

Clinical Process Instruction Manual

Determination of Organ Safety for Transplantation Process Instruction

Policy:

Trillium Gift of Life Network (TGLN) ensures safe organ recovery and transplantation in Ontario by having several TGLN staff thoroughly review every organ donor chart for quality assurance purposes. A TGLN organ donor chart is reviewed by the following roles: Organ and Tissue Donation Coordinators (OTDCs), Clinical Responders (CRs), Referral Triage Coordinators (RTCs), Clinical Service Coordinators (CSCs), Surgical Recovery Coordinators (SRCs), Chief Medical Officer (CMO), Information Coordinator (IC) – Organ, Quality Chart Review Coordinators (QCRCs) and Quality Compliance Coordinator (QCCs). These roles review the organ donor chart to ensure both Health Canada and TGLN required steps are/were successfully carried out. TGLN staff who review organ donor charts are qualified personnel who make informed decisions based on their clinical judgment, and are well-informed concerning the Canadian Standards Association (CSA) standards, Health Canada regulations, and TGLN Clinical Process Instructions (CPI).

Process:

General

1. TGLN conducts safe organ recovery and transplantation in Ontario because each organ donor case encompasses a combination of the three major criteria for the safety conduct of organ recovery and transplantation. These criteria are described in detail below. The first section is titled “Clinical Process Instructions” which describes TGLN’s documentation of requirements and their respective instructions for the organ donation process. The second section is titled “Chart Review Staff Qualifications” which describes the qualifications of each role that performs the chart review process. The third section is titled “Chart Review Checks” which details the chart review steps that each role performs.

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2. TGLN maintains a set of approved CPIs on its Online Resource Centre (ORC) website which incorporate *Safety in Human Cells, Tissues and Organs for Transplantation (CTO) Regulations*, sections of the CSA’s *Cells, tissues and organs for transplantation: General Requirements*

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standard, and *the Perfusable Organs for Transplantation* Standard required by the CTO regulations.

3. CPIs are subdivided into six broad categories which are applicable to the donation process. The first two sets of documents listed below address safety of donor screening in particular.
 - Donor Referral and Intake processes
 - Donor Assessment, Screen and Suitability Testing processes
 - Donor Organ and Tissue Allocation and Waitlist Management processes
 - Donor Operating Room (OR) Planning, Perfusion Packaging and Labelling processes
 - Donor Specimen Management processes
 - Donor Case Follow-Up processes

Chart Review Staff Qualifications

4. On a given donor case, there is a combination of OTDCs, CSCs, RTCs, and/or CMOs involved to determine organ suitability. In particular, their qualifications are as follows:
5. CMO or designates are clinically qualified individuals who are registered physicians with the Ontario College of Physicians and Surgeons.
6. RTCs, OTDCs, CRs, SRCs and CSCs have the appropriate skill sets and capabilities to conduct safe organ donation in Ontario and on out-of-province cases. The coordinators are clinically qualified individuals who have a strong understanding of applied pathophysiology, and have the capability to make informed decisions based on their clinical judgment and problem-solving skills.
 - 6.1. OTDCs and CRs, both permanent and on-calls, are required to have a nursing diploma or a Bachelor of Science in Nursing. They must be registered with the College of Nurses of Ontario with a certification in Critical Care.
 - 6.2. CSCs are required to have a nursing diploma and/or Bachelor of Science in Nursing, or a combination of a minimum of 4 years of work experience coordinating organ donation with a diploma and/or degree in any health-related field. It is preferred that a CSC has experience and knowledge in critical care nursing and/or experience in organ and tissue donation/transplant.

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- 6.3. RTCs are required to have a minimum of a nursing diploma and/or a Bachelor of Science in Nursing with a minimum of 2 years of critical care experience.
- 6.4. SRCs are required to have a minimum of a Diploma/degree in Paramedicine; Diploma/degree in Practical Nursing; Experience as an Organ Recovery Coordinator; a Certificate in Surgical Technology or equivalent university degree is required.
- 6.5. .
7. ICs are required to have a minimum of a diploma in Health Information Management, Medical Office Administration, or a health-related field. They must also have exceptional reviewing and proofreading skills.
8. QCRCs, QCCs or designates are required to have a minimum of either a university degree in health sciences or related field, a diploma in medical office administration, or a university degree with adequate on-the-job training. They must have the ability to apply the Plan-Do-Check-Act methodology in problem solving. The QCRCs/QCCs are well-informed of the Clinical Process Instructions at TGLN, the CSA standard, CTO regulations, and Health Canada requirements.

Chart Review Checks

9. Two chart review checks are conducted during the organ donation process. The first safety check of the organ donor chart occurs pre-organ transplantation, with the involvement of RTCs, OTDCs, CRs, CMOs, SRCs, and CSCs. The second safety check of the organ donor chart occurs post-organ transplantation with the involvement of CSCs, IC – Organ, and QAs.

Pre-Organ Transplantation Check

10. The RTC or designate performs the following hospital chart review in the pre-organ transplantation process:
- 10.1 RTC or designate determines preliminary medical suitability of the potential organ donor prior to or after the OTDC/CR having a donation discussion with the Next-of-Kin (NOK). The preliminary screening may involve the OTDC/CR or designate complete a thorough review of the patient, by reviewing the Emergency Room (ER) records or admission notes, with the assistance of a bedside nursing staff. This preliminary screening is performed to

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ensure no absolute exclusion criteria listed in *Appendix 1 of Donor Assessment CPI-9-208* exist. If an absolute exclusion exists, the case does not proceed unless organs are offered under Exceptional Distribution (ExD).

11. The OTDC/CR or designate performs the following TGLN chart review in the pre-organ transplantation process:
 - 11.1 OTDC/CR or designate completes the *Consent to Donate* and the *Consent to Interventions for the Purpose of Organ Donation after Cardio-Circulatory Death* (if applicable) forms, for legal purposes.
 - 11.2 OTDC/CR or designate ensures that the primary legal details, such as Approach and Authorization information are complete on DMS for safe organ recovery to take place.
 - 11.3 The OTDC/CR completes a Physical Assessment and Physical Examination of the donor and, completes the Medical and Social History Questionnaire (MSHx) with the NOK. An *OTDC Checklist* is used to ensure complete transcription of the Physical Assessment, Physical Examination, and MSHx questionnaire details have occurred in the donor chart, which are contained in the Donor Management System (DMS). See Exhibit 1.
 - 11.4 Upon obtaining consent from the NOK and completing the MSHx questionnaire, the OTDC/CR and/or CSC ensure the following Donor Screening and Testing steps have been completed, for safe organ recovery/transplantation to take place. See Exhibits 1 and 2.
 - 11.4.1 Blood samples drawn have been sent to the appropriate testing labs
 - 11.4.2 Serology testing has been ordered for the mother of a pediatric donor
 - 11.4.3 Physical Assessment has been completed in the donor chart
 - 11.4.4 MSHx questionnaire has been reviewed for completeness, and for identification of any contraindications to organ or tissue donation
 - 11.4.5 Flowsheet Page has been reviewed for any episodes of Hypotension and Hypertension
 - 11.4.6 Hemodilution calculation has been completed and documented in the Hemodilution Worksheet page in the donor chart
 - 11.4.7 Chest X-Ray (CXR) has been completed

