

## Clinical Process Instruction Manual

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

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#### Policy:

Parathyroid allotransplantation is a new surgical procedure that will be used to treat permanent, symptomatic, refractory hypoparathyroidism after a total thyroidectomy.

Candidates identified by the transplant program will be listed on the Ontario Provincial Waitlist by registering the patient into TOTAL. The transplant program will work in conjunction with the HLA lab and recipients will be manually listed on the *Parathyroid 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 *Parathyroid Patient Registration and Status Change Form* and via telephone.

#### Process:

##### Listing a New Recipient

1. Once a candidate is identified by the transplant program as eligible for parathyroid transplantation, the transplant program will register the patient into TOTAL and generate a recipient TGLN number. The mandatory fields in TOTAL required to list a recipient include:
  - First name
  - Last name
  - Blood type
  - Re-type blood type
  - RH
  - Sex
  - Race
  - Date of birth
  - Insurance plan
  - Insurance number
2. The transplant program will coordinate with their local HLA lab to submit the requirements needed for HLA typing and enter into TOTAL.
3. Once the recipient's HLA requirements are entered into TOTAL, the transplant program will send a completed *Parathyroid Patient Registration and Status Change Form* (Exhibit 1) and a copy of the recipient ABO to [CSC@giftoflife.on.ca](mailto:CSC@giftoflife.on.ca). The transplant program will call the PRC to confirm that the request was successfully received.

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4. Upon verifying the recipient ABO, the Clinical Services Coordinator (CSC) will upload a copy into TOTAL. The CSC will also confirm that the necessary HLA requirements for allocation are available for the recipient.
5. The CSC lists the recipient on the manual *Parathyroid Wait list Registration* excel sheet (Exhibit 2) in the Parathyroid folder on the Common (S:) Drive and has a second CSC verify and initial the listing.
6. 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 *Parathyroid Patient Registration and Status Change Form* and sends it to the listing transplant program for confirmation.
7. The CSC will upload a copy of the completed *Parathyroid Patient Registration and Status Change Form* to TOTAL.

### **Reactivating Recipients and Status Changes**

1. To reactivate or change the status of a recipient, the transplant program must inform the PRC using the *Parathyroid Patient Registration and Status Change 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 [CSC@giftoflife.on.ca](mailto:CSC@giftoflife.on.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 *Parathyroid Wait List Registration* excel sheet on the Common (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 *Parathyroid Patient Registration and Status Change Form* and send it to the listing transplant program for confirmation.
4. The CSC will upload a copy of the completed *Parathyroid Patient Registration and Status Change Form* to TOTAL.



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#### Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Parathyroid Patient Registration and Status Change Form	CSF-9-243	PRC	PRC	16 years


#### References:

- None

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#### Exhibit 1 Parathyroid Patient Registration and Status Change Form Page 1



**PARATHYROID PATIENT REGISTRATION  
AND STATUS CHANGE FORM**

CSF-9-243

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

