



## Clinical Process Instruction Manual

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### Listing and Status Changes of Composite Tissue Candidates on the Ontario Provincial Wait List

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#### Policy:

Composite tissue is the transplantation of complex anatomic units composed of two or more distinct tissues from one individual to another e.g. hand and forearm, elements of face and underlying structure, or the trachea. Composite tissue can also be referred to as Vascular Composite Allotransplantation (VCA).

Candidates identified by the transplant program will be listed on the Ontario Provincial Waitlist by registering the patient into the Ontario Health (Trillium Gift of Life Network (TGLN)) organ allocation and transplant system. The transplant programs will work in conjunction with the HLA lab and recipients will be manually listed on the *VCA Wait List Registration* by the Provincial Resource Centre (PRC). Any change to a patient's wait list or medical status, including re-activation or placing a patient on hold, will require the Transplant Program to notify the PRC using the *VCA Patient Registration and Status Change Form* and via telephone.

#### Process:

##### Listing a New Recipient

Once a candidate is identified by the transplant program as eligible for composite tissue transplantation, the transplant program will register the patient into the organ allocation and transplant system and generate a recipient TGLN number.

1. The transplant program will coordinate with their local HLA lab to submit the requirements needed for HLA typing and enter into the organ allocation and transplant system.
2. Once the recipient's HLA requirements are entered into the organ allocation and transplant system, the transplant program will send a completed *VCA Patient Registration and Status Change Form* (Exhibit 1) and a copy of the recipient ABO to #OH-TGLN\_csc@ontariohealth.ca. The transplant program will call the PRC to confirm that the request was successfully received.
3. The CSC will verify that the hardcopy ABO matches the ABO entered in the organ allocation and transplant system. The CSC will also confirm that the necessary HLA requirements for allocation is available for the recipient.
4. The CSC lists the recipient on the manual *VCA Wait list Registration* excel sheet (Exhibit 2) in the VCA folder on the Common (S) Drive and has a second CSC verify and initial the listing.



5. The CSC must then confirm with the listing recipient coordinator that the recipient has been listed and is activated on the wait list. To do this, the CSC will complete the “For TGLN Use Only” section of the *VCA Patient Registration and Status Change Form* and sends it to the listing transplant program for confirmation.
6. The CSC will upload a copy of the completed *VCA Patient Registration and Status Change Form* to the organ allocation and transplant system.

**Reactivating Recipients and Status Changes**

1. To reactivate or change the status of recipient, the transplant program must inform the PRC using the *VCA Patient Registration and Status Change Form* recipient listing form. The transplant program will complete the form including the recipient TGLN# indicating the status change request and email a copy of the form to [#OH-TGLN\\_csc@ontariohealth.ca](mailto:#OH-TGLN_csc@ontariohealth.ca). The transplant program will also call the PRC to confirm the request was received.
2. The CSC will make the necessary changes on the *VCA Wait List Registration* excel sheet on the (S) Drive and have a second CSC verify and initial the listing.
3. The CSC must then confirm with the listing transplant program that the requested changes have been made. To do this, the CSC will complete the “For TGLN Use Only” section of the *VCA Patient Registration and Status Change Form* and sends it to the listing transplant program for confirmation.
4. The CSC will save a copy of the completed *VCA Patient Registration and Status Change Form* to (S) Drive.

**Records:**

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
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- No records

**References:**

- None



**Exhibit 1: VCA Patient Registration and Status Change Form**

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**VCA PATIENT REGISTRATION AND  
STATUS CHANGE FORM**

CSF-9-114

TGLN ID#: \_\_\_\_\_

**REGISTRATION INFORMATION**

Registration Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 HLA: \_\_\_\_\_ cPRA: \_\_\_\_\_% Date of Serum: \_\_\_\_\_  
 Transplant Type:  Upper Limb  Combination, Upper limb w/[\(Click to choose organ\)](#)  
 Other, please specify: \_\_\_\_\_  
 Graft Type:  Left  Right  Bilateral

**PATIENT INFORMATION**

Patient Last Name: \_\_\_\_\_ Patient First/Middle Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 OHIP #: \_\_\_\_\_ MRN #: \_\_\_\_\_  
 Sex:  Male  Female  Unknown  
 Town/City of Residence: \_\_\_\_\_ Province: [Click to choose one](#) Postal Code: \_\_\_\_\_  
 Blood Type - Copy of ABO Attached:  Yes  No  
 Patient ABO:  A  B  AB  O  
 Allergy to Latex:  Yes  No Other allergies: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Secondary diagnosis: \_\_\_\_\_

**CLINICAL INFORMATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Level of Amputation - Right Limb (if applicable):  
 Wrist Level  Wrist to Below Elbow  
 Elbow to Below Shoulder  Other, Specify: \_\_\_\_\_  
 Level of Amputation - Left Limb (if applicable):  
 Wrist Level  Wrist to Below Elbow

