



## Clinical Process Instruction Manual

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### Organ Allocation Process Instruction

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#### Policy:

Trillium Gift of Life Network (TGLN), in collaboration with the Ministry of Health and Long-Term Care (MOHLTC), oversees and manages the Transplant Program for the Government of Ontario. The mission of TGLN's Provincial Transplant Program is to support the development of a sustainable end-to-end transplant system and to continually strive to improve the dimensions of quality, safety, effectiveness, access, patient centered and integrated care in order to enable better patient outcomes.

TGLN is responsible for the fair and equitable distribution of organs to recipients on the waitlist. Organ offers are made directly to designated individuals at the transplant programs. Transplant hospitals must either accept or decline the organ offer within one hour of receiving the deceased donor chart (Highly Sensitized Patient (HSP) and High Status Heart (HSH) offers will have 2 hours for HLA purposes). If the transplant hospital does not respond within this time, the offer expires, and the organ may be offered to the next candidate on the allocation algorithm.

The Clinical Services Coordinator (CSC) will ensure the required donor information has been entered into the database in preparation for generating organ specific allocations and offering organs to designated individuals at the transplants programs, as per *Coordination of Organ Placement – All Organs Process Instruction, CPI-9-302*.

In addition to standard tests and procedures required of all potential organ donors, certain organ-specific data is required to assist the respective transplant programs in determining medical and functional suitability of the organ(s) and composite tissue(s) for transplantation, as listed in *Organ and Composite Tissue Specific Data Collection Process Instruction, CPI-9-215*.

Note: Donor Management System information fields for types of donors by determination of death have not been updated. For the purposes of the Donor Management System *Death determination by neurologic criteria* (DNC) equals NDD; and *Death determination by circulatory criteria* (DCC) equals DCD.

#### Process:

### General Allocation Requirements

1. When a potential organ donor has been consented, the CSC will review the *Deceased Donor Criteria* for each consented organ to determine whether there are any organ specific, or transplant program specific exclusionary criteria present, and consult the Transplant Support Physician as necessary, as per *Deceased Donor Exclusion Criteria and Suitability Screening Process Instruction, CPI-9-218*.



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- 1.1. An allocation report is generated for every organ that is consented. At a minimum, the donor height, weight, ABO, SCD or ECD, DCC or DNC, and organ authorization must be completed in the Donor Management System in order to generate an allocation in the TGLN organ allocation and transplant system. The CSC will review each allocation, as per the *Allocation Verification Process Instruction, CPI-9-305*.

### Organ Specific Allocation Principles

#### **Heart Allocation Principles**

2. Donor hearts will be offered for transplantation according to the allocation algorithm within each donor type listed on the *TP-9-100 Waitlist, Organ Offers and Allocation Policy Document* and the "Offering Rules for Heart – Virtual Cross Match Scenarios" in Appendix 1.

#### **Ontario and Canadian Out-of-Province DNC Donors**

- 2.1. All Canadian DNC donor hearts will be offered nationally to all programs with eligible HSH recipients. See *CPI-9-316 Organ Donor Allocation – Interprovincial Organ Sharing (IPOS) of Hearts for High Status Heart Recipients*.

#### **Non-Canadian Out-of-Province Donors**

- 2.2. Non-Canadian donor hearts will be offered to Ontario recipients, as per the Heart Allocation Recommendation.
  - 2.2.1. The CSC will notify all Ontario programs with eligible Status 4 and sensitized recipients that a 'heart is available'.
  - 2.2.2. If multiple programs are interested in the heart, a deferral discussion will occur, physician to physician, in a timely manner. If consensus is not reached, the final decision about allocation will be made by the program with the highest ranked recipient.

#### **Ontario DCC Donors**

- 2.3. Eligible DCC donor hearts will be offered to the United Network for Organ Sharing (UNOS).

#### **Lung Allocation Principles**

3. Donor lungs will be offered for transplantation according to the allocation algorithm listed on the *TP-9-100 Waitlist, Organ Offers and Allocation Policy Document*.
  - 3.1. Heart/Lung recipients will be offered organs when there are no acceptable competing high status heart recipients.



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#### ***Liver allocation Principles***

4. Donor livers will be offered for transplantation according to the allocation algorithm listed on the *TP-9-100 Waitlist, Organ Offers and Allocation Policy Document*.

