



Clinical Process Instruction Manual

Transportation Coordination of Teams, Bloods and Organs Process Instruction

Policy:

Ontario Health - Trillium Gift of Life Network (TGLN) is responsible for arranging transportation for the recovery and/or shipment of organs, composite tissues and the recovery teams to and from the recipient hospital and the donor hospital. Air transportation is arranged through the Ministry of Health and Long-Term Care Air Ambulance Service (ORNGE) according to the agreed Terms of Reference in the TGLN and ORNGE Service Level Agreement. Ground transportation is arranged through Ontario Provincial Police (OPP), Central Ambulance Communication Centre's (CACC's), Regional Paramedic Services, courier, taxi, limo or TGLN van. The appropriate use of emergency ground transportation is outlined in the *Emergency Ground Transportation Policy*. For the London Health Sciences Centre (LHSC) Transplant Program, the LHSC Transplant Donor Specialist (TDS) arranges transportation on behalf of the LHSC Transplant Program.

TGLN is also responsible for arranging transportation of blood specimens to laboratories within Ontario for donor testing. Air transportation for blood specimens is arranged through next flight out (NFO) courier services. Ground transportation for blood specimens is arranged through medical courier, taxi, or TGLN van. TGLN coordinators responsible for transportation of the blood specimens must ensure that they are adhering to the *Packaging and Offering for Transport: Blood Specimens Process Instruction, CPI-9-222*.

For the purposes of this document, the TGLN coordinator may be the Surgical Recovery Coordinator (SRC) and/or the Clinical Services Coordinator (CSC).

Process:

Transportation of Recovery Teams & Equipment

1. The CSC, SRC, and/or TDS arranges transportation for organ recovery teams and equipment. For Ontario donors, the decision to use air or ground transportation is based on donor location.

Ground Transportation – Outbound Trip

2. The SRC and/or TDS arranges ground transportation for recovery teams from the TGLN work location and/or the transplant hospital pick-up location to the donor hospital and/or local airport.
3. Where a flight is involved, the SRC/TDS will arrange ground transportation from the airport in the donor city to the donor hospital.



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4. The SRC/TDS will notify the CSC of any delays that may impact on-time arrival to the airport or donor hospital so that the CSC can notify relevant stakeholders.
5. Where the SRC has less than three hours from the start of their shift, the end of their rest period, or the time they are notified of the recovery until the scheduled recovery team pick up time, the CSC will take responsibility for booking ground transportation for the outbound trip.
6. The SRC or CSC will document the transportation arrangements in the donor management system.

Ground Transportation – Return Trip

7. The CSC will arrange ground transportation for recovery teams from the donor hospital to the local airport and/or the transplant hospital with the following exceptions:
 - 7.1. Where a TDS is attending the recovery, they will arrange transportation for the teams and organs being transported to LHSC.
 - 7.2. Where there are two SRCs attending a recovery, an SRC will arrange ground transportation on the return trip except in instances where one SRC must depart early to travel with a recovery team/organ.
 - 7.3. Where a flight is arranged and EMS is required, ORNGE will arrange EMS from the airport back to the transplant hospital for the Ontario organ recovery teams
8. The transportation arrangements will be documented in the donor management system.

Air Transportation:

9. The CSC will begin coordinating transportation as soon as an organ has been accepted by an Ontario Transplant Program based on the known OR time. ORNGE requires at least four (4) hours' notice prior to departure to arrange a flight.
10. All air transportation is booked through the ORNGE Communication Center. The CSC and/or TDS will complete transportation related information and file in the donor chart. For USA based donors, the CSC and/or TDS ensures that the recovery team has the necessary documentation to enter the USA. The CSC and/or TDS provides ORNGE with the required information as stated in Appendix 1.



