



## Clinical Process Instruction Manual

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### Tissue and Transport Labelling Information Process Instruction

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#### Policy:

*Health Canada's Safety of Human Cells, Tissues and Organs for Transplantation (CTO) Regulations* set out the requirements for the interior label, the package insert and the exterior labels. Additional requirements set out by the *American Association of Tissue Banks (AATB) Current Standards for Tissue Banking* have been incorporated into this Clinical Process Instruction (CPI).

#### Process:

1. This document describes the information required for the recovery agency when shipping tissue to the processor.

#### Interior Label

2. The following information shall be included on the interior container label when transporting from retrieval establishment to the source establishment (processor). See exhibits 1 - 3 including:
  - name of tissue and whether right or left side if applicable;
  - information capable of identifying the donor; and
  - a hazard symbol entitled "Biohazardous Infectious Material" as set out in schedule II in the Controlled Products Regulations as applicable.

#### Package Insert

3. The package insert information may include items from the interior/container label that due to space requirements, could not be included on the interior label (see exhibits 4 - 7) including:
  - name of tissue and whether right or left side if applicable;
  - description of the tissue;
  - information capable of identifying the donor;
  - date, time, time zone of asystole or aortic cross clamp if applicable;
  - date, time and time zone of retrieval;
  - information specific to the retrieval procedure;
  - name of storage solution if applicable;
  - name, address and telephone number of the retrieval establishment; and
  - name, address and telephone number of the source establishment (tissue bank responsible for determining donor suitability).



## Clinical Process Instruction Manual

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### Tissue and Transport Labelling Information Process Instruction

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#### Exterior Label

4. The exterior transport package label (see exhibits 8 - 12) shall include the following information:
- name, address and telephone number of the source establishment (tissue bank responsible for determining donor suitability);
  - name, address and telephone number of the retrieval establishment (recovery facility);
  - recommended storage conditions and transport expiration date including recommended storage temperature and/or acceptable storage temperature range (if applicable);
  - type and quantity of refrigerant or other hazardous materials enclosed in the transport package;
  - a hazard symbol entitled “Biohazardous Infectious Material” as set out in schedule II in the Controlled Products Regulations, as applicable any special handling instructions or for storage during transportation;

#### Records:

- No records

#### References:

- Health Canada: Safety of Human Cells, Tissues & Organs for Transplantation Regulations, June 2007
- Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. G3.000, G3.100, G3.120, G3.220, G3.300, G3.310



## Clinical Process Instruction Manual

### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 1: Recovered Bone Tissue Labels

CSF-9-194

Recovered Bone Tissue Labels

<b>L Humerus</b> Donor ID: _____ Date-Time: _____	<b>L Tibia w/ Patellar Tendon/ Meniscus</b> Donor ID: _____ Date-Time: _____	<b>L Post. Tibialis</b> Donor ID: _____ Date-Time: _____	<b>L Femur En Bloc</b> Donor ID: _____ Date-Time: _____
<b>L Radius</b> Donor ID: _____ Date-Time: _____	<b>L Fibula</b> Donor ID: _____ Date-Time: _____	<b>L Peroneus Longus</b> Donor ID: _____ Date-Time: _____	<b>L Knee En Bloc</b> Donor ID: _____ Date-Time: _____
<b>L Ulna</b> Donor ID: _____ Date-Time: _____	<b>L Achilles w/ Calc./Talus</b> Donor ID: _____ Date-Time: _____	<b>L Peroneus Brevis</b> Donor ID: _____ Date-Time: _____	<b>L Ankle En Bloc</b> Donor ID: _____ Date-Time: _____
<b>L Fascia</b> Donor ID: _____ Date-Time: _____	<b>L Femur</b> Donor ID: _____ Date-Time: _____	<b>L Proximal Femur</b> Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____
<b>L Gracilis</b> Donor ID: _____ Date-Time: _____	<b>L Hemi-Pelvis</b> Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____
<b>L Semitendinosus</b> Donor ID: _____ Date-Time: _____	<b>L Shoulder En Bloc</b> Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____
<b>L Ant. Tibialis</b> Donor ID: _____ Date-Time: _____	<b>L Elbow En Bloc</b> Donor ID: _____ Date-Time: _____	<b>Positive Control 1</b> Donor ID: _____ Date-Time: _____	<b>Positive Control 2</b> Donor ID: _____ Date-Time: _____