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- 11.4.8 Electrocardiogram (EKG or ECG), Echocardiogram, and Angiography tests have been completed, and test results entered onto the donor chart, for prospective heart donors
 - 11.4.9 Bronchoscopy test has been completed, and test results entered into the donor chart upon receipt, for prospective lung donors
 - 11.4.10 Culture results have been obtained prior to donation and are entered into the donor chart, upon receipt.
12. The CSC or designate performs the following chart review checks, on par with the OTDC/CR, to ensure safety in the pre-organ transplantation process:
- 12.1 Death determination by neurologic criteria (DNC) declaration form is completed and uploaded onto DMS, for a DNC case. See Exhibit 2.
 - 12.2 A CMO is consulted by a CSC, if required, for safety of organ recovery/transplantation consultation
 - 12.3 STAT cross-match or retrospective cross-match results are shared with the most responsible transplant physician, if they were obtained by the CSC.
 - 12.4 ABO (and subtype, if applicable) information is cross-referenced with the uploaded ABO hardcopy. See Exhibit 2.
 - 12.4.1 Four different identifiers are verified (name, MRN#, date of birth, and gender) in an ABO report, with information previously entered into the donor assessment;
 - 12.4.2 If applicable, antibody screen with a Rh factor is verified with the ABO hardcopy.
 - 12.5 Donor management and testing process are complete for the case by using the *PRC - Organ Checklist*. See Exhibit 2:
 - 12.5.1 Triple Hormonal Therapy has been given for (DNC) donors
 - 12.5.2 Diagnostic tests required for a particular case have been arranged or requested, in order for the consented organs to be recovered

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12.5.3 At least one CXR has been completed, with report attached to the donor chart, and results transcribed into the donor chart.

13. When required, CSCs verify ExD reasons on a case with the CMO to determine if a case must be exceptionally distributed or not, as per the guidelines stated in *Appendices 1, 2, and 3 of Exceptional Distribution, CPI-9-217*.

13.1 If a case was exceptionally distributed, CSC ensures correct completion of the ExD form was done and sent to all transplant programs involved.

14 As a final step to this process, the SRC or designate verifies the paperwork provided to them by the CSC and signs the Organ Donor Surgery Information Form to attest that cumulative work leading to and including the recovery of organs has met Health Canada requirements or that they do not meet Health Canada requirements and exceptional distribution is being applied.

Post-Organ Transplantation Check

14. CSCs perform the following chart review checks in the post-organ transplantation process. See Exhibit 2:

14.1 Physical Assessment page (both front and back assessment) and Physical Examination (11 x "Evidence of" section) page have been completed by an OTDC/CR on DMS

14.2 Withdrawal of Life Support (WLS) note, DCC Flowsheet, and DCC declaration forms have been completed and uploaded onto DMS, for a DCC case

14.3 Consent process has been completed for the case by validating/verifying information on DMS

14.4 Serology results have been reported to all transplant programs involved, before organ allocation has taken place

15. CSCs ensure that the necessary surgical recovery procedures have taken place for organ transplantation to occur:

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- 15.1 *Pronouncement of Death: Organ Donation after Cardio-Circulatory Death* form has been completed and uploaded to the donor chart
 - 15.2 Case verification has been complete by using the *PRC - Organ Checklist*. See Exhibit 2.
16. Once a case has been closed by a CSC, it is passed on to the IC – Organ for their review. The IC ensures if particular data has been entered into the electronic donor chart in DMS and TOTAL. The purpose for the IC-Organ check is to maintain fair and equitable organ allocation and disposition for each organ donor case.
17. The IC – Organ safety check involves the following in the post-organ transplantation process:
- 17.1 Donor and recipient details, such as the age, date of birth, admission date, and gender, on DMS and TOTAL are verified for completion and accuracy
 - 17.2 Donor’s name, date of birth, height and weight, serology, ABO, status of DNC/DCC/ECD, hospital name, cause and time of death, and cross-clamp date and time/or flush time have been completed on DMS and pushed to TOTAL. See Exhibit 3.
18. As the IC – Organ reviews the organ donor chart, the QA reviews the chart concurrently to check if all the Health Canada and TGLN required fields are complete and correct.
19. The QCRCs, QCCs or designates perform the following chart review checks in the post-organ transplantation process using the Quality Organ Chart Audit Tool. See Exhibit 4.
- 19.1 Clinical and non-clinical fields in the donor chart are verified for accuracy and completion
 - 19.2 Clinical fields are validated in DMS with relevant source documents uploaded by CSCs and/or OTDCs/CRs:
 - 19.2.1 Source documents include Consent to Donate, Consent to Interventions for Purposes of DCC, Pronouncement of DCC, Confirmation of DNC, Organ Donor Surgery Information form, OR Data (Cooler) sheets, and Notification of Exceptional Distribution forms.
 - 19.3 Incomplete or inaccurate details in an organ donor chart are completed or corrected by the most responsible person, their designate or their manager.

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19.4 OTDCs/CRs and/or CSCs have documented the following in an organ donor chart with no information missing or incomplete. Cases with the below information missing or incomplete has a potential to be filed as an Error, Accident, or Adverse Reaction to Health Canada:

- culture results not being reported to all transplant programs
- physical assessment details (both the Physical Assessment and Physical Examination pages of DMS)
- hemodilution calculation
- serology testing
- exceptional distribution forms, if required
- Medical and Social History questionnaire

20. Once all the required fields are complete and data is clinically logical, the case is signed-off on DMS by a QCRC, QCC or designate.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
OTDC Checklist		PRC	Donor Chart	16 Years
PRC – Organ Checklist		PRC	Donor Chart	16 Years
TGLN Donor Case Closure Checklist		PRC	Donor Chart	16 Years
Quality Organ Chart Audit Tool		Quality	Quality Department	16 Years



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Organ Donor Surgery Information Form	PRC	Donor Chart	16 Years
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References:

- *Online Resource Centre*



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Exhibit 1: Sample OTDC Checklist

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ID #: _____ Nat'l ID # _____ TGLN
 522 University Avenue, Suite 900
 TORONTO ON M5G 1W7 CA