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11. If the flight is for a non-Ontario recipient, the CSC and/or TDS documents this on the *Request for ORNGE Flights* form. See Exhibit 1.
12. The CSC and/or TDS will request meals be provided and arranged by ORNGE on the return flight for the recovery team members at the time of booking the flights.
13. For each transport requested by TGLN, ORNGE shall select and arrange for an aircraft based on best cost, availability, and the preferred and maximum times for completion of the mission, acting reasonably based on the circumstances of the mission. See Appendix 2 for recommended and exception transportation modes for one-way missions. Upper acceptable Cold Ischemic Times (CIT) by organ type are listed below. The upper acceptable CITs provided are typical times only and will be used as a general guide for mission requirements.
 - DNC Heart: 4 hours
 - DCC Heart: remains on normothermic perfusion and donor hospital must be within a 2.5 hour driving range of TGH. See *PRC Coordination of the OCS Heart Equipment CPI-9-435*
 - Lungs: 4 - 6 hours
 - Small Bowel: 6 - 8 hours
 - Liver: 6 - 8 hours
 - Pancreas: 6 - 8 hours
 - Kidneys: 12 - 24 hours
 - Multi-Visceral: 6 - 8 hours
 - Composite Tissues: 6 hours
14. If the recommended mode of transportation outlined in Appendix 2 is not available, the CSC will communicate the details to the transplant program (e.g., Propeller/turbo-prop aircraft only available when a jet is recommended). If concerns are identified by the transplant program, the CSC will follow the ORNGE escalation process outlined in step 24 below.
15. For air transportation, ORNGE provides flight times (wheels up/down) to the CSC and/or TDS. Flight times do not take into account the taxiing time at the airports which can be anywhere from 10 - 30 minutes, and final safety checks required prior to departure which can take approximately 15 minutes. The CSC and/or TDS will relay this information to the transplant programs and will document conversations with transplant programs regarding travel time in the clinical notes.
16. Flights for longer distances may require a change of pilots/planes due to duty time and refueling.



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17. The CSC and/or TDS will communicate any changes in timing and/or donor condition immediately before and/or during recovery to both ORNGE and the transplant program and will document these conversations in the clinical notes.
18. If both heart and lungs or thoracic and abdominal organs are being recovered for the same transplant program, a conversation with the teams should occur to see if they can travel back together, or if two (2) separate planes are required for the return flight to decrease CIT.
19. CSC and/or TDS can request in-flight updates of arrival time from ORNGE to ensure on-ground logistics are coordinated in a timely manner as flight times can change due to flight conditions (i.e., seasonal wind variability). ORNGE is able to communicate with pilots during a flight and can obtain more accurate arrival times.
20. Teams are to arrive at the airport 30 minutes early for international flights and 15 minutes prior to take off for domestic flights. The CSC and/or TDS will advise ORNGE of delays of more than 30 minutes. TGLN should not arrange pickup of team members individually. TGLN will not provide or pay for transportation costs for non-working members of transplant teams (i.e., observers or students). Teams are permitted to bring additional observers if there is no financial impact to the system.

The usual number of team members is as follows:

- DNC Heart (1 - 2 people)
- DCC Heart for hospitals within a 2.5 hr. driving distance of TGH (2 - 3 people)
- Lungs (2 - 3 people)
- Abdominal (2 - 3 people)
- Composite Tissue (2 - 3 people)

21. On return, TGLN will provide 30 minutes notice to ORNGE prior to the teams arriving at the airport.
22. The CSC arranges local ground transportation from and to the airport for Out-Of-Province (OOP) teams recovering in Ontario, as required. This usually entails a taxi from the airport to the hospital and an ambulance from the recovery hospital back to the airport for recoveries within Ontario.
23. In the event that ground transportation does not arrive to the pickup location at the designated time, the team should wait no longer than 10 minutes before following up with the PRC.
24. The SRC or designate delivers organs and/or composite tissues to the recipient Operating Room (OR). See *Organ Delivery Process Instruction, CPI-9-405*.



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25. For each flight requested, the *Request for ORNGE Flights, CSF-9-34* form is completed and sent to oh-tgln_finanalyst@ontariohealth.ca and retains a copy for the donor chart. See Exhibit 1.
26. Decisions to abort an outbound mission for organ recovery due to delays in donor timing, and/or weather must be made by the accepting staff physician.

