



Clinical Process Instruction Manual

Perfusion & Packaging: Whole Pancreas, Kidney-Pancreas and/or Pancreas for Islets Process Instruction

Policy:

For cases where Trillium Gift of Life Network (TGLN) provides surgical recovery support, TGLN's Surgical Recovery Coordinator (SRC) or designate will facilitate perfusion and packaging of organs, using aseptic technique and in accordance otherwise with the *Health Canada Safety of Human Cells, Tissues and Organs for Transplantation Regulations*. For recovery procedures performed by the transplant programs, the designate undertakes surgical recovery activities including perfusion and packaging.

The SRC or designate refers to the *Clinical Services Coordinator to Surgical Recovery Coordinator Communication Process Instruction, CPI-9-406* prior to departing for recovery.

Process:

Prior to Departing TGLN

1. The SRC obtains the appropriate documentation required for recovery. Forms include:
 - *Reporting Form: Clinical Services Coordinator to Surgical Recovery Coordinator*
 - *Organ Donor Surgery Information*
 - *Liver/Pancreas Retrieval Operative Note* (see Exhibit 1) or *DCD Liver/Kidney/Pancreas Retrieval Operative Note* (see Exhibit 2).
 - *Kidney/Pancreas Transplant Operating Room Data, Pancreas Transplant Operating Room Data, or Pancreas For Islets Transplant Operating Room Data* (with attached ABO and Serology). See Exhibit 3 for the *Kidney/Pancreas Transplant Operating Room Data*. See Exhibit 4 for the *Pancreas Transplant Operating Room Data*. See Exhibit 5 for the *Pancreas For Islets Transplant Operating Room Data*.
 - *HLA Lab Requisition Form*
 - *Public Health Ontario: General Test Requisition* (if required)
 - *Laboratory Services Requisition: STAT/NON-STAT Infectious Disease Testing of Organ Donors* (if required)
 - Surgical supply list (if needed)
 - Organ Labels
 - Specimen Labels

For organ recoveries performed by transplant programs, the *Organ Donor Surgery Information* and the *Kidney/Pancreas Transplant Operating Room Data* or *Pancreas Transplant Operating Room Data/ Pancreas for Islets Transplant Operating Room Data* (if recipient was Ontario based) are sent back to TGLN's Provincial Resources Centre (PRC) for filing with the donor chart.

Note: Separate cooler sheets are required when TGH accepts an organ combination and/or cluster.

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2. The SRC or designate prepares the abdominal organ surgical recovery kit. The SRC reviews the contents of the kit to ensure that all of the following required supplies are present:
 - 3 sterile Y perfusion tubing
 - 8 CardioMed organ bags
 - 2 red top tubes
 - 2 portal tubing
 - 2 purple top tubes
 - 4 yellow top tubes (ACD)
 - 4 pour spouts
 - 2 Gastrointestinal Anastomosis (GIA) staplers
 - 9 GIA stapler refills
 - 3 specimen containers (non-sterile)
 - 3 specimen containers (sterile)
 - 2 large organ jars
 - 10 specimen bags
 - 1 hammer (to break up slush if needed)
 - 12 venous return cannulas (sizes 12,14,16,18, 21 & 24)
 - 10 microbiology requisitions
 - 1 sterile abdominal retractor (if not provided at the recovery facility)
 - 1 sterile sternal saw (if not provided at the recovery facility)
3. The SRC confirms that all sealed items have not been compromised, equipment is sterile and all supplies are within expiration dates. The SRC replaces supplies and/or equipment if there is any uncertainty with respect to its integrity and places these supplies in a designated area in the surgical retrieval room.
4. The SRC obtains one large cooler from the TGLN surgical supply store room and places the following items within:
 - wet ice (fill 1/3 of the cooler)
 - 8 – 10L of Servator-B
 - 6 to 10 bags of slush (may break up slush at TGLN or recovery facility)
5. The SRC replaces depleted slush to maintain appropriate inventory of frozen slush, if required.
6. The SRC also obtains a small red cooler to transport the pancreas, lines it with a yellow bag and fills ½ full with wet ice.
7. The SRC picks up the recovery team at predetermined time and location.