#### ***Ontario Donors – 4F recipients***

- 4.1. The CSC will offer the liver to 4F recipients in the order they appear on the allocation report as per *TP-9-100 Waitlist, Organ Offers and Allocation Policy Document*. No deferral discussion is required for 4F recipients.
- 4.2. If a new higher status recipient (including a 3F or 4F) is listed after liver acceptance refer to Section 11.

#### ***Ontario Donors – 3F Liver Recipients***

- 4.3. 3F recipients are ranked in priority sequence as per the *TP-9-100 Waitlist, Organ Offers and Allocation Policy Document*.
- 4.4. The CSC will notify the Ontario program(s) with eligible 3F liver recipients on the allocation that a 'liver is available' prior to contacting OOP programs with 3F recipients.
- 4.5. The CSC will notify all OOP programs with eligible 3F liver recipients appearing on the allocation that a 'liver is available' but that a deferral discussion is required between other interested transplant programs before the liver offer can be confirmed.
- 4.6. If multiple programs are interested in the liver, a deferral discussion will occur, physician to physician, in a timely manner.
- 4.7. The decision to defer an Ontario liver to an OOP 3F recipient will be made by the Ontario program with the recipient with the most urgent medical need. The CSC will ensure all transplant programs are aware of the deferral decision.

#### ***Ontario Donors – All other recipients***

- 4.8. If there are no eligible Ontario 3F recipients, the CSC will notify the Ontario program with the highest ranked eligible recipient that a 'liver is available' prior to contacting OOP programs with 3F recipients. The CSC will notify programs that a deferral discussion will be required prior to confirmation of the liver offer.
- 4.9. If both the Ontario program and the OOP 3F program are interested in the liver, a deferral discussion will occur, physician to physician, in a timely manner. This discussion will be initiated by the OOP physician.
- 4.9.1. If consensus is not reached, the final decision about deferral of the liver will be made by the Ontario program.

#### ***Out-of-Province Donors***

- 4.10. All out-of-province and out-of-country donor livers will be offered nationally to all programs with eligible Status 4F and 3F recipients.



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4.10.1. If there are competing Status 4F and 3F candidates, mandatory discussion is required in a timely manner, physician to physician, prior to allocation of the donor liver.

#### **Multi-Organ Recipients**

4.11. Recipients listed for multi-organ clusters will be offered donor organs when they are listed as the highest priority recipient on each organ allocation that they are registered for (i.e., liver-kidney recipients will be offered organs if they are the highest priority recipient on both the liver and kidney pancreas organ allocations).

#### **Small Bowel Allocation Principles**

5. Donor small bowel will be offered for transplantation according to the *TP-9-100 Waitlist, Organ Offers and Allocation Policy Document*.

5.1. The CSC will offer the small bowel from suitable donors prior to offering the pancreas.

5.1.1. If the small bowel is accepted for an isolated small bowel, liver-bowel, or multi-visceral recipient, and the pancreas is being considered for transplantation, a physician to physician discussion is required to discuss allocation and surgical considerations. If a consensus cannot be reached, the CSC will consult the OH-TGLN Chief Medical Officer - Transplant.

Note: Due to surgical and anatomical considerations the pancreas or pancreas related vessels may be required as part of the small bowel transplant.

#### **Kidney, Kidney-Pancreas (KP), Pancreas after kidney (PAK), Pancreas Transplantation Alone (PTA), and Simultaneous Islet Kidney (SIK) Allocation Principles**

6. Donor kidneys and pancreases will be offered for transplantation according to the allocation algorithm listed on the *TP-9-100 Waitlist, Organ Offers and Allocation Policy Document*.

6.1. To determine if a donor is a Standard Criteria Donor (SCD) or an Extended Criteria Donor (ECD) for the purpose of kidney and pancreas allocation, the CSC will calculate the donor's Kidney Donor Profile Index (KDPI) score using the Organ Procurement and Transplantation Network (OPTN) online KDPI calculator ([KDPI Calculator - OPTN \(hrsa.gov\)](https://www.hrsa.gov/kdpi-calculator)). A donor will be considered ECD if the KDPI score is  $\geq 80\%$ , as per *TP-9-100 Wait List, Organ Offers and Allocation Policies Document*.