<b>R Humerus</b> Donor ID: _____ Date-Time: _____	<b>R Tibia w/ Patellar Tendon/ Meniscus</b> Donor ID: _____ Date-Time: _____	<b>R Post. Tibialis</b> Donor ID: _____ Date-Time: _____	<b>R Femur En Bloc</b> Donor ID: _____ Date-Time: _____
<b>R Radius</b> Donor ID: _____ Date-Time: _____	<b>R Fibula</b> Donor ID: _____ Date-Time: _____	<b>R Peroneus Longus</b> Donor ID: _____ Date-Time: _____	<b>R Knee En Bloc</b> Donor ID: _____ Date-Time: _____
<b>R Ulna</b> Donor ID: _____ Date-Time: _____	<b>R Achilles w/ Calc./Talus</b> Donor ID: _____ Date-Time: _____	<b>R Peroneus Brevis</b> Donor ID: _____ Date-Time: _____	<b>R Ankle En Bloc</b> Donor ID: _____ Date-Time: _____
<b>R Fascia</b> Donor ID: _____ Date-Time: _____	<b>R Femur</b> Donor ID: _____ Date-Time: _____	<b>L Proximal Femur</b> Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____
<b>R Gracilis</b> Donor ID: _____ Date-Time: _____	<b>R Hemi-Pelvis</b> Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____
<b>R Semitendinosus</b> Donor ID: _____ Date-Time: _____	<b>R Shoulder En Bloc</b> Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____
<b>R Ant. Tibialis</b> Donor ID: _____ Date-Time: _____	<b>R Elbow En Bloc</b> Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____	_____ Donor ID: _____ Date-Time: _____



## Clinical Process Instruction Manual

### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 2: Recovered Skin Tissue Labels

Recovered Skin Tissue Labels

CSF-9-183

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**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

**QUARANTINED HUMAN ALLOGRAFT SKIN FOR  
TRANSPLANT- processing still required  
Storage Media Tis-U-Sol Solution**  
Residual amounts of chlorhexidine gluconate used in recovery may be present  
Transport Storage Temperature Above Freezing (0°C) -10°C  
TGLN #: \_\_\_\_\_  
Date-Time recovered: \_\_\_\_\_  
Recovered By: \_\_\_\_\_

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## Clinical Process Instruction Manual

### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 3: Recovered Heart Valve Tissue Labels

Recovered Heart Valve Tissue Label

CSF-9-195

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_

**Cardiac Tissue Recovered**  
TGLN # \_\_\_\_\_  
Date-Time Recovered: \_\_\_\_\_  
Date-Time Rinsed: \_\_\_\_\_  
Recovered by: \_\_\_\_\_

Heart for valves  
 Pericardium  
 Other  
\_\_\_\_\_  
\_\_\_\_\_



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### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 4: Recovered Bone Tissue Package Insert

CSF-9-149 **TRILLIUM GIFT OF LIFE NETWORK**  
483 Bay Street South Tower, 4th Floor Toronto, Ontario M5G 2C9  
Telephone (247): 1.877.363.8456  
Facsimile: 1.866.557.6100

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

This box contains quarantine donated human tissue for transplant. Donor eligibility has not been completed.