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Upon Arrival at Recovery Hospital

8. The SRC notifies the PRC of his/her arrival time.
9. The SRC records the names of the Operating Room (OR) staff (if time permits) and the civic addresses of the donor hospital and contact information on the *Organ Donor Surgery Information*.
10. The SRC introduces the recovery team to the OR staff.
11. The SRC reviews the patient's chart with the recovery team and confirms:
 - ABO,
 - serology results,
 - declarations,
 - consent and coroner involvement (if required)
12. The SRC ensures all appropriate blood samples have been drawn and correctly labelled with TGLN identification number, donor date of birth, as well as date and time of collection. The samples are to be placed into specimen bags containing the appropriate requisitions. The SRC should consult the PRC when the pancreas is allocated outside the Greater Toronto Area (GTA), to ensure that all necessary blood work is performed.
13. The SRC asks the OR staff for 1 or 2 intravenous (IV) poles for use during perfusion, a table and 2 sterile basins for abdominal ice and organ rinsing.
14. The SRC opens the following sterile supplies to the scrub nurse to remain on the OR supply table:
 - 1 sterile abdominal retractor (if surgical staff request the use of the TGLN retractor)
 - 1 venous return cannula (size to be determined by surgical staff if needed)
 - 1 GIA stapler
 - 3 GIA stapler refills
 - 1 portal tubing (cannula)
 - 2 sterile Y perfusion sets
15. Prior to use, the frozen saline must be wrapped in a towel and hammered until broken up into slush-like consistency.
16. The SRC scrubs in, as per aseptic protocol, and prepares the back table with the assistance of the circulating nurse. See Figure 1. The following materials are required for the packaging of the pancreas:

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- 3 sterile basins
- 2 CardioMed organ bags
- 1 large organ jar
- 6 to 10 bags of crushed slush (or 3 CardioMed organ bags due to size)

16.1. The SRC removes the cover from the large organ jar and places it near the edge of the packaging table. Two bags of crushed slush are opened into one of the sterile basins and placed next to the organ jar. The SRC empties the remaining bags of crushed slush into an empty sterile basin. This slush is to be used for abdominal cooling post aortic cross-clamp and should be located in close proximity to the OR table to ensure accessibility.

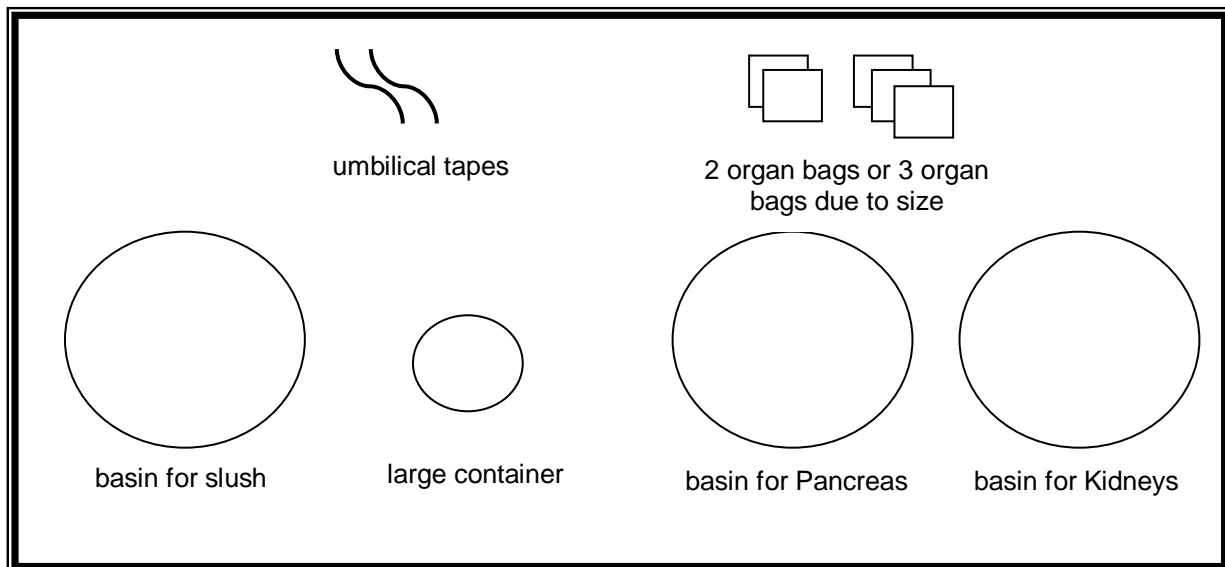


Figure 1: Sterile Back Table Set-up for Pancreas, Kidney-Pancreas and/or Pancreas for Islets