6.1.1. Pediatric donors < 4 years old are not given a KDPI score and will be offered as SCD en bloc kidneys.



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- 6.1.2. Pediatric donors  $\geq 4$  who are identified as ECD because of their KDPI score will be reviewed by the TGLN Chief Medical Officer for Transplant (CMO-Transplant) to determine if the kidney allocation should proceed as an ECD or SCD donor.
- 6.1.3. The information required to calculate a donor's KDPI score is age, height, weight, ethnicity, history of hypertension, history of diabetes, cause of death, serum creatinine (in mg/dL), HCV status and DCC status.  

Note: creatinine value is capped at 8 mg/dL (approximately 707  $\mu\text{mol/L}$ ) in KDPI calculation.
- 6.1.4. HCV status will be entered as negative in the KDPI calculator for all donors, regardless of their actual HCV status.
- 6.1.5. The KDPI score will be calculated at the time a case is pushed to the TGLN organ allocation and transplant system using the information available at that time, including the most recent creatinine value. The CSC will use this KDPI score to enter the ECD status prior to pushing the case to TGLN organ allocation and transplant system.
- 6.1.6. Immediately prior to running a Kidney-Pancreas or Pancreas Allocation, the CSC will re-calculate the KDPI score using the updated information available at that time, including the most recent creatinine value. ECD status will be confirmed prior to running a Kidney-Pancreas or Pancreas Allocation.
- 6.1.7. The KDPI score will be re-calculated and ECD status confirmed if a donor progresses from DCC to DNC.
- 6.1.8. The CSC will inform transplant programs if a donor meets ECD criteria at the time of offer. The donor's KDPI score will be documented in the Donor Management System and will be shared with transplant programs at the time of offer.
- 6.2. **Double Kidneys:** All donor kidneys are offered as singles first, and then offered as doubles once singles have been declined by all transplant programs.
- 6.3. **En-Bloc Kidneys:** kidneys from donors less than 4 years of age are offered en-bloc and are only matched to candidates at London Health Sciences, Toronto General Hospital, The Ottawa Hospital and Kingston General Hospital.
- 6.4. If allocation of a single organ (i.e., kidney) may lead to the loss of an organ for transplant (i.e., pancreas to a kidney-pancreas recipient), a discussion with the CMO-Transplant shall occur to discuss possible deviation from the allocation algorithm.
- 6.5. Kidney recipients will appear on the allocation and be eligible for organ offers if they have negative current and cumulative class I and class II virtual cross match results, with the



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exception of the scenarios described in section 6.6.

Kidney-pancreas (KP), pancreas after kidney (PAK), pancreas transplantation alone (PTA) and simultaneous islet kidney (SIK) recipients will appear on the allocation and be eligible for organ offers if they have negative current class I and class II virtual cross match results, with the exception of the scenarios described in section 6.6. Negative current class I and class II results, along with the cumulative class I and class II results are communicated to the transplant program at the time of offer and allocation.

6.6. The following scenarios may be applicable to kidney, KP, PAK, PTA and SIK recipients on an allocation:

6.6.1. Untested antigens, possible allele specific antibodies and positive optional loci (i.e., DPA1 or DPB1) - The CSC will consult the recipient's HLA lab prior to offering the organ(s) to the recipient transplant program, as the untested antigens, possible allele specific antibodies or positive optional loci (i.e., DPA1 or DPB1) must be resolved by the recipient and donor HLA labs before the organ offer can be made.

- If the HLA lab advised that the VXM is positive and that the untested antigen, possible allele specific antibodies or positive optional loci (i.e., DPA1 or DPB1) is a Donor specific Antibody (DSA), no offer will be made.
- If the HLA lab advises that the VXM is negative and that the untested antigen, possible allele specific antibody or positive optional loci (i.e., DPA1 or DPB1) is NOT a Donor specific Antibody (DSA) to the donor, the CSC will offer the organ(s) and advise the recipient transplant program of the untested antigen, possible allele specific antibodies or positive optional loci (i.e., DPA1 or DPB1), and that the VXM has been determined to be negative by the recipient HLA lab.
- Note: For kidney recipients appearing in the 'HSP patient identified by CTR' section of the kidney allocation, if there is a positive VXM, call the recipient HLA lab for clarification.

