TGLN DONOR
CASE CLOSURE CHECKLIST**

TGLN # / OPO # _____
 Hospital: _____
 CTD # _____
 Retrieval Date: _____

SRC iTRANSPLANT COMPUTER INPUT				
Entered	Initials	Entered	Initials	SRC SIGN OFF SIGNATURE:
• DCD recovery? (Y/N) <small>(Intra-Op Managmnt)</small>		• Renal Data <small>(Organ OR Post tab)</small>		
• Enter & Exit OR Times <small>(Intra-Op Managmnt)</small>		• Liver Data <small>(Organ OR Post tab)</small>		
• Skin Cut & X-Clamp Times <small>(Intra-Op Managmnt)</small>		• Heart Data <small>(Organ OR Post tab)</small>		
• Intra-Op VS's <small>(Intra-Op Managmnt)</small>		• Lung Data <small>(Organ OR Post tab)</small>		
• Intra-Op Meds/Blood <small>(Intra-Op Managmnt)</small>		• Pancreas Data <small>(Organ OR Post tab)</small>		
• OR Teams <small>(Organ OR Post tab)</small>		• Intestine Data <small>(Organ OR Post tab)</small>		
• Supply List <small>(Organ OR Post tab)</small>				