17. The SRC will direct the scrub nurse to secure the portal cannula to the distal end of one of the Y tubing sets and the aortic cannula to the distal end of the other Y tubing sets. Then both perfusion sets will be secured to the foot of the OR table by the scrub nurse.
18. The SRC is handed the proximal ends of the perfusion Y tubing and attaches them onto the IV pole provided. To avoid confusion, these lines may be labelled "aortic" and "portal". For whole pancreas for transplant only aortic line will be used.
19. With the aid of the scrub nurse, the SRC uses the perfusion solution to flush both the aortic and portal perfusion lines to ensure that all air is removed.

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Surgical Recovery

20. Upon commencement of surgical recovery, the SRC records the “skin cut time” on the *Organ Donor Surgery Information*, and notifies the CSC.
21. The SRC will contact the CSC when surgeons have assessed the suitability of the donor pancreas and/or kidney. Accordingly, the CSC contacts the transplant physician upon notification.
22. The SRC records the time of heparin administration and the number of units administered on the *Organ Donor Surgery Information*.
23. When cross-clamp is imminent, the SRC hangs between 2L to 3L of Servator-B on the aortic perfusion line, and 2L of Servator-B on the portal line. The perfusate amounts, as well as solution, are subject to change as per request from surgical staff.
24. At cross-clamp, the SRC records the time and commences aortic/portal perfusion. The SRC will notify surgical staff as each litre of perfusate is used and stops perfusion upon request.
25. SRC records name and volume of perfusion solutions, and name of storage solutions on the Organ Donor Surgery Information.
26. The SRC notifies the CSC of cross-clamp time and estimated time of departure.
27. Using a pour spout the SRC decants approximately 750mL of Servator-B into the basin on the packaging table. The pancreas will be packaged into 3 separate barriers, usually consisting of 3 CardioMed bags. The Recovery Surgeon places the recovered liver in the top of bag with solution and top is tied off and secured with umbilical ties. The second CardioMed bag is tied off and secured with umbilical tie. The above step is repeated with the 3rd bag.
28. The SRC obtains a splenic/lymph node sample from the surgical staff and places it in a small sterile specimen container filled with perfusate solution or normal saline. A second splenic sample may be required when the pancreas is being shipped to another Organ Procurement Organization (OPO). The container is appropriately labelled with:
 - the contents,
 - TGLN identification number,
 - donor date of birth, and
 - date and time of collection

The container is then placed into a specimen bag with the *HLA Lab Requisition Form*.



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29. If surgical staff require vessels, the SRC will obtain them in accordance with *Coordination and Recovery of Adjunct Vessels for use in Solid Organ Transplants, CPI-9-1007* and may be placed in the same cooler as the organ.
30. The SRC labels the packaged pancreas as per *Organ and Composite Tissue Labelling Process Instruction, CPI-9-417*. The organ bag is then placed into a small red cooler and sufficiently covered with ice. If the pancreas has been allocated to an out-of-province OPO, the SRC ensures that the cooler contains the following items:
- splenic sample
 - appropriate number of blood samples
 - donor serology and ABO results
 - *Transport of Live Vital Organs*

Prior to Departing Recovery Hospital

31. A copy of the *Liver/Pancreas Retrieval Operative Note* is completed and signed by the appropriate surgical staff and left in the hospital donor chart.
32. Surgical staff may document any abnormalities or other comments, on the *Organ Donor Surgery Information*, if necessary.
33. The SRC ensures all the labels are completed appropriately.
34. The SRC ensures all lot numbers and expiry dates of all supplies and solutions used are recorded on the surgical supply list.
35. If unaccompanied by a member of the recovery team to the recipient OR, the SRC ensures the cooler is secured with a one-time use fastener. If accompanied by a recovery team member, it is not mandatory to secure a cooler.
36. The SRC notifies the CSC and provides a report of any abnormalities or comments previously reported, as well as their time of departure.