Recovery Information					
TGLN Donor ID# _____		Receiving Tissue Bank Donor ID#: _____			
Source Establishment (Relevant Tissue Bank) Name/Address/Tel: _____					
Retrieval Establishment (Recovery Location) Name/Address/Tel: _____					
Death ( <input type="checkbox"/> Asystole/ <input type="checkbox"/> Aortic Clamping/ <input type="checkbox"/> LSA): Date (dd/mm/yy) _____ Time: _____ ET					
Initial Preparation: Date (dd/mm/yy) _____ Time: _____ ET					
First Incision: Date (dd/mm/yy) _____ Time: _____ ET					
Last Tissue on Ice: Date (dd/mm/yy) _____ Time: _____ ET					
Tissue Shipped	L	R	Received		Shipping Information (TGLN Use)
			L	R	
Humerus	<input type="checkbox"/>	<input type="checkbox"/>			I hereby verify that I packaged the donor according to TGLN CPis for consent, screening and recovery of deceased donor tissue. Print Name: _____ Packaged Date (DD/MM/YY): _____ Packaged Time: _____ ET Courier: _____ Weight of Wet Ice : _____ lb  <b>For Receiving Tissue Bank Use ONLY : Receiving Information</b> Date Received (dd/mm/yy): _____ Shipment Opened: By _____ Date _____ Time _____ 1. Was the shipment delivered before package expiration? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Was wet ice present upon opening? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, Temperature of contents _____ °C, Thermometer ID _____ 3. Shipment Acceptable? (Acceptable temperatures are (≥ 0°C) to ≤ 10°C for MS tissue for up to 72 hours) <input type="checkbox"/> YES <input type="checkbox"/> NO Initial _____  <b>For Receiving Tissue Bank Use ONLY</b> ID Verification: The Donor ID of each tissue was verified to match the Donor ID at the top of this form. Initial _____ Storage: Fridge / Freezer ID _____ Shelf _____ Date/Time Placed in Freezer _____ Initial _____
Fascia	<input type="checkbox"/>	<input type="checkbox"/>			
Gracilis	<input type="checkbox"/>	<input type="checkbox"/>			
Semitendinosus	<input type="checkbox"/>	<input type="checkbox"/>			
Tibialis, Anterior	<input type="checkbox"/>	<input type="checkbox"/>			
Tibialis, Posterior	<input type="checkbox"/>	<input type="checkbox"/>			
Peroneus Longus	<input type="checkbox"/>	<input type="checkbox"/>			
Tibia <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/>	<input type="checkbox"/>			
Fibula <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/>	<input type="checkbox"/>			
Achilles	<input type="checkbox"/>	<input type="checkbox"/>			
Femur <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Hemipelvis <input type="checkbox"/> Ilium	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Iliac Crest	<input type="checkbox"/>	<input type="checkbox"/>			
Radius:	<input type="checkbox"/>	<input type="checkbox"/>			
Ulna:	<input type="checkbox"/>	<input type="checkbox"/>			
Peroneus Brevis:	<input type="checkbox"/>	<input type="checkbox"/>			
Other:	<input type="checkbox"/>	<input type="checkbox"/>			
Storage Solution: <input type="checkbox"/> Ringer's Lactate with Cefazolin and Bacitracin <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A Comments: _____					



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#### Exhibit 5: Recovered Skin Tissue Package Insert - Sunnybrook