ABO: _____

OTDC CHECKLIST

PRE-APPROACH CONSULT AND PLAN			
Date-Time	Staff	Item	
-	-/-/-	REFERRAL WORKSHEET	
-	-/-/-	*Admission Date-Time, Intubated Date-Time, and Course of Events Entered	
-	-/-/-	*Height (cm) and Weight (kg) Estimated or Actual Entered	
-	-/-/-	*Cardiac Arrest / Downtime / Duration / # of Arrests / Date-Time / Meds Entered	
-	-/-/-	*Cooling Protocol / Discontinuation Date-Time Entered	
-	-/-/-	*Chest Tubes (if yes - Type, Date Inserted and Drainage) Entered	
-	-/-/-	*Cancer (if yes, specify) Entered	
-	-/-/-	CLINICAL NOTES	
-	-/-/-	WLS Note Documented (DCD Cases Only)	
CONSENT			
Date-Time	Staff	Item	
-	-/-/-	APPROACH INFORMATION	
-	-/-/-	Initial Mention Information Entered	
-	-/-/-	Approach Plan and Whether It Was Followed Entered	
-	-/-/-	Formal Request Information (Date-Time of Approach, By Whom, Authorization Organ/Tissue/Eye) Entered	
-	-/-/-	Family Response (if no, reason) Entered	
-	-/-/-	Family Dynamics Section / Cultural Data Entered	
-	-/-/-	Approach for DCD, NDD, or Both Entered	
-	-/-/-	FAMILY SERVICES	
-	-/-/-	Family Services Follow Up Selected (Referral Summary Page)	
-	-/-/-	Do Not Contact Indicated, if Applicable (Contacts Page)	
-	-/-/-	AUTHORIZATION	
-	-/-/-	*Authorization Date-Time Entered	
-	-/-/-	*Organ / Tissue / Research and Education Authorization Entered	
-	-/-/-	Consent for Donation Uploaded	
-	-/-/-	Consent for Treatment for the Purposes of Donation Uploaded (DCD Cases Only)	
-	-/-/-	MED/SOC LIST	
-	-/-/-	*Initial Interviewer Information Entered	

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ABO: _____

OTDC CHECKLIST

-	-/-/-	_____	*Healthcare Professional Who Reviewed Donor's Medical Record Entered
-	-/-/-	_____	*All Questions Complete
-	-/-/-	_____	*Maternal / Additional MSHx Entered (if Applicable)
-	-/-/-	_____	CORONER INFORMATION
-	-/-/-	_____	M.E / Coroner information (Name, Date-Time Contacted, Phone Number, Autopsy, Permission for Donation) Entered
-	-/-/-	_____	*Coroner Permission Form Uploaded
DONOR SCREENING AND TESTING			
Date-Time	Staff	Item	
-	-/-/-	DONOR INFORMATION	
-	-/-/-	*ABO and Subtype Entered, Signed Off, and Uploaded	
-	-/-/-	BD1 and BD2 Date-Time and Name of Physician Entered	
-	-/-/-	Methods Used to Declare NDD Selected	
-	-/-/-	NDD Declaration Form Uploaded	
-	-/-/-	PHYSICAL ASSESSMENT	
-	-/-/-	*Method to Identify Body, Person Performing Exam, and Date-Time Exam Complete Entered	
-	-/-/-	*Front and Back Sections Complete	
-	-/-/-	PHYSICAL EXAMINATION	
-	-/-/-	*"Evidence of" Section Complete	
-	-/-/-	CHEMISTRY	
-	-/-/-	Na+,K+,Cl-,Bicarb,Ca, Mg, Po4, Lactate Entered (All Organs)	
-	-/-/-	Creatinine Clearance Entered (Kidney Specific)	
-	-/-/-	Total Billi, SGOT (AST) or SGPT (ALT), PT or INR Entered (Liver Specific)	
-	-/-/-	Glucose, Amylase or Lipase Entered (Pancreas Specific)	
-	-/-/-	CBC	
-	-/-/-	Glucose, Amylase or Lipase Entered (Pancreas Specific)	
-	-/-/-	URINALYSIS (KIDNEY DONORS)	
-	-/-/-	*RBM/Dipstick, Nitrates, Colour, Appearance, PH, Specific Gravity, Protein, Glucose, Blood, RBC, WBC, and Ketones Entered	
-	-/-/-	CULTURE RESULTS	
-	-/-/-	_____	*Positive Cultures During Current Admission, Prior to Verbal/Written Consent and Related Treatment Entered

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 TORONTO ON M5G 1W7 CA

ABO: _____

OTDC CHECKLIST

-	--/--/-- --	----	FLWSHEET
-	--/--/-- --	----	*Date-Time and Value for Hypotension / Hypertension, BP Minutes / NA Entered
-	--/--/-- --	----	*Date-Time and Value for MAP, HR, Temperature, SaO2% Entered
-	--/--/-- --	----	*Intake - IV Fluids and Medications Entered
-	--/--/-- --	----	*Urine Output Entered
-	--/--/-- --	----	MEDICATIONS/OTHER DRUGS
-	--/--/-- --	----	*One-Time Medications Entered
-	--/--/-- --	----	BLOOD PRODUCT/COLLOID ADMINISTRATION
-	--/--/-- --	----	*Not Performed Selected (If Applicable)
-	--/--/-- --	----	*Blood/Colloid (Transfusions) Information (Date-Time, Type, Units/Volume) Entered
-	--/--/-- --	----	HEMODILUTION WORKSHEET
-	--/--/-- --	----	*Date-Time Sample Drawn Entered
-	--/--/-- --	----	*Pre-Transfusion or Post Transfusion Selected
-	--/--/-- --	----	*Crystalloids Information (Date-Time, Type, Volume) Entered
-	--/--/-- --	----	EKG
-	--/--/-- --	----	*Not Performed and Reason Entered
-	--/--/-- --	----	*Date-Time, Consulting Physician, Affiliation/Hospital, and Status Entered
-	--/--/-- --	----	*Interpretation - 'See Report' Entered and Report Uploaded
-	--/--/-- --	----	ECHOCARDIOGRAM
-	--/--/-- --	----	*Not Performed and Reason Entered
-	--/--/-- --	----	*Type, Date-Time, and Consulting Physician Entered
-	--/--/-- --	----	*Interpretation - 'See Report' Entered and Report Uploaded
-	--/--/-- --	----	ANGIOGRAPHY
-	--/--/-- --	----	*Not Performed and Reason Entered
-	--/--/-- --	----	*Interpretation - 'See Report' Entered and Report Uploaded
-	--/--/-- --	----	CR
-	--/--/-- --	----	*Date-Time, Consulting Physician, Affiliation/Hospital, and Status Entered
-	--/--/-- --	----	*Result - 'See Report' Entered and Report Uploaded
-	--/--/-- --	----	BRONCHOSCOPY
-	--/--/-- --	----	*Not Performed and Reason Entered
-	--/--/-- --	----	*Date-Time and Consulting Physician Entered

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ABO: _____

OTDC CHECKLIST

-	--/--/-- --	----	*Interpretation - 'See Report' Entered and Report Uploaded
-	--/--/-- --	----	*Bronchial Washings Sent for Culture / Gram Stain Entered
-	--/--/-- --	----	ARTERIAL BLOOD GASES
-	--/--/-- --	----	*PH, PCO2, Po2, HCO3, FiO2 @ 100%, Vent Settings Entered
-	--/--/-- --	----	*Comments (Recruitment, If applicable) Entered

CASE CLOSURE AND FOLLOW UP

	Date-Time	Staff	Item
-	--/--/-- --	----	Other
-	--/--/-- --	----	DCD FLOWSHEET
-	--/--/-- --	----	Patient Extubated and Heparin Information (Give, Dose, Time) Entered
-	--/--/-- --	----	WLS, WIT, Start of Observation, and Pronouncement Date-Time Entered
-	--/--/-- --	----	DCD Declaration of Death Form Uploaded
-	--/--/-- --	----	CASE SIGN OFF
-	--/--/-- --	----	On-Site Coordinator Section - Date-Time of Case Completion Entered with E-Signature