Post Recovery

37. Upon arrival at the recipient hospital OR or airport facility, the SRC delivers the organ(s) to the appropriate staff. The SRC and OR staff must review all documentation and organ label(s).
38. The SRC ensures that donor blood, spleen, etc. samples are dropped off at the appropriate locations as per *Infectious Disease Testing – STAT Process Instruction, CPI-9-211* and *Infectious Disease Testing – Non-STAT Process Instruction, CPI-9-213*.

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39. The SRC ensures that the TGLN retractor set and saw are dropped off at TGH to be sterilized as per *Sterilization of Equipment – Organ Process Instruction, CPI-9-708*, if used.
40. The SRC ensures all lot numbers and expiry dates of all solutions and supplies used are recorded on the surgical supply list.
41. The SRC repacks the abdominal organ surgical recovery kit upon completion of organ recovery.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Organ Donor Surgery Information	CSF-9-57	PRC	PRC	16 years
Surgical Supply List	CSF-9-58	PRC	PRC	16 years
HLA Lab Requisition Form	CSF-9-23	PRC	PRC	16 years
Liver/Pancreas Retrieval Operative Note	CSF-9-50	PRC	PRC	16 years
Pancreas Transplant Operating Room Data	CSF-9-49	PRC	PRC	16 years
Kidney/Pancreas Transplant Operating Room Data	CSF-9-48	PRC	PRC	16 years
Pancreas for Islets Transplant Operating Room Data	CSF-9-113	PRC	PRC	16 years



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References:

- Infectious Disease Testing – STAT Process Instruction, CPI-9-211
- Infectious Disease Testing – Non-STAT Process Instruction, CPI-9-213
- Clinical Services Coordinator to Surgical Recovery Coordinator Communication Process Instruction, CPI-9-406
- Organ and Composite Tissue Labelling Process Instruction, CPI-9-417
- Sterilization of Equipment – Organ Process Instruction, CPI-9-708
- Coordination and Recovery of Adjunct Vessels for use in Solid Organ Transplants, CPI-9-1007
- Safety of Human Cells, Tissues and Organs for Transplantation Regulations, Health Canada, June 2007



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Exhibit 1: Liver/Pancreas Retrieval Operative Note

UNIVERSITY OF TORONTO LIVER / PANCREAS TRANSPLANT PROGRAM

LIVER / PANCREAS RETRIEVAL OPERATIVE NOTE

Hospital: _____ Date: _____
Patient Name: _____ Medical Record Number: _____
Surgeons: _____

The patient was prepped and draped in the usual sterile fashion. A midline incision was made from the sternal notch down to the pubic bone. The abdominal incision was continued and the peritoneal cavity was entered. The sternum was opened with a sternal saw. A brief exploratory was then performed. The falciform ligament was divided between ties. The liver was then examined for colour, texture, and for aberrant vessels. The left triangular ligament was divided and the diaphragm was incised bilaterally for exposure. 200 grams of IV Mannitol and 120cc of Betadine were injected into the duodenum via the bg tube by the anesthetist.

The small intestine was retracted, the ascending colon, duodenum, and head of pancreas were mobilized and the inferior vena cava (IVC) exposed up to the level of the left renal vein. The small mesenteric artery (SMA) was exposed at this level. The inferior mesenteric artery was identified and divided, the aorta was freed up distal to this, and free ties placed around it. Next, the portal hepatic was dissected. The common bile duct was cut above the tie so that free flow of bile could be seen. The gallbladder was opened and irrigated with normal saline until clear fluid was seen in the common bile duct. Dissection then continued across the porta. The supraduodenal vessels were ligated with ties. The gastroduodenal artery was identified and ligated. Dissection continued along the superior border of the pancreas and the splenic artery was identified. The left gastric artery and vein were identified and, if there was no evidence of an aberrant left hepatic artery, they were divided between ties. If an aberrant left hepatic artery was present, the left gastric artery was preserved by dividing its small branches to the lesser curvature of the stomach.