		<b>TRILLIUM GIFT OF LIFE NETWORK</b> 483 Bay Street South Tower, 4th Floor Toronto, Ontario M5G 2C9 Telephone (24/7): 1.877.363.8456 Facsimile: 1.866.557.6100	CSF-9-156
<p><b>Recovered Skin Tissue Package Insert (Sunnybrook) - NOT SUITABLE FOR TRANSPLANT IN CURRENT FORM</b></p> <p>This box contains quarantine donated human tissue for transplant. Donor eligibility has <u>not</u> been completed.</p>			
<b>Recovery Information</b>			
TGLN Donor ID# _____			
Source Establishment (Relevant Tissue Bank) Name/Address/Tel: Sunnybrook Health Sciences Centre Tissue Bank, Room B219 2075 Bayview Avenue, Toronto, ON M4N 3M5 Tel: 416-480-4050			
Retrieval Establishment (Recovery Location) Name/Address/Tel: Choose an item. _____			
Death ( <input type="checkbox"/> Asystole/ <input type="checkbox"/> Aortic Clamping/ <input type="checkbox"/> LSA): Date (dd/mm/yy) _____ Time: _____ ET			
Initial Preparation: Date (dd/mm/yy) _____ Time: _____ ET			
First Incision: Date (dd/mm/yy) _____ Time: _____ ET			
Last Tissue on Wet Ice: Date (dd/mm/yy) _____ Time: _____ ET			
		<b>Shipping Information (TGLN Use)</b>	
<b>Tissue Shipped</b>	<b>Shipped (v)</b>	<b>Tissue Bank Use Received (v)</b>	I hereby verify that I packaged the donor tissue according to TGLN CPIs for consent, screening and recovery of deceased donor tissue. Print Name: _____ Packaged Date (DD/MM/YY): _____ Packaged Time: _____ ET    Weight of Wet Ice: _____ lb Courier: _____
Posterior Skin Trunk	<input type="checkbox"/>		
Posterior Skin Legs	<input type="checkbox"/>		
Anterior Skin Abdomen	<input type="checkbox"/>		
Anterior Skin Legs	<input type="checkbox"/>		
<b>Storage Solution:</b> <input type="checkbox"/> Tis-U-Sol <input type="checkbox"/> Other: _____ <b>Comments:</b> _____ _____			
<b>For Receiving Tissue Bank Use ONLY : Receiving Information</b>			



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### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 6: Recovered Skin Tissue Package Insert – Regen Med

CSF-9-161

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

**Ontario Health**  
Trillium Gift of Life Network

**Recovered Skin Tissue Package Insert (RegenMed) - NOT SUITABLE FOR TRANSPLANT IN CURRENT FORM**

This box contains quarantine donated human tissue for transplant. Donor eligibility has not been completed.

Recovery Information		
TGLN Donor ID# _____ Receiving Tissue Bank Donor ID #: _____		
Source Establishment (Relevant Tissue Bank) Name/Address/Tel: RegenMed 290 Munro Street, Suite 2000, Thunder Bay, ON P7A7T1 1-807-346-2265		
Retrieval Establishment (Recovery Location) Name/Address/Tel: Choose an item.		
Death ( <input type="checkbox"/> Asystole/ <input type="checkbox"/> Aortic Clamping/ <input type="checkbox"/> LSA): Date (dd/mm/yy) _____ Time: _____ ET		
Initial Preparation: Date (dd/mm/yy) _____ Time: _____ ET		
First Incision: Date (dd/mm/yy) _____ Time: _____ ET		
Last Tissue on Wet Ice: Date (dd/mm/yy) _____ Time: _____ ET		
Tissue Shipped	Shipped (v)	Tissue Bank Use Received (v)
Posterior Skin Trunk	<input type="checkbox"/>	
Posterior Skin Legs	<input type="checkbox"/>	
Anterior Skin Abdomen	<input type="checkbox"/>	
Anterior Skin Legs	<input type="checkbox"/>	
<b>Shipping Information (TGLN Use)</b> I hereby verify that I packaged the donor tissue according to TGLN CPIs for consent, screening and recovery of deceased donor tissue. Print Name: _____ Packaged Date (DD/MM/YY): _____ Packaged Time: _____ ET Weight of Wet Ice: _____ lb Courier: _____		
<b>Storage Solution:</b> <input type="checkbox"/> Tis-U-Sol <input type="checkbox"/> Other: _____ Comments: _____		
<b>For Receiving Tissue Bank Use ONLY : Receiving Information</b> Date Received (dd/mm/yy): _____ Time: _____ ET Shipment Opened By: _____		
1. Is a zip-tie seal present on the transport cooler? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Is wet ice present upon receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. The TGLN Donor ID # on each tissue container matches the TGLN Donor ID # on all documentation? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Tissue jars double bagged and sealed? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Tis-U-Sol storage solution in jars covers skin? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. Tissue refrigerated on receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. Transmissible disease samples received? <input type="checkbox"/> YES <input type="checkbox"/> NO Storage: Fridge/Freezer ID _____ Shelf _____ Date/Time placed in Freezer _____ Initial: _____		





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### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 7: Recovered Cardiovascular Tissue Package Insert



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

CSF-9-150

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

This box contains quarantine donated human tissue for transplant. Donor eligibility has not been completed.