ORNGE Escalation Process

27. If any conflicts, disputes, or disagreements arise, the service issue will be resolved in accordance with the following escalation process:
 - 27.1. A TGLN coordinator, or an authorized designate, shall attempt to resolve the service issues through dialogue with the ORNGE personnel providing the relevant services.
 - 27.2. If the service issues cannot be resolved between the TGLN coordinator or designate and the relevant ORNGE personnel, the TGLN coordinator or designate, as applicable, shall notify, and provide all relevant information to, the TGLN manager-on-call (MOC).
 - 27.3. MOC shall contact the Operations Manager (OM) of the ORNGE Communication Centre (OCC) to discuss the service issues and at such time shall provide to the OM a summary of TGLN's understanding of the service issues and the actual and expected impact of such service issues. The MOC and the OM shall work with one another to attempt to resolve the service issues.
 - 27.4. After the meeting of the MOC and the OM, the MOC shall provide the TGLN coordinator with direction in respect of the service issues. Alternatives that may be explored include:
 - changing the donor OR time and recipient OR time,
 - use of local recovery team resources,
 - use of non-approved carriers for transport of organs only,
 - use of commercial flights for transport of teams with or without organs
 - 27.5. If non-approved carriers are being considered, the CSC may ask the OOP Organ Procurement Organization (OPO) for information about which carriers they use for organ and team transportation. The CSC will relay that information to ORNGE, who will subsequently contact those carriers to assess the viability of using the non-approved carrier.
 - 27.6. If commercial flights for transport of teams with or without organs is being considered, the CSC will request that ORNGE facilitate the transportation booking for the team.



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- 27.7.OM shall provide all relevant ORNGE personnel with direction in respect of the service issues. Alternatives such as use of ORNGE standing agreement (SA) carriers, non-approved carriers and commercial options may be explored.
- 27.8. If the OM and the MOC are unable to resolve the service issue and the potential issue may result in the loss of an organ, compromise the integrity of an organ, or result in loss of life of an individual, the OM and the MOC shall escalate the issue to the Director of the Operations Control Centre for ORNGE.
- 27.9. If the Director of the Operations Control Centre for ORNGE and the MOC for TGLN are unable to resolve a service issue, the issue shall be escalated to members of senior leadership at each organization (i.e. Administrator-on-call [AOC]).
- 27.10. Each party shall ensure that its on-call support physician is available for consultation with the other party as required throughout the escalation process described above. The on-call support physicians shall be available to provide advice and counsel on the impact of transportation selection on donation and/or transplantation outcomes as required.

Transportation of Organs with and without Recovery Teams by Regional Paramedic Services Support

28. At the request of a transplant surgeon, organs may be recovered for transplantation and sent to the accepting transplant program with or without an accompanying recovery team using emergency services. Regional Paramedic Services assistance is the only mode of emergency ground transportation available to recovery personnel travelling with organs for transplantation. Requests for Regional Paramedic Services assistance will be made to regional CACC's by the CSC or designate.
29. The CSC will contact the regional CACC with the earliest possible notice that an organ transfer will be required (e.g. once the OR time is confirmed and an accepted organ is identified as needing emergency transportation, as per the *Emergency Ground Transportation Policy*).
- 29.1. The CSC will provide the regional CACC with the required details of the organ transfer, as outlined in Appendix 3, *CACC Organ Transfer Card 51*. The CSC will record the confirmation number in the donor chart.
- 29.2. The regional CACC will assign priority of the organ transfer based on when the transfer is required, as outlined in Appendix 4, *CACC Organ Transfer Card 51*.
- 29.3. The regional CACC will liaise with the Regional Paramedic Services to coordinate fulfilling the request for organ transfer.



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30. To ensure that the regional paramedic service is provided at least 2-4 hours' notice, the CSC will update the CACC with timing and details at the time of skin cut for an DNC donor or time of withdrawal for a DCC/MAID donor.
31. Once in the donor OR, the CSC or SRC will ensure that they contact the CACC when there is no less than 20 minutes before the organ transfer is required.
- 31.1. The CACC will dispatch the Regional Paramedic Service, as requested.