#### ***Simultaneous Islet Kidney (SIK) Transplant Recipients - Manual Allocation***

6.7. If a kidney and pancreas are available from a Standard Criteria Donor (SCD), the following will occur:

6.7.1. The CSC will offer the K/P and Pancreas to recipients as they appear on the Kidney/Pancreas Allocation Recommendation.





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Note: If UHN accepts the kidney and pancreas for a K/P recipient, they may choose an SIK recipient as the back-up recipient if the K/P recipient is not able to be transplanted.

- 6.7.2. If not accepted for a K/P or Pancreas recipient, the CSC will review the Kidney/Pancreas Allocation Recommendation and identify any SIK recipients on the allocation.

Note: SIK recipients are listed at University Health Network (UHN). SIK recipients will be listed as kidney/pancreas recipients and identified in the “Comments” as SIK potential recipients on the Kidney/Pancreas Allocation Recommendation.

- 6.7.3. If there are SIK recipients identified on the Kidney/Pancreas Allocation Recommendation, the CSC will offer the kidney and islets to the Multi-Organ Transplant Coordinator (MOTC) for the identified SIK recipients.
- 6.7.4. UHN will determine which recipient they would like to accept the organs for and the CSC will allocate the kidney and pancreas to the recipient. The CSC will document the reasons for decline for all other SIK recipients on the Kidney/Pancreas Allocation Recommendation.
- 6.7.5. If UHN does not accept for an SIK recipient, the CSC will continue offering the kidney as per the Kidney/Pancreas Allocation Recommendation, and offer the islets as per *Listing, Offering and Allocation of Pancreas for Islets to Ontario Recipients Process Instruction, CPI-9-312*.

#### **Multi-Organ Recipients**

- 6.8. Recipients listed for multi-organ clusters will be offered donor organs when they are listed as the highest priority recipient on each organ allocation that they are registered for (i.e., liver-kidney recipients will be offered organs if they are the highest priority recipient on both the liver and kidney-pancreas organ allocations).

#### **Kidney Pumps**

- 6.9. Deceased donor kidneys are placed on kidney pumps as the primary organ preservation method with the exception of the following:
- Standard Criteria Donors (SCD/NDD (DNC)) kidneys allocated within the local region
  - Pediatric donor kidneys
  - Kidney/Pancreas donor kidneys



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Note: The Ottawa Hospital has requested to use pumps for all kidneys

Note: A kidney allocated to a Simultaneous Islet Kidney recipient must be pumped.

Under exceptional circumstances, transplant programs may request an exemption to use kidney pumps for locally allocated SCD/NDD (DNC) kidneys. In these cases, transplant programs must request a kidney pump from TGLN at the time of offer and provide a medical rationale for the request (i.e. long expected cold ischemic time, organ quality).

#### ***Left versus Right Kidney Allocation***

6.10. Left and right kidney allocation will take place once the kidneys have been recovered and visualized within the donor recovery OR.

6.10.1. Kidneys should be assigned based on the anatomical needs of the recipient and the suitability of the kidney for transplantation. Where both the left and the right kidney are suitable for transplantation, the left kidney will be assigned using the following prioritization:

- Kidney cluster candidate (mandatory discussion between affected programs if both allocated recipients are cluster candidates)
- Recipient with a documented requirement/ anatomical rationale for left or right
- Ontario HSP or Medically Urgent recipient
- Surgical recovery team recipient

6.10.2. Where cause for concern exists that only one kidney may be suitable for transplantation, the kidney will be assigned using the following prioritization:

- Ontario HSP (99-100% cPRA) or Medically Urgent recipient
- Kidney cluster candidate (mandatory discussion between affected programs if both allocated recipients are cluster)
- Paediatric candidate
- Other candidates (with mandatory discussion between affected programs)

6.10.3. The assignment of left and right kidney may be altered at the discretion of the surgical recovery team but a mandatory discussion with affected programs is required prior to the departure from the donor recovery OR.