COMMENTS

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Exhibit 2: Sample PRC - Organ checklist Page 1

ID #: TGLN-507637 Nact ID # _____ TGLN
 ABO: ----- 483 Bay St, South Tower, 4th floor
 Toronto/Ontario/MSG 2C3/CA

TORONTO - PRC - ORGAN CHECKLIST v93

DONOR TYPE (NDD)/(DCD) CONSIDERATIONS			
Date-Time	Staff	Item	
--	----	NDD/DCD/ECD Criteria entered and pushed to TOTAL	
--	----	Donor region for HLA typing confirmed	
--	----	NDDs completed and meets criteria. NDD form uploaded with confounding factors worksheet.	
--	----	ABO hardcopy uploaded, verified and electronic signatures x2 CSCs	
--	----	Blood group A or AB - subtyping done	
CONSENT			
Date-Time	Staff	Item	
--	----	Consent: hardcopy uploaded, verified on "Authorization Form"	
--	----	DCD: DCD Premortem consent obtained	
--	----	DCD: WLS note uploaded to Attachments	
--	----	Coroner's case?	
--	----	Coroner restrictions & instructions documented on "Medical Examiner Info" page	
--	----	Coroner Permission Form uploaded	
--	----	MedSoC completed	
--	----	MedSoC: positives or unknowns transcribed to "Past Medical History"	
--	----	Exceptional Distribution?	
--	----	Team huddle completed and huddle checklist uploaded	
--	----	Planned OR Date-Time Update Reason entered on "Donor Information" page	
--	----	Donor Preference: uploaded, entered on "Referral Worksheet"	
DONOR SCREENING			
Date-Time	Staff	Item	
--	----	Referral Indicator Questions completed	
--	----	On a Veni? and Referral Type entered?	
--	----	Physical ASSESSMENT completed (Front and Back)	
--	----	Physical EXAMINATION completed (* "Evidence of" Section)	
--	----	Hemodilution completed	

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 ABO: ----- 483 Bay St, South Tower, 4th floor
 Toronto/Ontario/MSG 2C3/CA

TORONTO - PRC - ORGAN CHECKLIST

--	----	----	TML & HLA notified bloods en route and documented in clinical notes. For samples arriving at Toronto HLA Lab between 3-5AM, consider waiting until 5AM to notify HLA tech if allocation is not urgent (i.e. DCD WOLS not occurring for a few days)
--	----	----	SEROLOGY: TML confirmed receipt of bloods. Name of tech and time received documented in clinical notes
--	----	----	HLA: HLA Toronto confirmed receipt of bloods. Name of tech and time received documented in clinical notes
--	----	----	SEROLOGY: Stat Serology results entered and signed by 2 CSCs
--	----	----	Push to TOTAL for allocation
--	----	----	Height & weight - actual confirmed
--	----	----	Reviewed available cultures prior to allocation
DONOR MANAGEMENT AND TESTING			
Date-Time	Staff	Item	
--	----	LUNGS: CXR, bronch, ABG on 100% and antibiotics (if required) arranged or requested	
--	----	CXR report: uploaded, entered on "Pulmonary Data - CXR" (needed on ALL donors even if no lung potential)	
--	----	LIVER: LFTs requested or entered on "Lab Profile - Chemistry"	
--	----	KIDNEYS: Ensure electrolytes, creatinine, urea, urinalysis, urine output requested and entered on "Lab Profile - Chemistry/Urinanalysis"	
--	----	KIDNEYS: eGFR calculated to assess trends	
--	----	PANCREAS: Amylase, lipase, glucose, creatinine requested and entered on "Lab Profile - Chemistry"	
--	----	HEART: 12 Lead EKG, 2D Echo, Troponin, CK, CKMB requested or arranged, entered on "Cardiac Data" and "Lab Profile - Chemistry"	
--	----	HEART: Coronary angiogram? Mucomyst requested if applicable	
--	----	SMALL BOWEL: antibiotic cocktail confirmed with accepting MD	
ALLOCATION			
Date-Time	Staff	Item	
--	----	LIVER: offered as per provincial algorithm	
--	----	LIVER: allocated in TOTAL	
--	----	LIVER: Recipient coordinator aware organ accepted?	
--	----	LUNGS: offered as per provincial algorithm	
--	----	LUNGS: allocated in TOTAL	
--	----	LUNGS: Stat cross match needed?	



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 Toronto Ontario M5G 2C9 CA

TORONTO - PRC - ORGAN CHECKLIST

--	-----	-----	LUNGS (DCD): has NPOD following failed DCD attempt been considered?
--	-----	-----	HEART: offered as per provincial algorithm
--	-----	-----	HEART: stat cross match needed?
--	-----	-----	HEART: allocated in TOTAL
--	-----	-----	HEART: Recipient coordinator aware organ accepted?
--	-----	-----	If heart accepted by OH, emailed Kyla Brown (KBrown@ottawaheart.ca) all donor information
--	-----	-----	KIDNEYS: ECD donor?(Determine using iKDP)
--	-----	-----	KIDNEYS: HLA typing, Serology, CTD# and ECD fields entered before running allocation
--	-----	-----	KIDNEYS: Doubles (ECD + eGFR#40) or en bloc (donors <4)?
--	-----	-----	LOCAL KIDNEY: offered as per kidney algorithm
--	-----	-----	LOCAL KIDNEY: stat cross match or back-ups needed?
--	-----	-----	LOCAL KIDNEY: allocated in TOTAL
--	-----	-----	LOCAL KIDNEY: Recipient coordinator aware organ accepted? **For SMH please email redacted chart to Sarah.Matok@unityhealth.to
--	-----	-----	PROVINCIAL KIDNEY: offered as per provincial algorithm
--	-----	-----	PROVINCIAL KIDNEY: stat cross match or back-ups needed?
--	-----	-----	PROVINCIAL KIDNEY: allocated in TOTAL
--	-----	-----	PROVINCIAL KIDNEY: Recipient coordinator aware organ accepted? **For Ottawa kidney- please contact H&A lab upon acceptance
--	-----	-----	PANCREAS: offered as per provincial algorithm
--	-----	-----	PANCREAS: stat cross match needed?
--	-----	-----	PANCREAS: recipient allocated in TOTAL
--	-----	-----	PANCREAS: Recipient coordinator aware organ accepted?
--	-----	-----	SMALL BOWEL: offered as per provincial algorithm
--	-----	-----	SMALL BOWEL: allocated in TOTAL
--	-----	-----	SMALL BOWEL: Recipient coordinator aware organ accepted?
--	-----	-----	PANCREAS-ISLETS: offered to TGH, Edmonton & BC for Transplant, and TGH & IsletCore if Research consent
--	-----	-----	PANCREAS-ISLETS: allocated Pancreas-islets in TOTAL
--	-----	-----	MULTI-ORGAN/COMBINATION/CLUSTERS: back-up recipients required?
--	-----	-----	Pre-Allocation and Post-Allocation Check signed by 2 CSCs for all printed allocations (regardless of whether organs were accepted)

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TORONTO - PRC - ORGAN CHECKLIST

