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APPROVED BY: Tissue Authority

Clinical Process Instruction Manual

Ocular Recovery Documentation and Transport Labelling Instruction

Policy:

Trillium Gift of Life Network (TGLN) ensures all pertinent information with respect to ocular recovery activities is documented as required by Health Canada's *Basic Safety of Cells, Tissues, and Organs Regulations* and according to eye bank requirements. The Tissue Recovery Coordinator (TRC) ensures all information including, but not limited to donor identity, physical exam, and pen light assessment is accurately documented.

TGLN shall provide the tissue retrieval site facility with a record of the ocular tissues retrieved as required.

Documentation of case related activities may be completed in paper or electronic format based on recovery location and timing of case. Documentation must be concurrent to the task being completed.

Process:

- 1. The TRC obtains the following materials:
 - Eye Recovery Form CSF-9-80 or equivalent
 - Eye Recovery Note CSF-9-83 (Exhibit 1)
 - Recovered Ocular Tissue Package Insert CSF-9-233 (Exhibit 2)
 - Recovered Ocular Tissue Transport Label CSF-9-234 (Exhibit 3)
 - Indelible ink pen
 - Donor chart or copy of electronic record (not required for research and teaching only donors)
- 2. The TRC documents pertinent information while conducting the donor chart review. If a patient chart is not able to be located and a chart review not done, this must be documented on the Eye Recovery Form or electronic documentation system and a chart request must be sent through to the Clinical Information Coordinators. Exceptions to this will be home deaths or Medical Assistance in Death procedures (MAID), where no hospital chart will be available or requested.
- 3. The TRC completes the Eye Recovery Form or electronic documentation system as thoroughly as possible, ensuring that all sections are fully completed. This must include information pertaining to donor identification; consent; Coroner involvement; date, time and cause of death; current and past medical history; hemodilution; physical assessment and eye exam; blood draw and eye recovery details as applicable; and donor reconstruction and final disposition. The TRC must transcribe all the documentation in the Eye Recovery Form into the donor management system and upload a copy into the attachments.
- 4. The TRC documents "not applicable" or "not available" as required.



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- 5. The TRC signs off for the recovery of each ocular tissue as documentation that the recovery procedure was performed according to TGLN Clinical Process Instructions.
- 6. The TRC includes additional, relevant information in the clinical notes and additional information tab in the donor management system. This may include inconsistencies, unusual finding, family requests, any other pertinent case details, or items that may require follow-up.
- 7. All discrepancies, subsequent investigation, and resolution must be documented in the clinical notes.
- 8. Any deviations from the CPI's need to be documented in the deviation section.
- 9. Upon completion of eye recovery, the TRC ensures the Eye Recovery Note is completed, signed, and left in the patient's chart. If a patient chart cannot be located, the TRC is required to complete and sign the Eye Recovery Note and fax it to the recovery hospital's Health Records department (if recovery occurred at the hospital) upon returning to the Provincial Resource Centre. If recovery occurred at a funeral home, do not leave a recovery note. Additionally, the TRC uploads the document into the patient's TGLN chart.
- 10. When shipping or delivering the tissues place the *Recovered Ocular Tissue Transport Label* on the outside and the *Recovered Ocular Tissue Package Insert* on the inside of the container.

Records:

| Record Name | Form No. (if applicable) | Record Holder | Record Location | Record Retention Time (as a minimum) |
|---|-----------------------------|---------------|-----------------|--|
| Eye Recovery Form | CSF-9-80 | PRC | PRC | 16 years |
| Eye Recovery Note | CSF-9-83 | PRC | PRC | 16 years |
| Recovered Ocular Tissue Package Insert | CSF-9-233 | PRC | PRC | 16 years |
| Recovered Ocular Tissue Transport Label | CSF-9-234 | PRC | PRC | 16 years |



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References:

• Health Canada's Basic Safety of Cells, Tissues, and Organs Regulations



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Exhibit 1: Eye Recovery Note





