



TGLN NON-DONOR CASE CLOSURE CHECKLIST

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

RTC/CSC iTRANSPLANT COMPUTER INPUT - ALL CLOSED REFERRALS/CASES

Enter - Mandatory	Initials	Enter if available/known	Initials	RTC/CSC SIGN OFF
• Organ Outcome & Detail (Referral Summary)		• Donation Preference (Referral Worksheet)		
• Referral Indicator Questions (Referral Worksheet)		• Death Date/Time (Referral Worksheet)		
• On a Vent? (Referral Worksheet)		• Admission date (Referral Worksheet)		
• Referral Type (Referral Worksheet)		• Intubation date (Referral Worksheet)		
• Note describing reason for closure		• Interest calls (Tracking Tab)		SIGNATURE: _____

CSC/RTC iTRANSPLANT COMPUTER INPUT WHEN NOK APPROACHED +/- CONSENT

If Consented	Initials	If Approached +/- Consent, no OTDC	Initials	CSC/RTC SIGN OFF
• NDD / DCD / ECD Criteria (Donor Information)		• Initial Mention (Approach Info)		
• EXD & reason (Donor Information)		• Approach Plan (Approach Info)		
• Planned OR date/time (Donor Information)		• Formal Request (Approach Info)		
• Push to TOTAL (Allocation Tab)		• Family Dynamics (Approach Info)		
• Enter & Exit OR Times (Intra-Op Managmnt)		• Approach Checklist (Approach Info)		
• Skin Cut & X-Clamp Times (Intra-Op Managmnt)		• Comments/Notes (Approach Info)		
• Push to TOTAL (Allocation Tab)				SIGNATURE: _____

CSC iTRANSPLANT COMPUTER INPUT - Donor Summary and Organ Disposition

	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
Intent at OR									
Outcome & Disposition									

CSC 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									
Cold Times Obtained									
Recipients Off System									

HSP Kidney - CTR Web Services

Withdraw Offer (Ontario DONORS Only)							
Cancel Transplanted Record (Ontario Recipients Only)							

Recovery Systems & Surge Planning

Surge Escalation Required (Y/N)	
Surge Form Completed and Emailed to MOC	

CSC SIGN OFF SIGNATURE: _____

SRC iTRANSPLANT COMPUTER INPUT WHEN DONOR WENT TO THE OR

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

Completed case assigned to Data Entry Personnel: _____

DATE: _____
SIGNATURE: _____