--	-----	-----	DCD: Confirm wait time with lung and kidney programs (consider extended wait time for kidneys if donor is eligible)
--	-----	-----	RESEARCH: Organ(s)/Specimen(s) accepted for research; data entered in Research tab and Donor Summary
SURGICAL RECOVERY AND TRANSPORTATION			
Date-Time	Staff	Item	
--	-----	-----	Planned OR Date-Time Update Reason entered on "Donor Information" page if any changes from previous planned OR time
--	-----	-----	OR & pickup times set
--	-----	-----	Recovery team members notified of firm OR and pickup time
--	-----	-----	ORNGE flight(s) booked for recovery teams or organ transfer
--	-----	-----	"Request for ORNGE" form: uploaded, emailed to finanalyst@tollife.on.ca
--	-----	-----	DCD Lung and Multi-abdominal Donors: Heparin dose requested from transplant program
--	-----	-----	DCD Kidney-Only Donors: Standard dose for airt mortem Heparin is 500 u/kg
--	-----	-----	DCD: plan for re-implantation of lungs confirmed
--	-----	-----	If KIDNEYS accepted, relayed need for one or two kidney pumps with SRC. If transplant program requests exemption to use kidney pump for locally allocated SCD kidney, requested rationale and documented in clinical notes
--	-----	-----	Sternal saw at donor hospital? (Request SRC to bring if none at donor hospital)
--	-----	-----	Internal defib paddles at donor hospital? (Notify all recovery teams if none at donor hospital)
--	-----	-----	If HEART accepted, request extra blood tube for Toxoplasmosis or confirm Toxoplasmosis testing already in progress
--	-----	-----	Additional blood specimens requested (CSC to request of OTDC); 4 ACD and spleen to be requested and sent with kidney going out of region, unless stat cross match already completed
--	-----	-----	If kidney for HSP recipient being sent Out-of-Province, request samples (blood and spleen) and requisitions be labelled with donor CTD# by OTDC/SRC
--	-----	-----	If TGH accepts islets for transplant, coordinated delivery with MOTT to TGH OR
--	-----	-----	Cooler sheets: donor ABO, serology attached
--	-----	-----	Recovery staff credentials provided if requested
--	-----	-----	SRC PAPERWORK: H&A/TML requisitions, redacted donor chart, "CSC to SRC Reporting Form" completed and handed off to SRC

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ABO: *****

TORONTO - PRC - ORGAN CHECKLIST

--	----	----	Additional SRC PAPERWORK: Shipping Document CSF-9-35 for Air Canada if sending organ out of province on commercial flight. If islets going to IsletCore: IsletCore Donor Information Worksheet and World Courier Shipping Label
--	----	----	VESSELS: Unredacted consent, donor chart, and MedSoc placed in envelope and handed off to SRC
--	----	----	OR timing changes/delays communicated to Transplant Program(s) & ORNGE
--	----	----	If recovered organ(s) being delivered by courier, police or ambulance to the transplant program (i.e. without TGLN or transplant escort), transplant program notified of ETA of recovered organ(s) to their transplant centre, and communication (including name of service provider, ETA and name of person notified) documented in clinical notes
--	----	----	BACK-UP RECIPIENTS: Back-up recipients cancelled and programs notified (if primary recipient/multi-organ/combo proceeding)
--	----	----	Organ interception: communicated timing to SRC
--	----	----	Special family or coroner requests relayed to SRC?
--	----	----	PANCREAS-ISLETS: Timing communicated to Transplant program/OPD, transportation arranged
--	----	----	Post-OR samples (Blood, spleen): delivered to appropriate labs
--	----	----	Was there an issue with the recovery team not on the credentialing website?
--	----	----	Transportation Documents (Shipping document CSF-9-35 for Air Canada, courier confirmations) uploaded.

TISSUE DONATION

Date-Time	Staff	Item
--	----	Tissues offered and accepted
--	----	Blood specimens for Tissue requested
--	----	OR timing changes/delays communicated to Tissue Coordinator

PEDIATRIC CONSIDERATIONS

Date-Time	Staff	Item
--	----	NDD testing completed as per CCDD guidelines and DSP consulted if required
--	----	Mother stat and non-stat serology sent for testing if <18months or breastfed within past 12 months
--	----	Mother MedSoc completed if <18months or breastfed within past 12 months
--	----	If pediatric kidney donor <4, offered as SCD on bloc (KDPI not applicable)
--	----	If pediatric kidney donor ≥ 4, reviewed with CMD Transplant if KDPI score ≥ 80
--	----	If organ accepted by HSC, immediately fax HSC blood Bank and email hscorgan@tgiflife.on.ca the following: Copy of redacted donor ABO & serology, with cover sheet including donor TGLN#, recipient name & TGLN #, and organ accepted on cover page fax sheet

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TORONTO - PRC - ORGAN CHECKLIST

CASE CLOSURE AND FOLLOW UP

Date-Time	Staff	Item
--	----	If case is shut down, notified HLA lab tech on-call and TML tech if serology not yet complete
--	----	Unallocated organs in TOTAL If case shut down or organs declined
--	----	Skin Cut & Cross Clamp times entered and pushed to TOTAL
--	----	Organ Outcome and Detail entered on Referral Summary page and pushed to TOTAL
--	----	TOTAL "Organ Recovery" page and "Organ Consented/Organ Not Used" page completed
--	----	Blood Cultures: Preliminary cultures obtained, entered on Culture page and reported to all programs and tissue banks. Culture and fax/email confirmation uploaded.
--	----	Urine Cultures: Preliminary cultures obtained, entered on Culture page and reported to all programs and tissue banks. Culture and fax/email confirmation uploaded.
--	----	Sputum/BAL Cultures: Preliminary cultures obtained, entered on Culture page and reported to all programs and tissue banks. Culture and fax/email confirmation uploaded.
--	----	Other Cultures: Preliminary cultures obtained, entered on Culture page and reported to all programs and tissue banks. Culture and fax/email confirmation uploaded.
--	----	Blood Cultures: All final cultures obtained, entered on Culture page and reported to all programs and tissue banks. Culture and fax/email confirmation uploaded.
--	----	Urine Cultures: All final cultures obtained, entered on Culture page and reported to all programs and tissue banks. Culture and fax/email confirmation uploaded.
--	----	Sputum/BAL Cultures: All final cultures obtained, entered on Culture page and reported to all programs and tissue banks. Culture and fax/email confirmation uploaded.
--	----	Other Cultures: All final cultures obtained, entered on Culture page and reported to all programs and tissue banks. Culture and fax/email confirmation uploaded.
--	----	Heart - Not transplanted: Organ Outcome and Disposition updated with details on Donor Summary page
--	----	Heart - Transplant confirmed with transplant program, written confirmation uploaded. Donor Summary and TOTAL updated with transplant information
--	----	Heart - Cooler sheet returned. Recipient transplant details entered in TOTAL
--	----	Heart - EXD faxed/mailed and sent confirmation uploaded. See comments for additional details
--	----	Heart - EXD Post-Release Result faxed/mailed to Transplant programs
--	----	Heart - Signed EXD form returned to TGLN and uploaded. See comments for additional details

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TORONTO - PRC - ORGAN CHECKLIST