#### ***Pancreas for Islet Allocation Principles***





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7. Donor pancreas for islets will be offered for transplantation according to *TP-9-100 Waitlist, Organ Offers and Allocation Policy Document*.
  - 7.1. Recipients may receive multiple islet cell transplants from multiple donors until they are considered successfully transplanted. When islet cells have been offered and accepted for a recipient, they will appear on the Transplant In Progress (TIP) list. When the transplant has been confirmed, the CSC will enter the infusion date into the recipient profile in the TGLN organ allocation and transplant system.
  - 7.2. When the transplant program determines the recipient no longer requires a subsequent infusion, the program will remove the recipient from the waitlist by checking the “Final Infusion” box in the TGLN organ allocation and transplant system.

### General Allocation Principles

#### ***Transplant in Progress Recipients***

8. Once an organ has been accepted for a patient, the recipients’ status in the TGLN organ allocation and transplant system becomes “Transplant in Progress” (TIP). TIP recipients will appear on subsequent allocation recommendations in their appropriate rank position, as per the organ specific allocation algorithm. With the exception of a TIP recipient that has been confirmed as being imminently transplanted, a TIP recipient on a subsequent allocation that is the highest ranked recipient should receive the organ offer in the following circumstances:
  - Heart Allocation – Offer to high status TIP recipients
  - Lung Allocation – Lung program will review allocation and advise
  - Liver Allocation – Offer to TIP recipients
  - Kidney/Pancreas Allocation – Offer to HSP and medically urgent TIP recipients. For a DNC donor, offer to TIP recipients that have accepted a DCC kidney.
  - Pancreas (for Islets) – Pancreas for Islets program will review allocation and advise
  - Small bowel allocation – Offer to TIP recipients

#### ***Organ Offer Acceptance Timeframe (All organs)***

9. Ontario transplant hospitals must either accept or decline the organ offer within one hour of receiving the donor chart including the minimum donor information required per organ. See Exhibit 1 and refer to the *TP-9-100 Wait list, Organ Offers and Allocation Policies Document*.

Note: HSP kidney offers will continue to have 2 hours for HLA purposes.



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- 9.1. If an answer has not been received at the one-hour mark after offering, the CSC will contact the Ontario transplant program to follow-up on the status of the offer.
- 9.2. The CSC may request escalation to an alternate transplant physician for a response to an organ offer in situations where adherence to the one-hour timeframe is required. These situations include, but are not limited to:
- The need to make OR (operating room) arrangements/finalize OR arrangements
  - The need to book flights and make transportation arrangements
  - The donor family is going to proceed with withdrawal of life sustaining measures (WLSM) if organ not accepted
  - Offers to other programs are required to be made if the transplant program declines the offer prior to setting an OR time
- 9.3. If the transplant program does not respond within the one-hour timeframe, the CSC will advise the transplant program that the offer will expire, and the organ will be offered to next candidate on the allocation algorithm.

#### ***Back-Up Candidates (All Organs)***

10. Once an organ has been offered and accepted for an intended candidate, the accepting transplant program is responsible for determining a candidate's suitability for transplant. If the accepting program determines that the intended candidate is unsuitable, they must notify TGLN immediately to allow for the organ to be re-allocated.
- 10.1. TGLN identifies potential back-up candidates at time of organ offer as required. However, the re-allocation of the organ(s) only occurs when the transplant program has declined the organ for the intended candidate and provided a decline reason.

#### ***Back-Up Candidates (Additional Heart Considerations)***

11. For Ontario donor cases, the CSC will routinely arrange for back-up heart placement with Ontario heart transplant programs. Routine back-up heart placement is arranged to prevent the loss of a suitable heart for transplantation in situations where late notice in close proximity to the donor OR, or from within the donor OR, is provided to TGLN that transplantation can not proceed in the selected primary recipient.
- 11.1. Back-up heart placement is arranged as per the Ontario Heart allocation algorithm and made to the next eligible Ontario heart recipient on the allocation.
- 11.2. When back-up heart placement is arranged, the CSC will notify the accepting back-up heart transplant program when:



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- The primary Ontario heart transplant program has confirmed from within the donor OR that the heart is suitable for the primary recipient.
- The heart is declined by the accepting primary Ontario transplant program. Should this occur, the CSC will make a primary heart offer to the previously identified back-up Ontario heart recipient. The CSC will communicate the reason for decline by the primary program and status of the donor case progression (i.e. scheduled OR start time, anticipated cross clamp time if donor is already in the OR, etc.).
- Other updates and/or details beneficial for logistics planning for the back-up Ontario heart transplant program, as requested and/or as they become available.