The lesser sac was opened by dividing the entire gastrocolic ligament. The transverse mesocolon was dissected off the pancreas and the small mesenteric vein (SMV) identified inferior to the pancreas. Short gastric vessels were identified and divided between ties. The pancreas was then assessed and deemed suitable for procurement. The inferior border of the pancreas was dissected off the retroperitoneum and the spleen mobilized by dividing its ligamentous attachments. The superior edge of the pancreas was dissected and the distal pancreas mobilized to the splenic artery origin. The inferior mesenteric vein was divided between ties. The ligament of the Treitz was divided and the fourth part of the duodenum mobilized.

The crura of the diaphragm were then divided and the aorta was exposed at the hiatus. The portal vein was exposed and stay sutures of Prolene were placed at a point ensuring enough length for both grafts. The patient was then fully heparinized. The distal aorta was ligated and cannulated. In conjunction with other retrieval teams, perfusion with UW solution proceeded. Crushed iced was placed on the liver, pancreas and kidneys. A venotomy was made in the portal vein and cannulated for perfusion. The duodenum was then divided with a GIA stapler just distal to the pylorus and at the duodenojejunal junction. The small bowel mesentery with SMV and SMA was divided using a GIA stapler. The liver was dissected free with a portion of the diaphragm. The IVC was divided above the renal veins. The aorta was divided just distal to the SMA. The liver and pancreas were removed *en bloc*. Perfusion to the kidneys was then re-established by placing a vascular clamp on the aorta. After identifying the ureters, the iliac arteries and veins were removed. A portion of the spleen and mesenteric lymph nodes were removed for HLA typing.

ADDITIONAL NOTES

Aberrant Vessels: _____

Organs Retrieved: _____

Other: _____

Signature: _____

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Exhibit 2: DCD Liver/Kidney/Pancreas Retrieval Operative Note

UNIVERSITY OF TORONTO LIVER TRANSPLANT PROGRAM

CSF-9-47

DCD LIVER/KIDNEY/ PANCREAS RETRIEVAL OPERATIVE NOTE

Hospital: _____ Date: _____
Patient Name: _____ Medical Record Number: _____
Surgeons: _____

As per routine, the donor is given _____ of heparin in the ICU. After the withdraw of life sustaining therapy, the ICU team witnesses the cessation of ventilation and circulation for a pre-determined time period. After this pre-determined time, the donor is transferred to the OR, prepped and draped in the usual sterile fashion. A midline incision was made from the sternal notch down to the pubic bone. The abdominal cavity was entered, the intestines retracted medially, and the peritoneum over the inferior Vena Cava (IVC) and abdominal was incised. The distal aorta was encircled and ligated, a cannula was inserted immediately and the IVC opened anteriorly.

The crura of the diaphragm were divided and the supraclavicular aorta was clamped and the cold perfusion started. Crushed ice was placed on the liver and both kidneys.

The common bile duct was identified and divided distally; the gallbladder was opened and irrigated with saline solution until clear fluids were coming out from the common bile duct.

After adequate cold perfusion of the porta hepatic, cold dissection was started first by identifying the common hepatic artery and then dividing the gastroduodenal artery. Dissection continued through to the celiac trunk, the splenic artery was divided, the left gastric artery dissected and preserved, and the small branches to the lesser curvature of the stomach were divided (to preserve an aberrant left hepatic artery). The dissection of the celiac trunk continued to the aorta where it was divided superiorly. The portal vein was dissected distally and divided.

Posterior to the pancreas, dissection of the superior mesenteric artery was carried out, being divided distally, then dissected down to the aorta (to preserve an aberrant right hepatic artery). After identifying and securing the origin of both renal arteries the aorta was opened anteriorly, divided posteriorly and split into both sides just above the renal arteries. The distal aorta was dissected up to the left renal vein. The left renal vein was divided with a cuff of the IVC and mobilized to the left.

The right atrium was divided distally to get the supra hepatic IVC and the infra hepatic IVC was dissected until the origin of the right renal vein and it was divided above the renal vein.

The left triangular ligament of the liver was divided and the diaphragm incised bilaterally. The right lobe was mobilized, and then the liver was removed with a patch of the diaphragm and portion of the right adrenal gland attached to the IVC.