Regional Paramedic Services Support Escalation Process

32. If any conflicts, disputes or disagreements arise, the service issue will be resolved in accordance with the following escalation process:
- 32.1. A TGLN coordinator, or an authorized designate, shall attempt to resolve the service issues through dialogue with the CACC personnel providing the relevant services.
- 32.2. If the service issues cannot be resolved between the TGLN coordinator or designate and the relevant CACC personnel, the TGLN coordinator or designate, as applicable, shall notify and provide all relevant information to the TGLN manager-on-call (MOC).
- 32.3. The MOC will contact the accepting transplant surgeon to provide an opportunity for the surgeon to participate in a discussion regarding the service issue with the Regional Paramedic Chief.
- 32.4. The MOC shall contact the Regional Paramedic Chief of the Regional Paramedic Service to discuss the service issues and at such time shall provide the Regional Paramedic Chief with a summary of TGLN's understanding of the service issues and the actual and expected impact of such service issues. The MOC and the Regional Paramedic Chief shall work with one another to attempt to resolve the service issues.
- 32.5. After the meeting of the MOC and the Regional Paramedic Chief, the following occurs:
- 32.5.1. MOC shall provide the TGLN coordinator with direction in respect of the service issues. Alternatives such as the use of alternate forms of transportation will be explored.
- 32.5.2. The Regional Paramedic Chief shall provide all relevant EMS personnel with direction in respect of the service issues.
- 32.6. If the Regional Paramedic Chief and the MOC are unable to resolve the service issue and the potential issue may result in the loss of an organ, compromise the integrity of an organ, or



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result in loss of life of an individual, the MOC shall escalate the issue to the Administrator On-Call (AOC), Chief Medical Officer (CMO) - Transplant.

32.6.1. The MOC, in collaboration with the CSC on the case, will coordinate a conversation between the CMO, AOC, Regional Paramedic Chief and the transplant physician that made the request for emergency transportation to discuss the service issue.

Transportation of Organs without Recovery Teams

33. Organs may be recovered for transplantation and sent to the accepting transplant program or OPO without an accompanying recovery team.
34. The CSC and/or TDS is responsible for arranging the transportation of organs from Ontario or OOP donors to Ontario recipients. Organs may be transported by air or ground transportation. See Appendix 2. When the organ is intended to be used for transplantation, acceptable modes of ground transportation include medical courier, OPP and TGLN van. (See *Organ Delivery Process Instruction, CPI-9-405*). When selecting an appropriate mode of transport, the CSC will consider factors such as cold ischemic time, recipient urgency, and weather and road conditions.
35. The OOP OPO is responsible for arranging the transportation of organs from Ontario donors to OOP recipients. The CSC and/or TDS will obtain details regarding transportation arrangements made by the OOP OPO and will assist in arranging ground transportation of the organ from the donor hospital to the airport after recovery.

Transportation of Organs for Research

36. Organs may also be recovered for the purposes of research and sent to the accepting OPO or transplant program without an accompanying recovery team. The CSC/TDS will confirm the transportation method listed on the *Research and/or Education Activity Profile*. When an organ is intended to be used for research purposes, acceptable modes of ground transportation include courier, taxi and TGLN van, OPP/EMS should not be used.
 - 36.1. When recovery teams are travelling via aircraft, flight arrangements will be made for critical recovery personnel only. Requests to send members for research or observation purposes will be granted only if there is surplus space on an aircraft and their inclusion results in no additional financial impact to the system (i.e. additional seat requests on commercial flights).



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Transportation of Blood Samples

37. Once consent (written or verbal) for donation has been obtained, the TGLN coordinator will arrange for blood samples to be transported to the appropriate laboratories for donor testing. The TGLN coordinator may refer to the *Laboratory Profiles* to determine if the blood samples will need to be sent to different laboratory locations depending on the donor region.
38. TGLN coordinators will ensure that they are adhering to the *Packaging and Offering for Transport: Blood Specimens Process Instruction, CPI-9-222* when shipping donor bloods for testing.
39. Prior to sending, the TGLN coordinator will select an appropriate mode of transport. Air transportation for sending bloods can be arranged through medical courier.
40. Ground transportation for sending bloods is arranged using medical courier, taxi or TGLN van. OPP should not be used in these instances. When booking transport using courier or taxi, the TGLN coordinator should confirm at the time of booking if bloods are to be sent to more than one laboratory and request the most direct shipping route to avoid unnecessary delays.
41. The TGLN coordinator will obtain a waybill number for tracking purposes and an estimated time of arrival which will be documented in the clinical notes. The TGLN coordinator will also notify the laboratories with the estimated time the blood samples will arrive.
42. Upon arrival, the TGLN coordinator will confirm delivery of the blood specimens to the laboratory and will record the name of the lab technician(s) in the clinical notes.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Request for ORNGE Flights	CSF-9-34	PRC	PRC	16 years