--	-/-/-/-	-----	Lungs - Not transplanted: Organ Outcome and Disposition updated with details on Donor Summary page
--	-/-/-/-	-----	Lungs - Transplant confirmed with transplant program, written confirmation uploaded. Donor Summary and TOTAL updated with transplant information
--	-/-/-/-	-----	Lungs - Cooler sheet returned. Recipient transplant details entered in TOTAL
--	-/-/-/-	-----	Lungs - EXD faxed/emailed and sent confirmation uploaded. See comments for additional details
--	-/-/-/-	-----	Lungs - EXD Post-Release Result faxed/emailed to Transplant programs
--	-/-/-/-	-----	Lungs - Signed EXD form returned to TGLN and uploaded. See comments for additional details
--	-/-/-/-	-----	Liver - Not transplanted: Organ Outcome and Disposition updated with details on Donor Summary page
--	-/-/-/-	-----	Liver - Transplant confirmed with transplant program, written confirmation uploaded. Donor Summary and TOTAL updated with transplant information
--	-/-/-/-	-----	Liver - Cooler sheet returned. Recipient transplant details entered in TOTAL
--	-/-/-/-	-----	Liver - EXD faxed/emailed and sent confirmation uploaded. See comments for additional details
--	-/-/-/-	-----	Liver - EXD Post-Release Result faxed/emailed to Transplant programs
--	-/-/-/-	-----	Liver - Signed EXD form returned to TGLN and uploaded. See comments for additional details
--	-/-/-/-	-----	Left Kidney - Not transplanted: Organ Outcome and Disposition updated with details on Donor Summary page
--	-/-/-/-	-----	Left Kidney - Transplant confirmed with transplant program, written confirmation uploaded. Donor Summary and TOTAL updated with transplant information
--	-/-/-/-	-----	Left Kidney - Cooler sheet returned. Recipient transplant details entered in TOTAL
--	-/-/-/-	-----	Left Kidney - EXD faxed/emailed and sent confirmation uploaded. See comments for additional details
--	-/-/-/-	-----	Left Kidney - EXD Post-Release Result faxed/emailed to Transplant programs
--	-/-/-/-	-----	Left Kidney - Signed EXD form returned to TGLN and uploaded. See comments for addition
--	-/-/-/-	-----	Right Kidney - Not transplanted: Organ Outcome and Disposition updated with details on Donor Summary page
--	-/-/-/-	-----	Right Kidney - Transplant confirmed with transplant program, written confirmation uploaded. Donor Summary and TOTAL updated with transplant information

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TORONTO - PRC - ORGAN CHECKLIST

--	-/-/-/-	-----	Right Kidney - Cooler sheet returned. Recipient transplant details entered in TOTAL
--	-/-/-/-	-----	Right Kidney - EXD faxed/emailed and sent confirmation uploaded. See comments for additional details
--	-/-/-/-	-----	Right Kidney - EXD Post-Release Result faxed/emailed to Transplant programs
--	-/-/-/-	-----	Right Kidney - Signed EXD form returned to TGLN and uploaded. See comments for addition
--	-/-/-/-	-----	Pancreas/Islets - Not transplanted: Organ Outcome and Disposition updated with details on Donor Summary page
--	-/-/-/-	-----	Pancreas/Islets - Transplant confirmed with transplant program, written confirmation uploaded. Donor Summary and TOTAL updated with transplant information
--	-/-/-/-	-----	Pancreas/Islets - Cooler sheet returned. Recipient transplant details entered in TOTAL
--	-/-/-/-	-----	Pancreas/Islets - EXD faxed/emailed and sent confirmation uploaded. See comments for additional details
--	-/-/-/-	-----	Pancreas/Islets - EXD Post-Release Result faxed/emailed to Transplant programs
--	-/-/-/-	-----	Pancreas/Islets - Signed EXD form returned to TGLN and uploaded. See comments for additional details
--	-/-/-/-	-----	Other (Small Bowel, VCA, Parathyroid) - Not transplanted: Organ Outcome and Disposition updated with details on Donor Summary page
--	-/-/-/-	-----	Other (Small Bowel, VCA, Parathyroid) - Transplant confirmed with transplant program, written confirmation uploaded. Donor Summary and TOTAL updated with transplant information, if applicable
--	-/-/-/-	-----	Other (Small Bowel, VCA, Parathyroid) - Cooler sheet returned. Recipient transplant details entered in TOTAL, if applicable
--	-/-/-/-	-----	Other (Small Bowel, VCA, Parathyroid) - EXD faxed/emailed and sent confirmation uploaded. See comments for additional details
--	-/-/-/-	-----	Other (Small Bowel, VCA, Parathyroid) - EXD Post-Release Result faxed/emailed to Transplant programs
--	-/-/-/-	-----	Other (Small Bowel, VCA, Parathyroid) - Signed EXD form returned to TGLN and uploaded. See comments for additional details
--	-/-/-/-	-----	Team and Donor Enter OR Time entered, and Exit OR time entered
--	-/-/-/-	-----	Kidney pumps used? Documented on "Renal Data" page
--	-/-/-/-	-----	DCD Declaration of Death attached to chart
--	-/-/-/-	-----	ORGAN OR/POST - Recovery Teams & Organ Data fields completed
--	-/-/-/-	-----	Allocations uploaded to Attachments
--	-/-/-/-	-----	CSC Final Chart Sign off - Completed case assigned to Information Coordinator/Quality



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TORONTO - PRC - ORGAN CHECKLIST

COMMENTS

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Determination of Organ Safety for Transplantation Process Instruction

Exhibit 3: Sample Information Coordinator – Organ donor Checklist Page 1

Verified by Tassianna Tassy

REFERRAL INFORMATION

Referral Summary

Organ Outcome
 Organ Detail
 Family Services Follow-Up
 Case sign off (not mandatory)

Basic Patient Information

Patient First Name
 Patient Last Name
 Date of Birth
 Age
 Gender
 MNRN
 OHIP
 DP Look-up completed (Field may be No or N/A if pt is out of country/province resident, pediatric, or has name discrepancy) Validate DP form attached.
 Registered Consent Decision
 Type of Consent
 Exclusions
 Race
 Height

Organ Interest Calls

Organ
 Hospital
 Name
 Role/Position
 Date-time of interest call

APPROACH INFORMATION

Formal Request

Formal request by
 If OPO, name

Approach Plan

Was plan established by OPO?
 Authorization for Organ
 Authorization for Tissue
 Authorization for Eye

Family Dynamics

Interpreter used
 Telephone Authorization

Contacts

First Name
 Last Name
 Relationship to Donor
 Address

Authorization form Details matches consent form in attachment (only)

Type of Donation: NDD DCD

Weight

On a ventilator
 Date of extubation
 Time of extubation
 Referral type-OT
 Admission Date
 Admission Time
 Intubated Date
 Intubated Time
 Date of Death
 Time of Death
 Cause of Death
 Mechanism of Death
 If other, specify cause of death
 Is there another hospital involved?