The pancreas was dissected out of the surrounding tissues, the duodenum was stapled then the pancreas was removed for whole transplant or islet transplant

After identifying the ureters and renal vessels on both sides, both kidneys were dissected out from the surrounding tissues and removed with the aortic patch. On the sterile back table each kidney was dissected further to ensure adequate perfusion and to exclude abnormal pathology.

A specimen of spleen was taken for HLA typing.

Mass closure of the skin began after removing all the ice and all the instruments and insuring correct sponge and instrument count.

ADDITIONAL NOTES

Aberrant Vessels: _____

Organs Retrieved: _____

Other: _____

Signature: _____

January 25, 2023


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Exhibit 3: Kidney/Pancreas Transplant Operating Room Data

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**KIDNEY / PANCREAS TRANSPLANT
OPERATING ROOM DATA**

TRILLIUM GIFT OF LIFE
 483 Bay Street South Tower, 4th Floor Toronto, Ontario M5G2C9
 Telephone (24/7): 1.877.363.9456 Facsimile: 1.888.557.6100
 CTO # 100062

TRANSPLANT PROGRAMS:
 TORONTO: RETURN TO ORIGINATING COOLER AND NOTIFY TGLN FOR COOLER PICK UP.
 OUTSIDE TORONTO: FAX BOTH SIDES OF FORM TO TGLN @ 1-888-557-6100. CONTACT TGLN IF YOU HAVE ANY QUESTIONS

DONOR INFORMATION **KIDNEY** LEFT RIGHT BOTH
 DONOR TGLN #: _____ DONOR CTD #: _____ RECOVERY SURGEON: _____
 DONOR AGE: ____ DONOR ABO & Rh: ____ DONOR HT: ____ cm DONOR WT: ____ kg DONOR CMV (PIN): _____

NDD CROSS CLAMP: _____ DATE: _____ TIME: _____ EST: _____

DCD START WIT (WLS): _____ DATE: _____ TIME: _____ EST: _____
 FLUSH TIME (END WIT)/CROSS CLAMP: _____ DATE: _____ TIME: _____ EST: _____
 TOTAL WIT: _____ TIME: _____ (minutes)

PANCREAS DESCRIPTION:

KIDNEY DESCRIPTION:
 Vessels Enclosed: Y N
 Kidney on pump: Y N

RECIPIENT INFORMATION

RECIPIENT TGLN #: _____ MRN #: _____
 RECIPIENT CTR #: _____
 RECIPIENT HT: _____ cm RECIPIENT WT: _____ kg
 RECIPIENT CMV (PIN): _____ RECIPIENT ABO & Rh: _____
 RECIPIENT PRIMARY DISEASE: _____
 TRANSPLANT HOSPITAL: _____
 (May use hospital sticker or stamp if available)

RECIPIENT OR: PLEASE COMPLETE THIS BOX

* TRANSPLANT START:	DATE: _____	TIME: _____	EST	RN: Please fill in these or times. Thank you - TGLN
* KIDNEY REMOVED FROM COLD:	DATE: _____	TIME: _____	EST	
* KIDNEY CLAMPS OFF:	DATE: _____	TIME: _____	EST	
* PANCREAS REMOVED FROM COLD:	DATE: _____	TIME: _____	EST	
* PANCREAS CLAMPS OFF:	DATE: _____	TIME: _____	EST	

Vessels Used (please identify): Y N

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Exhibit 4: Pancreas Transplant Operating Room Data

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**PANCREAS TRANSPLANT
 OPERATING ROOM DATA**

TRILLIUM GIFT OF LIFE
 483 Bay Street South Tower, 4th Floor Toronto, Ontario M5G 2C9
 Telephone (24/7): 1.877.363.9456 Facsimile: 1.866.357.6100
 CTO # 100062

TRANSPLANT PROGRAMS:
 TORONTO: RETURN TO ORIGINATING COOLER AND NOTIFY TGLN FOR COOLER PICK UP.
 OUTSIDE TORONTO: FAX BOTH SIDES OF FORM TO TGLN @ 1-866-357-6100. CONTACT TGLN IF YOU HAVE ANY QUESTIONS