References:

- *Organ Delivery Process Instruction, CPI-9-405*



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- Transportation Profiles
- *Packaging and Offering for Transport: Blood Specimens Process Instruction, CPI-9-222*



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Appendix 1: Required Information from TGLN

TGLN shall provide to ORNGE the following information to facilitate the provision of services by ORNGE:

1. Flight Team Information

TGLN shall provide to ORNGE the following in respect of each member of an Organ Recovery Team who will be transported by ORNGE:

For Domestic Travel:

One piece of valid government-issued photo ID that shows name, date of birth and gender (e.g., driver's license or passport). Passenger weight communicated at time of booking.

For Travel to United States:

A scanned copy of all passengers' valid Canadian or US passport page, showing name, date of birth, gender, passport number, and issuing country is to be provided for conveyance to the carrier. Passenger weight provided at time of booking. A letter from the sending health facility on its letterhead outlining the nature and purpose of the individual's visit into the US (per US Border Services).

TGLN shall ensure that each Transplant Program is responsible for ensuring that recovery teams have all information sets required by US Border Services to allow entry into the US for an Organ or Tissue recovery mission. Neither ORNGE nor TGLN shall be responsible for consulting US Border Services to confirm entry requirements for recovery team members who are visiting Canada from a non-US country.

2. Recovery Team Equipment

The number of pieces and the dimensions and weight of each piece of recovery team equipment shall be communicated to ORNGE. To the extent possible, the parties shall work together to develop standard equipment kits for common missions.

3. Organs

ORNGE shall be informed of the number of and type of organs accepted.

4. Destination Hospital

ORNGE shall be informed of the name and location of each destination hospital.



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Appendix 2: Recommended and Exception Transportation Modes for One-Way Missions

The following charts set out a “Recommended Mode” and an “Exception Mode” of transport for a mission based on the one-way distance of a mission. The outward and return portions of a mission are each addressed in separate charts.

Outward Mission Distance	Recommended Mode	Exception Mode
Under 100 miles	Land transportation (Non-Lights and Sirens)	N/A
100 - 150 miles	Land transportation (Non-Lights and Sirens)	Propeller/Turbo-Prop Aircraft
150-400 miles	Propeller/Turbo-Prop Aircraft	Jet Aircraft
Over 400 miles	Jet Aircraft	Propeller/Turbo-Prop Aircraft (If no jet available)

Return Mission Distance	Recommended Mode	Exception Mode
Under 100 miles	Land transportation (Lights and Sirens Required)	N/A
100 - 150 miles (All organs except Heart and Lungs)	Land transportation (Lights and Sirens Required)	Propeller/Turbo-Prop Aircraft
100 - 150 miles (Heart and Lungs)	Propeller/Turbo-Prop Aircraft	N/A
150 - 400 miles	Propeller/Turbo-Prop Aircraft	Jet Aircraft
Over 400 miles	Jet Aircraft	N/A

The “Recommended Mode” reflects the transport mode that would be most preferred by the parties. “Exception Mode” transport will be utilized by the parties if the aircraft/vehicles required for “Recommended Mode” are not available; or if TGLN, at its reasonable discretion, has escalated the priority of the mission. TGLN or designate may escalate a mission’s priority due to extenuating circumstances, including issues related to weather, traffic, donor or recipient health, inability to secure land transport with lights and sirens capability, or such other circumstances as may affect the timing requirements of the mission.