#### ***Organ Reallocation***

12. If an organ requires reallocation, the CSC will follow the steps below, as determined by the stage of the case:

12.1. Prior to the Organ Recovery Team's Departure to the Donor OR:

- Reallocation of accepted organs will be explored if a high status (i.e. Status 4, 4F, 3F, HSP) recipient has been added to the wait list prior to the start of organ recovery only if the organ has not already been accepted for a high status recipient as part of a National High Status sharing program.
- Reallocation of accepted organs will be explored if a higher status recipient is listed or relisted after the initial organ acceptance took place.
- Reallocation of accepted organs will be explored if the allocation plan changes prior to the start of organ recovery in a way that will result in the loss of a suitable organ for transplant.
- A mandatory discussion between affected transplant programs will occur when reallocation is being considered. The final decision on reallocation will be made by the program that has already accepted the organ.

12.2. After Organ Recovery:

- If an intended recipient is no longer able to receive an organ once the organ has been recovered but not yet transported from the donor operating room, the organ will be allocated to the next eligible recipient/program on the allocation.
- If an intended recipient is no longer able to receive an organ once the organ has been transported from the donor operating room, the organ will be allocated to the next eligible recipient at the receiving transplant program if there are not any new high status Ontario recipients that have been recently listed.



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#### ***Requests for Inclusion of Donor in Research Study***

13. When a transplant program identifies a desire to include a donor in an active research study, the CSC will locate the research profile on the ORC. The CSC will ensure any special consent, additional samples, and/or recovery considerations are identified prior to the organ and/or tissue being recovered.

#### **Records:**

- None

#### **References:**

- *Organ and Composite Tissue Specific Data Collection Process Instruction, CPI-9-215*
- *Deceased Donor Exclusion Criteria and Suitability Screening Process Instruction, CPI-9-218*
- *Coordination of Organ Placement – All Organs Process Instruction, CPI-9-302*
- *Allocation Verification Process Instruction, CPI-9-305*
- *Listing offering and Allocation of Pancreas for Islets to Ontario Recipients Process Instruction, CPI-9-312*
- *TP-9-100 Wait list, Organ Offers and Allocation Policies Document*



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#### Appendix 1: Offering Rules for Hearts – Virtual Cross Match Scenarios

##### Appendix 1: Offering Rules for Hearts – Virtual Cross Match Scenarios

- HSH Status 4 recipients:** Hearts will be offered to **ALL HSH Status 4** recipients regardless of VXM results.
- HSH Sensitized recipients:** Hearts will **not** be offered to **HSH sensitized** recipients if current or cumulative VXM is positive for any antibody as per the Canadian Transplant Registry (CTR) VXM rules.  
**Note:** OATS performs its own VXM for all recipients appearing on the allocation. For HSH sensitized recipients appearing in the 'HSH patient identified by CTR' section of the heart allocation, if there is a positive VXM, offer and advise of positive VXM result.
- All other recipients:** See table below for program specific instructions:

Scenarios	TGH	HSC	LHSC	OHI
All fields negative	OFFER	OFFER	OFFER	OFFER
Unacceptable DSA Positive: Class I and/or Class II Current	OFFER to HSH Status 4 Only	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER to HSH Status 4 Only
Unacceptable DSA Positive: Class I Cumulative Negative: Class I Current	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER for Status 4, 3.5 and 3 ADVISE of +ve VXM
Unacceptable DSA Positive: Class II Cumulative Negative Class I Current	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER for Status 4, 3.5 and 3 ADVISE of +ve VXM
Indeterminate DSA Positive: Class I Current	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM
Indeterminate DSA Positive: Class I Cumulative	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM
Indeterminate DSA Positive: Class II Current	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM
Indeterminate DSA Positive: Class II Cumulative	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM	OFFER ADVISE of +ve VXM
Untested: Recipient specificities not identified	OFFER UHN HLA Lab recommends accepting organ if Cumulative VXM is negative. If Cumulative VXM is also untested, then offer must be accepted without VXM results	OFFER	Call HLA lab to clarify before offer	Call HLA lab to clarify before offer
Untested: X# (X#=loci i.e. A2)	OFFER UHN HLA Lab recommends accepting the organ	OFFER	Call HLA lab to clarify before offer	Call HLA lab to clarify before offer