Recovery Information		
TGLN Donor ID# _____ Receiving Tissue Bank Donor ID#: _____		
Source Establishment (Relevant Tissue Bank) Name/Address/Tel: _____		
Retrieval Establishment (Recovery Location) Name/Address/Tel: _____		
Death ( <input type="checkbox"/> Asystole/ <input type="checkbox"/> Aortic Clamping/ <input type="checkbox"/> LSA): Date (dd/mm/yy) _____ Time: _____ ET		
Initial Preparation: Date (dd/mm/yy), _____ Time: _____ ET		
First Incision: Date (dd/mm/yy) _____ Time: _____ ET		
Exposure to Cold Rinse Solution: Date (dd/mm/yy) _____ Time: _____ ET		
Last Tissue on Ice: Date (dd/mm/yy) _____ Time: _____ ET		
Tissue Shipped	Shipped	Received
Heart for Valves	<input type="checkbox"/>	
Pericardium	<input type="checkbox"/>	
Descending Aorta	<input type="checkbox"/>	
<b>Storage Solution:</b> <input type="checkbox"/> 0.9% Saline <input type="checkbox"/> Other: _____		
<b>Comments:</b> _____ _____ _____		
Shipping Information (TGLN Use)		
I hereby verify that I packaged the donor according to TGLN CPIS for consent, screening and recovery of deceased donor tissue.		
Print Name: _____		
Packaged Date (DD/MM/YY): _____		
Packaged Time: _____ ET Weight of Wet Ice: _____ lb		
For Receiving Tissue Bank Use ONLY : Receiving Information		
Date Received (dd/mm/yy): _____		
Shipment Opened: By _____ Date _____ Time _____		
1. Was the shipment delivered before package expiration?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Was wet ice present upon opening?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If No, Temperature of contents _____ °C, Thermometer ID _____		
3. Shipment Acceptable? (Acceptable temperatures are >0 to 10°C for fresh tissue for up to 72 hours)		
<input type="checkbox"/> YES <input type="checkbox"/> NO Initial _____		
For Receiving Tissue Bank Use ONLY		
ID Verification: The Donor ID of each tissue was verified to match the Donor ID at the top of this form. Initial _____		
Storage: Fridge ID _____ Date/Time Placed in Fridge _____ Initial _____		



## Clinical Process Instruction Manual

### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 8: Donated Human Tissue For Transplant - Bone (Regenmed) Exterior Transport Label

CSF-9-153



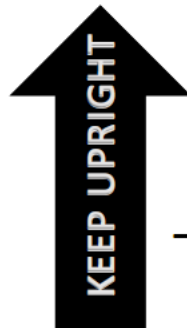
### DONATED HUMAN TISSUE FOR TRANSPLANT

Quarantine: Not Suitable for Transplant in its Current Form

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

**KEEP COOL**

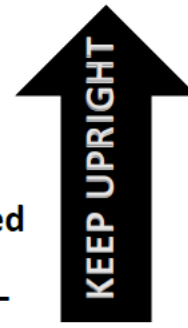
**HANDLE WITH CARE**



**TISSUE ON WET ICE**

\_\_\_\_\_ LBS of Wet Ice Enclosed

Time-Date Packaged: \_\_\_\_\_



THIS BOX HAS BEEN VALIDATED TO MAINTAIN TEMPERATURE AT  
OR BELOW 10°C FOR 72 HOURS

TISSUE MUST REMAIN AT OR BELOW 10°C DURING TRANSPORT

FREEZE TISSUE AT -40°C OR COLDER UPON RECEIPT

**RECOVERY FACILITY**  
**(Name/Address/Phone)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DELIVER TO**  
**(Source Establishment)**

RegenMed  
290 Munro Street, Suite 2000  
Thunder Bay, ON P7A 7T1  
Tel: 1-807-346-2265  
Toll Free: 1-877-554-2205  
Fax: 1-807-683-1017