Other Organ
 Call Made By:
 Outcome
 If not interested, reason:

Relationship/Title
 Family Response

If yes:
 Family expressed concerns about the quality of care in hospital

Page 2

Verified by Tassianna Tassy

ORGAN PRE-OR

Donor Information

ExD
 Reason, if ExD
 ABO
 RH
 e-Signature x 2

DEATH DECLARATION:

If NDD is declared, ensure the following are filled:

BD1 Date
 BD1 Time
 BD2 Date
 BD2 Time
 Methods used
 If other, specify

NDD/DCD

Does donor meet NDD criteria
 Does donor meet DCD criteria
 Does donor meet ECD criteria

ORGAN OR/POST

Intraoperative Management

DCD Recovery
 Enter OR date and time
 Incision date and time
 Cross clamp date and time
 Exit OR date and time

If donor is DCD declared, then complete the following typed in italics:

DCD Flowsheet

Pre-Operative Management

Complete (All the fields should be complete)
Except OR Pause field

Hemodynamic measurements

Complete

Organ Recovery (Renal data)

Right kidney pump device
 Left kidney pump device
 Transplant program

Organ Recovery (Liver data)

Transplant program

ATTACHMENTS

Summary of Organ and Tissue Placement
 Case Closure Checklist

Tissue Donor Screening

Tissue Outcome
 Tissue Detail

Tissue Data Checklist

Cardiac arrest
 If yes, duration of arrest

If DCD is declared, ensure the following are filled:

Brain Death Declaration (N/A)
 Asystole Date
 Asystole Time

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Medical Suitability (To be completed- Y/N/Not applicable)

- | | | |
|---|---|--|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> If yes, suitable for | <input type="checkbox"/> If no, reason |
| <input type="checkbox"/> Bones and Connective Tissue | <input type="checkbox"/> If yes, suitable for | <input type="checkbox"/> If no, reason |
| <input type="checkbox"/> Heart for valves (including pericardium and aorta) | <input type="checkbox"/> If yes, suitable for | <input type="checkbox"/> If no, reason |
| <input type="checkbox"/> Skin (from back, legs, and/or abdomen) | <input type="checkbox"/> If yes, suitable for | <input type="checkbox"/> If no, reason |

Authorization (To be completed- Y/N/Not applicable)

- | | |
|---|--|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> If yes, authorization for |
| <input type="checkbox"/> Bones and Connective tissue | |
| <input type="checkbox"/> Heart for valves (including pericardium and aorta) | |
| <input type="checkbox"/> Skin (from back, legs, and/or abdomen) | |

Authorization form review

Review consent form and authorization form on iTransplant.

Tissue Outcomes

Tissue Disposition (Place check marks if the appropriate fields are complete in iTransplant)

Tissue type	Suitable	If no, reason:	Approached	If no, reason	Authorization obtained	If no, reason	Recovered	If no, reason
Eyes								
Bones								
Heart Valves								
Skin								

Tissue Bank information (To be completed only if tissue was recovered)

Tissue Bank	Tissue	Contact Name	Contact date-time	Accepted	If no, reason
EBC					
MSAT					
RMD					
HSC					
SBK					

TISSUE RECOVERY (To be completed only if tissue was recovered) *Advised Nathalie not to review this anymore*

Tissue Recovery

- Eye tissues recovered
- Recovery Method
 - Enucleation Date
 - Enucleation Time
 - Enucleation technician

Verified by Tassianna Tassy

TOTAL Validation

Death Determination – Confirm death date is updated in TOTAL

Organ consent (Cross reference with iTransplant for

Organ consent and Serological Test Results, and check the boxes only if data corresponds with both, TOTAL and iTransplant)

- ECD Flag
- Liver
- Heart
- Kidney
- Lung
- Pancreas (Whole)
- Pancreas (Islets)
- Small Bowel

Serological Test Results

- CMV
- HepBsAg
- HCV
- HepBcAb
- Anti HIV I/II
- HTLV I/II
- Syphilis
- WNV
- EBV
- Toxo (Only for heart donors)

Surgery

- Recovery site
- Clamp date and time and flush time

Organ Recovery (Cross-reference with iTransplant and check only the organs that were recovered)

- Liver-Recovered
- Heart-Recovered
- Kidney Recovered
- Lung-Recovered
- Pancreas (Whole)-Recovered
- Pancreas (Islets)-Recovered
- Small Bowel - Recovered

Recipient: Transplantation (Place a tick only for the organs that were transplanted to the recipient)

- Transplantation date
- Transplantation time
- Heart
- Left kidney
- Right kidney
- Pancreas (Whole)
- Pancreas (Islets)
- Lungs
- Small Bowel
- Liver

Cold Ischemic Times, for the organs received, should be entered.

- Heart
- Left kidney
- Right kidney
- Pancreas (Whole)
- Pancreas (Islets)
- Lungs
- Small Bowel
- Liver

- Recipient age matches age on ITX donor summary

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Exhibit 4: Sample Quality Organ Chart Audit Tool

Page 1

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ORGAN DONOR CHART AUDIT TOOL

TGLN ID #: _____ Auditor: _____

Declaration Date: _____ Audit Date: _____

Amendments Sent Date: _____ Case Sign-off Date: _____

Name of Hospital: _____

Type of Donation: NDD DCD ExD: Yes No

Notes:

Organ(s) Transplanted: <input type="checkbox"/> Liver <input type="checkbox"/> Heart <input type="checkbox"/> Lungs <input type="checkbox"/> Right Kidney <input type="checkbox"/> Left Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Pancreas islets <input type="checkbox"/> Small Bowel	Tissue(s) Recovered: <input type="checkbox"/> Eyes <input type="checkbox"/> Bones <input type="checkbox"/> Heart Valves <input type="checkbox"/> Skin <input type="checkbox"/> Eyes R&T <input type="checkbox"/> Multi-tissue R&T
---	--

TRACKING TAB

****Referral Worksheet / Donor Information**

**Height (cm)
 **Weight (kg)
 **Cause of Death
 **Mechanism of Death
 **If Other, Specify
 ** Admission Date-Time
 Intubated Date-Time
 Course of Events
 Defibrillation
 CPR Administered/Duration
 ** Cardiac Arrest/DownTime/Duration/# of Arrests/Date-Time/Meds
 Cooling Protocol/Discontinuation Date/Time
 Chest Tubes/If yes, Type/Date Inserted/Drainage
 Cancer/If yes, Specify

**** Medical Examiner Info**

M.E./Coroner Case (Must be filled out completely if it is a coroner case)

Authorizing Medical Examiner
 Contact Phone
 Contacted Pre/Post Mortem
 Autopsy
 Permission for Donation
 Restrictions/Denial reason(s)
 ME/Other Special Requests
 Planned Disposition of unused Organs or Tissues (required for all cases)
 Release for Donation

**** Donor Medical & Social History Questionnaire**

Date-Time of Interview
 Initial Interviewer
 Donor's Address
 How long have you known him/her?
 Do you know him/her well enough...?
 Healthcare Professional who reviewed the donor's hospital medical record
 All Questions are complete
 Electronic Signature
 Maternal MSRx (if Applicable)

Follow-up from Notes tab: _____

ORGAN PRE-OR TAB

****Donor Information**

ExO/If Yes, Reason
 ABO/RH
 Electronic Signature x 2 CSC
 ABO print out is uploaded