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Appendix 3. CACC Organ Transfer Card 51

01. Is this an organ transfer request?
 - ◆ Yes → Question 2
 - ◆ No [Patient Transfer] → Card 50
 - ◆ No [Team transfer] → Card 52
02. What is the pick-up location of the organ including the rendezvous point?
03. Where is the destination for the organ?
04. What type of organ is being transported? [liver, heart, pancreas or lungs*]
05. Who and how many people are travelling with the organ?
06. What equipment is going? What is the weight of the equipment?
07. What is your name and position? [Capture caller type]
08. What is your callback number with extension?
09. [If applicable] Are there team members who could travel by other means?
10. When will the organ be ready?
 - ◆ Less than 4 hours → Priority 3
 - ◆ More than 4 hours → Priority 2

[Book the organ transfer based on the deployment plan and local policy guidelines.]
[Provide the caller with the confirmation number and closing statement.]

*Complete one incident per organ transported

Organ Transfer Booking and Resource Assignment
Refer to local policy/deployment plan for organ transfer booking and resource assignment.

Prior to completing the request, assess if the paramedic service for the pickup location participate in organ transfers.
Yes, the service participates: Book the organ transfer as requested.
May participate, based on specific situations: Conference with Trillium Gift of Life Network (TGLN), the duty officer/commander/supervisor of the paramedic service and book the transfer.
No, the service does not participate: Advise there is no agreement in place to support organ transfer and are unable to complete transfer.

Pickup and Destination
Include *location within location* details: Facility, Wing, Floor, Room, Bed, meeting location or additional information as applicable.

Priority and Time
Reassessment of call priority and pick-up time is mandatory when new information related to organ and team readiness is received.

Ongoing assessment is required for organ transfer calls which are scheduled for the future. As scheduled pickup time approaches, consideration should be given to upgrading call priority.

Cold Ischemic Time (CIT)
The upper limit for acceptable cold ischemic time (the time that an organ is chilled/cold and not receiving a blood supply after removal from a donor) for heart (6h), lungs (8h) and pancreas/liver (12h). In all cases organ viability and recipient outcome is improved as CIT is reduced.

Closing Statement:
Call back if there are any changes or if you find out more information.
Advise us immediately when the team and/or organ is ready for transport or when there is an updated readiness time.




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Exhibit 1: Request for ORNGE Flights

CSF-9-34



Trillium Gift of Life Network
483 Bay Street South Tower, 4th Floor
Toronto, Ontario M5G2C9

Request for ORNGE Flights

Tel: (416) 214-7808
Fax: (416) 214-7797
Web: www.giftoflife.on.ca

PLEASE FILL IN ALL FIELDS, THEN EMAIL DOCUMENT TO:
OH-TGLN_finanalyst@ontariohealth.ca

Keep a copy in TGLN Donor Chart

TGLN# _____ Date of Transmission: _____

FLIGHT 1 Transport Required: _____ Date: _____ Time: _____ am / pm
Request Date: _____ Request Time: _____ am / pm
Date ORNGE provided details: _____ Confirmation Time: _____ am / pm

Service Provider: _____ Flight # _____ Tail # _____

Recovery team(s) on this flight: Toronto London Ottawa Hamilton N/A (Organ only)

Organ(s) Recovered	Recipient TGLN #	Transplant Centre	Ontario Resident	Comments
<input type="checkbox"/> Heart			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Liver			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Right Kidney			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Left Kidney			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Lungs			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Pancreas			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Upper Limb			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Recommended Mode Exception Mode Reason: _____

FLIGHT 2 Transport Required: _____ Date: _____ Time: _____ am / pm
Request Date: _____ Request Time: _____ am / pm
Date ORNGE provided details: _____ Confirmation Time: _____ am / pm

Service Provider: _____ Flight # _____ Tail # _____

Recovery team(s) on this flight: Toronto London Ottawa Hamilton N/A (Organ only)

Organ(s) Recovered	Recipient TGLN #	Transplant Centre	Ontario Resident	Comments
<input type="checkbox"/> Heart			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Liver			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Right Kidney			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Left Kidney			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Lungs			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Pancreas			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Upper Limb			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Recommended Mode Exception Mode Reason: _____

Comments: _____

I am confirming that the information provided above is accurate and complete.

Data submitted by: _____
Print Name _____ Signature _____ Date _____ Time _____

Instructions: * E-mail to TGLN and keep a copy on file.

July 26, 2023