## Clinical Process Instruction Manual

### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 9: Donated Human Tissue For Transplant – Bone (MSAT) Exterior Transport Label



CSF-9-152

# DONATED HUMAN TISSUE FOR TRANSPLANT



KEEP COOL  
HANDLE WITH CARE

TISSUE ON WET ICE  
\_\_\_\_\_ LBS of Wet Ice Enclosed

Time-Date Packaged: \_\_\_\_\_



THIS BOX HAS BEEN VALIDATED TO MAINTAIN TEMPERATURE AT OR  
BELOW 10°C FOR 72 HOURS

TISSUE MUST REMAIN AT OR BELOW 10°C DURING TRANSPORT  
FREEZE TISSUE AT -40°C OR COLDER UPON RECEIPT

RECOVERY FACILITY  
(Name/Address/Phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DELIVER TO  
(Source Establishment)

Mount Sinai Hospital  
Mount Sinai Allograft  
Technologies  
600 University Avenue  
Room 138.05  
Tel: 416-586-4800 ext. 7929  
Fax: 416-586-4458



## Clinical Process Instruction Manual

### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 10: Donated Human Tissue For Transplant – Skin (Sunnybrook) Exterior Transport Label



CSF-9-154

# DONATED HUMAN TISSUE FOR TRANSPLANT



KEEP COOL  
HANDLE WITH CARE

TISSUE ON WET ICE  
\_\_\_\_\_ LBS of Wet Ice Enclosed



Time-Date Packaged: \_\_\_\_\_

TISSUE MUST REMAIN ABOVE FREEZING (0°C) -10°C DURING  
TRANSPORT

RECOVERY FACILITY  
(Name/Address/Phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DELIVER TO  
(Source Establishment)  
Sunnybrook Health Sciences  
Centre  
Tissue Bank, Room B219  
2075 Bayview Avenue  
Toronto, ON M4N 3M5  
Tel: 416-480-4050  
Fax: 416-480-4185



## Clinical Process Instruction Manual

### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 11: Donated Human Tissue For Transplant – Heart Valve (Sick Kids) Exterior Transport Label



CSF-9-151

# DONATED HUMAN TISSUE FOR TRANSPLANT



KEEP COOL  
HANDLE WITH CARE

TISSUE ON WET ICE

\_\_\_\_\_ LBS of Wet Ice Enclosed

Time-Date Packaged: \_\_\_\_\_



THIS BOX HAS BEEN VALIDATED TO MAINTAIN TEMPERATURE  
>0°C to 10°C FOR 72 HOURS

TISSUE MUST REMAIN >0°C to 10°C DURING TRANSPORT

RECOVERY FACILITY  
(Name/Address/Phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DELIVER TO

(Source Establishment)

The Hospital for Sick Children  
Transfusion Medicine, Rm.  
3688-555 University Avenue  
Toronto, ON M5G 1X8  
Tel: 416-813-6208  
Fax: 416-813-5433



## Clinical Process Instruction Manual

### Tissue and Transport Labelling Information Process Instruction

#### Exhibit 12: Donated Human Tissue For Transplant – Skin (RegenMed) Exterior Transport Label



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

CSF-9-228

# DONATED HUMAN TISSUE FOR TRANSPLANT

**KEEP COOL**  
**HANDLE WITH CARE**

TISSUE ON WET ICE

Click or tap here to enter text. Lbs of Wet Ice Enclosed

Time-Date Packaged: Click or tap here to enter text.

TISSUE MUST REMAIN ABOVE FREEZING (0°C) DURING TRANSPORT

**RECOVERY FACILITY**  
**(Name/Address/Phone)**  
Enter name/address (including  
postal code)phone number here

**DELIVER TO**  
**(Source Establishment)**  
**RegenMed**  
290 Munro Street, Suite 2000  
Thunder Bay, ON P7A 7T1  
Tel: 1-807-346-2265  
Toll Free: 1-877-554-2205  
Fax: 1-807-683-1017