Eye Recovery Note

| Hospital: | Date: | TGLN #: |
|--|------------------------------------|--|
| Patient Name: | | MRN: |
| Recovery Staff [print name(s)]: | | |
| The identity of the patient was verified to match to | he consent form. | |
| The patient's medical chart was reviewed on-site of Yes No (potentially due to a lack of access | | |
| A physical assessment of the patient was complete foreign bodies, or previous surgery. $\hfill \square$ N/A (Rese | | gns of infection, corneal damage, embedded |
| Blood was collected from (check where applicable □ subclavian artery, □ femoral artery, □ labora | | □ Other If Other, specify □ N/A |
| Tissue recovered (check all that apply): \Box Left Wh | oole Eye 🗆 Right Whole Eye 🗆 Left | Cornea □ Right Cornea |
| Each eyelid was gently opened to thoroughly irrigarea was prepped using a povidone-iodine solution | | |
| An ocular speculum was inserted under the upper grasped with forceps with small scissors pointed a scissors were then inserted under the conjunctiva | way from the cornea and a peritomy | was continued 360° around the cornea. The |

| Type of ocular recovery completed and ste | ps continued for that specific procedure: | | |
|---|---|--|--|
| ☐ Enucleation (Whole Globe Recovery) | ☐ In Situ (Corneal Recovery) | | |
| A muscle hook was used to isolate the medial, lateral, superior, and inferior rectus muscles. These muscles were cut with scissors. | A scalpel blade was used to scrape the remaining conjunctival tissue near the limbus with an outward motion to 5mm from the limbus. | | |
| Enucleation scissors were inserted behind the back of the eye and positioned around the optic nerve. The optic nerve was cut, leaving a small stump. | An incision was made through the sclera using a scalpel blade. Corneal acissors were inserted into the suprachoroidal space to carefully perform a peritomy to complete the sclera incision 360° around the cornea. | | |
| Using a hemostat or forceps, the globs was gently lifted from the socket. The remaining connective tissus was cut, along with the superior and inferior obligate muscles. The globs was gently placed in the eye jar, cornea facing up, with the optionerve resting on the cotton bed. The jars were sealed and labeled with the patient's information. | The cornecaderal rim button was removed by grasping the actual rim with forceps and isosping it stationary while the cliary body-choroid and iris were pulled downward and easy from the button. Working side to side, adhosions were gently separated away from the cornecaderal button. After separation, the button was transferred to a vial containing corneal acroage medium (Option) GSD. The vial was previously labeled with the patient information. | | |
| The above steps were repeated for the other eye (check one): \[\subseteq \text{Yes i} \] Upon recovery completion, wh a plastic eye cap was inserted in the societ(s) and the eyeid(s) were colution was wiped off using sterile saline or alcohol. 4 x 4 gauze was erapped with king gauze. Head rest to be left with the donor. | ere reconstruction could be completed, a folded piece of gauze and closed to restore a normal appearance. Any remaining preparation | | |
| The patient was rewrapped in the shroud and returned to the storage | location from which the patient was removed. | | |
| and the second second second | n market deal market | | |

| Signature: | Date: |
|------------|-------|
|------------|-------|



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Exhibit 2: Recovered Ocular Tissue Package Insert



TRILLIUM GIFT OF LIFE NETWORK 483 Bay Street South Tower, 4th Floo Toronto, Outario M5G 2C9 Telephone (24/7): 1.877.363.8456 Facsimile: 1.866.557.6100