NDD:
 BD 1 Date-Time/Name
 BD2 Date-Time/Name
 Methods Used/If Other, Specify
 Ensure that pronouncement of death field is not completed

DCD:
 Observation Period Start Date & Time
 Pronouncement of Death Date & Time

****Physical Assessment**

Date and Time Performed
 Manner Identified By
 Front and Back Completed
 If #7 is marked – a comment needs to indicate ETT or NGT
 Physical Assessment Performed By
 Summary

****Physical Examination**

"Evidence of" x 11 Completed

****Chemistry**

Date/Time
 **Serum Electrolytes:
 **Na+
 **K+
 Cl-
 Calcium
 Mg
 Phosphorous
 **Creatinine
 Kidneys:
 **Urea (BUN)
 eGFR
 Creatinine Clearance
 KDPI
 Liver:
 **Total Billi or Direct/Conjugated Billi
 **SGOT (AST) or SGPT (ALT)
 **PT or INR
 Pancreas:
 **Glucose
 **Amylase or Lipase

****CBC**

Date/Time
 WBC

RBC
 Hgb
 Hct
 Platelets

****Health Canada Requirement**

****Urinalysis**

Kidneys:
 Date-Time
 R&M/Dipstick
 Nitrates
 Colour
 Appearance
 pH
 Spec. Grav.
 Protein
 Glucose
 Blood
 RBC
 WBC
 Ketones

****Culture Results**

**Previous Positive Cultures
 **Treatment
 **Blood
 Date-Time
 Final Result
 Final Results Reported To
 **Urine
 Date-Time
 Final Result
 Final Results Reported To
 **Sputum or BAL
 Date-Time
 Final Result
 Final Results Reported To
 Other
 Date-Time
 Final Result
 Final Results Reported To
 Name of Hospital / Lab on all culture reports?
 Final Results Uploaded

****Flowsheet**

Hypotension
 Hypertension
 Date-Time
 BP
 MAP
 HR
 Temperature
 SaO2%

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Page 3

- Intake IV
- Medications (Continuous)
- Urine Output
- **Medications/Other Drugs**
- List any medications
- **Blood Product/Colloid Administration**
- Not Performed
- Blood/Colloid Type (Transfusions)
- **Hemodilution Worksheet**
- Date-Time Sample Drawn
- Pre-Transfusion or Post-Transfusion
- Crystalloids – Type/Volume
- **Serologies**
- **Date/Time
- **Serology of the Mother of the Donor (if pediatric sample)
- Serology Lab
- Diluted/Undiluted
- NAT HIV
- NAT HCV
- NAT HBV
- **CMV
- **Hepatitis_B_Core_AB
- **HBS AG
- **HCV
- **HIV I/II
- **HTLV1
- **HTLV2
- **T.P. Syphilis
- **Toxoplasma (Heart donor only)
- **EBV
- **West Nile PCR (May-October)
- Electronic Signature x 2 CSC for STAT tests
- Comments (Maternal or Second Sample)
- Comments (EBV/Toxo Results sent to all programs)
- Does every Serology test have a corresponding Hemodilution?
- **Other Infectious Diseases**
- Was COVID-19 testing performed on the donor?
- Specimen Date-Time
 - Specimen Type
 - Test Method
 - Test Result
 - Comments (reported to)
- Final Reports Uploaded
- **EKG**

Page 4

- Hemodynamic Measurements
- **Organ Supply List**
- Lot #
- Date of Expiration
- # of Units
- Sterilization Verification
- Electronic Signature
- Note: If Kidney pump(s) used (pumped or as a cooler) following supplies are used per kidney:
 - Pump
 - Perfusion circuit
 - KPS/MPS
 - Seal Ring/ ___ mm Straight Cannula
 - Sterile Drape (not needed if perfusion pack used i.e. circuit and drape)
- **Donor Summary page
- ATTACHMENTS:**
- ** CONSENT TO DONATE** CSF-9-11 March 31, 2022
- Correct Version
- TGLN ID #
- Applicable Consent Situation
- Section A
- Section B
- Section C
- Section D
- Corrections are crossed out, initialed and dated
- ** CONSENT FOR TREATMENT FOR PURPOSES OF DCD**
- Correct Version CSF-9-26 March 30, 2022
- TGLN ID #
- Patient's Legal First and Last Name
- Section A
- Section B
- All Signatures Present
- Corrections are crossed out, initialed and dated
- ** DECLARATION OF DCD**
- Correct Version CSF-9-78 July 31, 2019
- TGLN ID #
- Name of Patient
- Times are 5 minutes apart
- All Signatures Present
- ** WLST NOTE FOR DCD**
- TGLN ID #
- ** CONFIRMATION OF NDD**
- Correct Version CSF-9-5 October 18, 2021
- TGLN ID # CSF-9-6 July 31, 2019
- Diagnosis
- Neurologic Diagnosis Leading to Death
- Confounding Factors
- Temperature
- Examination
- ABGs for apnea test meet criteria
- Ancillary Testing (Where Required)
- 2 Physicians have confirmed NDD
- Corrections are crossed out, initialed and dated
- CORONER'S PERMISSION FORM (if coroner's case)** CSF-9-7 September 30, 2020
- ** SHIPPING DOCUMENTS**
- Packing Slip from Courier
- Air Canada – Transportation (Copy)
- Read clinical notes for transportation documentation
- ** ORGAN DONOR SURGERY INFORMATION FORM**
- Correct Version CSF-9-57 March 25, 2020
- **TGLN ID #
- **DOB
- **AB+RH – verify if typo
- Retrieval and Hospital Information
- Intra-OP Profile/Vital Signs (at least one entry required for NDD donors)
- Organ Perfusion Data
- Organ Recovered & Organ Flushing Information
 - Storage Soft'n for kidneys (MPS or KPS when pump is used)
- Exceptional Distribution
- SRC Name and Signature
- Second Page Not Required (if no kidneys/vessels/tissue recovered)
- All documentation reviewed (Serology/Paperwork)
- All relevant fields are complete (Kidney/Vessels)
- Post Recovery (if eyes/tissue to be recovered)
- Corrections are crossed out, initialed and dated
- ** DECEASED DONOR SURGERY INFORMATION FORM (if other recovery program involved)**
- All fields completed
- Supply List provided
- **NOTIFICATION OF EXCEPTIONAL DISTRIBUTION (EXD)** CSF-9-24 October 31, 2022
- Correct Version-1 form per recipient
- TGLN Donor ID #
- Reason for ExD
 - Reason matches iTransplant
- TGLN Recipient #
- Organ Name
- Accepting Transplant Program
- Justification for ExD Acceptance

Clinical Process Instruction Manual

Determination of Organ Safety for Transplantation Process Instruction

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- Date/Time of Verbal Acceptance
 - CSC who documented acceptance
 - Post-Release Information (if Applicable)
 - Authorizing Physician
 - Authorizing Signature
 - Date/Time
 - Send confirmations (email or fax) for each program
 - All programs have returned forms correctly
 - Corrections are crossed, initialed and dated
- **Health Canada Requirement
- Verify that all clinical documents (attachments) have a TGLN # (CSC, OTDC, SRC)