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Undefined donor typing at XXX where Ab are present	OFFER Allow program to decide. This will happen with out-of-country donors and cannot be further resolved.	OFFER	Call HLA lab to clarify before offer	Call HLA lab to clarify before offer
Possible Allele Specific Ab to X####	PRC to call HLA lab to clarify before offer	OFFER	Call HLA lab to clarify before offer	Call HLA lab to clarify before offer





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#### Appendix 2: Organ Offer Policies: Acceptance Timeframe and Minimum Donor Information



#### Organ Offer Policies: Acceptance Timeframe and Minimum Donor Information

##### A. Organ Offer Acceptance Timeframe (All organs):

Transplant hospitals must either accept or decline the organ offer within **one hour** of receiving the deceased donor chart (HSP kidney offers will continue to have 2 hours for HLA purposes). If the transplant hospital does not respond within this time, the offer expires and the organ may be offered to next candidate on the allocation algorithm.

##### B. Minimum Donor Information Required (Per organ):

The minimum donor information that will be provided for each organ are outlined in the tables below:

Kidney Donor	Liver Donor
<ul style="list-style-type: none"> <li>• Donor characteristics (NDD/DCD, ECD, cause of death, vital signs)</li> <li>• Height and weight</li> <li>• ABO</li> <li>• Medical and Social History</li> <li>• VXM</li> <li>• Serology</li> <li>• Cultures, if known</li> <li>• CBC</li> <li>• Electrolytes</li> <li>• Creatinine</li> <li>• Urea</li> <li>• Urinalysis</li> <li>• Blood sugar</li> <li>• eGFR</li> </ul>	<ul style="list-style-type: none"> <li>• Donor characteristics (NDD/DCD, ECD, cause of death, vital signs)</li> <li>• Height and weight</li> <li>• ABO</li> <li>• Medical and Social History</li> <li>• Serology</li> <li>• Creatinine</li> <li>• Electrolytes</li> <li>• Hemodynamics</li> <li>• LFT's (total bilirubin, AST, ALT, ALP)</li> <li>• Albumin</li> <li>• LDH</li> <li>• GGT</li> <li>• INR</li> <li>• PTT</li> <li>• CBC</li> <li>• Culture results (if any)</li> </ul>



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#### Appendix 3: Organ Offer Policies: Acceptance Timeframe and Minimum Donor Information (Continued)

Organ Offer Policies: Acceptance Timeframe and Minimum Donor Information

Kidney-Pancreas Donor	Liver-Bowel
<ul style="list-style-type: none"> <li>All information provided for kidney donor</li> <li>Amylase</li> <li>Lipase</li> </ul>	<ul style="list-style-type: none"> <li>All information provided for liver donor</li> <li>HLA</li> </ul>

Heart Donor	Lung Donor
<ul style="list-style-type: none"> <li>Donor characteristics (cause of death, age, gender, ABO, vital signs)</li> <li>Height and weight</li> <li>Medical and Social History</li> <li>Cardiac arrest, CPR details</li> <li>VXM</li> <li>Serology</li> <li>Cultures, if known</li> <li>CBC</li> <li>Chemistry</li> <li>12 Lead ECG</li> <li>2D ECHO</li> <li>Troponin</li> <li>CK</li> <li>Angio as per algorithm</li> </ul>	<ul style="list-style-type: none"> <li>Donor characteristics (NDD/DCD, cause of death, age, gender, ABO, vital signs)</li> <li>Height, weight, TLC</li> <li>Medical and Social History (including smoking history)</li> <li>Intubation details</li> <li>Peak airway pressures</li> <li>Serology</li> <li>Cultures</li> <li>Chest X-Ray</li> <li>100% ABGs</li> <li>Suctioning</li> <li>Bronchoscopy</li> <li>1 gm Solumedrol</li> </ul>

In some circumstances, further information is needed to make an informed decision. In these cases, TGLN and the transplant program will make every effort to provide a decision in a timely manner.