CSF-9-233

Recovered Ocular Tissue Package Insert - NOT SUITABLE FOR TRANSPLANT IN CURRENT FORM

| | | | Recovery Information |
|--|-----------------|--------------------------|--|
| TGLN Donor ID# | | | Receiving Tissue Bank Donor ID#: |
| Donor Name: | | | First Name DOB:/ |
| Donor Name: | Surname | | First Name DD MM YYYY |
| Source Establishment (| Relevant Tiss | ue Bank) Name, | /Address/Tel: Eye Bank of Canada 340 College Street Suite B100, |
| Toronto, Ontario M5T | 3A9 (416) | 978-7355 | |
| Retrieval Establishmen | t (Becovery I | ocation) Name/ | Address/Tel- |
| TOTAL PART ESTABLISHMENT | r (meetaver y r | construction, realities, | round word a re- |
| | | | |
| Death (□Asystole/□A | ortic Clamp | ing/□LSA): Da | ste (dd/mm/yy) Time: ET |
| | | | Time: ET If postmortem, collection: □ ≤ 17hrs 21.5hrs or □ |
| | mm/yy) | | Time:ET if postmortem, collection: \(\sime \) \$ \(\frac{121.5nrs}{2} \) On No. Out (b) |
| >21.5hrs | | | |
| Eye Recovery Complete | ed: Date (dd | i/mm/yy } | Time: ET |
| Right Side Recovered B | y: | | |
| Left Side Recovered By | (if different | than right): | |
| | Т | Tissue Bank Use | Shipping Information (TGLN Use) |
| | | | |
| Tissue Shipped | Shipped | Received | I hereby verify that I packaged the donor tissue according to TGLN CPIs for |
| | (v) | Received (v) | I hereby verify that I packaged the donor tissue according to TGLN CPIs for consent, screening and recovery of deceased donor tissue. |
| Right, Whole Globe | | | |
| | (v) | | consent, screening and recovery of deceased donor tissue. |
| Right, Whole Globe Left, Whole Globe | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: Packaged Date (DD/MM/YY): |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: Packaged Date (DD/MM/YY): Packaged Time: ET Weight of Wet ice: Ib |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution ☐ Saline ☐ Optisol | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: Packaged Date (DD/MM/YY): Packaged Time: ET Weight of Wet ice: Ib |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution ☐ Saline ☐ Optisol | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: Packaged Date (DD/MM/YY): Packaged Time: ET Weight of Wet ice: Ib |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution Saline Optisol Other | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: Packaged Date (DD/MM/YY): Packaged Time: ET Weight of Wet ice: Ib |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution ☐ Saline ☐ Optisol ☐ Other | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: Packaged Date (DD/MM/YY): Packaged Time: ET Weight of Wet ice: Ib |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution ☐ Saline ☐ Optisol ☐ Other | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: Packaged Date (DD/MM/YY): Packaged Time: ET Weight of Wet ice: Ib |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution ☐ Saline ☐ Optisol ☐ Other | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: Packaged Date (DD/MM/YY): Packaged Time: ET Weight of Wet ice: Ib |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution Saline Optisol Other | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: |
| Right, Whole Globe Left, Whole Globe Right Cornea Left Cornea Storage Solution ☐ Saline ☐ Optisol ☐ Other | (v) | | consent, screening and recovery of deceased donor tissue. Print Name: Packaged Date (DD/MM/YY): Packaged Time: ET Weight of Wet ice: Ib |



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Exhibit 3: Recovered Ocular Tissue Transport Label



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483 Bay Street South Tower, 4th Floor
Toronto, Ontario M5G 2C9
Telephone (24/7): 1.877.363.8456

Facsimile: 1.866.557.6100

DONATED HUMAN TISSUE FOR TRANSPLANT DO NOT X-RAY

KEEP COOL HANDLE WITH CARE

Date and Time Packaged:

LBS OF WET ICE ENCLOSED

THIS BOX HAS BEEN VALIDATED TO MAINTAIN TEMPERATURE BETWEEN 2 TO 8°C FOR 39 HOURS FROM DATE AND TIME PACKAGED

TISSUE MUST REMAIN AT OR BELOW 8°C DURING TRANSPORT

RECOVERY FACILITY
(Name/Address/Phone)

DELIVER TO (Source Establishment) Eye Bank of Canada

340 College Street Suite B100, Toronto, Ontario MST 3A9 Tel: (416) 978-7355; Fax: 1-416-978-1522 CSF-9-234

TGLN#

BIOHAZARD EXEMPT HUMAN SPECIMENS

July 28, 2021