DONOR INFORMATION
 DONOR TGLN #: _____ DONOR CTD #: _____ RECOVERY SURGEON: _____
 DONOR AGE: ____ DONOR ABO & Rh: ____ DONOR HT: ____ cm DONOR WT: ____ kg DONOR CMV (PIN): _____

NDD CROSS CLAMP: _____ DATE: _____ TIME: _____ EST: _____

DCD START WIT (WLS): _____ DATE: _____ TIME: _____ EST _____
 FLUSH TIME (END WIT)/CROSS CLAMP: _____ DATE: _____ TIME: _____ EST _____
 TOTAL WIT: _____ TIME: _____ (minutes)

DONOR PANCREAS DESCRIPTION:
 Vessels Enclosed: Y N

RECIPIENT INFORMATION
 RECIPIENT TGLN #: _____
 RECIPIENT CTR #: _____
 RECIPIENT HT: _____ cm RECIPIENT WT: _____ kg
 RECIPIENT CMV (PIN): _____ RECIPIENT ABO & Rh: _____

RECIPIENT PRIMARY DISEASE: _____

TRANSPLANT HOSPITAL: _____

MRN #: _____

(May use hospital sticker or stamp if available)

RECIPIENT OR: PLEASE COMPLETE THIS BOX

* TRANSPLANT START: _____ DATE: _____ TIME: _____ EST _____ RN: Please fill in these

* REMOVED FROM COOL: _____ DATE: _____ TIME: _____ EST _____ OR times.

* CLAMPS OFF: _____ DATE: _____ TIME: _____ EST _____ Thank you

Vessels Used (please identify): Y _____ N _____

- TGLN

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Exhibit 5: Pancreas For Islets Transplant Operating Room Data

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**PANCREAS FOR ISLETS TRANSPLANT
OPERATING ROOM DATA**

TRILLIUM GIFT OF LIFE
 483 Bay Street South Tower, 4th Floor Toronto, Ontario M5G2C9
 Telephone (24/7): 1.877.363.8456 Facsimile: 1.866.557.6100
 CTO # 100062

TRANSPLANT PROGRAMS:
TORONTO: RETURN TO ORIGINATING COOLER AND NOTIFY TGLN FOR COOLER PICK UP.
OUTSIDE TORONTO: FAX BOTH SIDES OF FORM TO TGLN @ 1-866-557-6100.
CONTACT TGLN IF YOU HAVE ANY QUESTIONS

DONOR INFORMATION

DONOR TGLN #: _____ **DONOR CTD #:** _____ **RECOVERY SURGEON:** _____

DONOR AGE: _____ **DONOR ABO & Rh:** _____ **DONOR HT:** _____ cm **DONOR WT:** _____ kg **DONOR CMV (P/N):** _____

NDD **CROSS CLAMP:** DATE: _____ TIME: _____ EST

DCD **RETRIEVAL TIME:** DATE: _____ TIME: _____ EST

START WIT (WLS): DATE: _____ TIME: _____ EST

FLUSH TIME (END WIT)/CROSS CLAMP: DATE: _____ TIME: _____ EST

TOTAL WIT: TIME _____ (minutes)

RETRIEVAL TIME: DATE: _____ TIME: _____ EST

Perfusion/Storage Solution Manufacturer: _____ Lot # _____ Expiry Date: _____

DONOR PANCREAS FOR ISLETS DESCRIPTION:

Pancreas for Islets to be stored at temperatures of 0°- 10°

CONFIRMATION OF DELIVERY: ISLET LAB

RECEIVING INSTITUTION: _____

ACCEPTING STAFF: _____ **DATE:** _____ **TIME:** _____ EST

SIGNATURE: _____

RECIPIENT INFORMATION

RECIPIENT TGLN #: _____

RECIPIENT CTR #: _____

RECIPIENT HT: _____ cm **RECIPIENT WT:** _____ kg

RECIPIENT CMV (P/N): _____ **RECIPIENT ABO & Rh:** _____

RECIPIENT PRIMARY DISEASE: _____

TRANSPLANT DATE: _____

TRANSPLANT HOSPITAL: _____

MRN #: _____

(May use hospital sticker or stamp if available)

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