

Status Changes / Urgent Listings After Hours Form

Instructions for listing and wait list status changes outside of regular business hours:

- The Transplant Program submits the completed 'Status Changes/Urgent Listing After Hours Form' to TGLN via fax at **1-866-557-6100** or email at OH-TGLN_csc@ontariohealth.ca. TGLN may also accept this information verbally (on a recorded line).
 - For all new listings, transplant programs are required to fax/email a hard copy of the patients ABO type to the PRC.
- The person requesting the change must call the Provincial Resource Centre at **1-888-603-1399** to confirm request has been received.
- The relevant Recipient Coordinator is responsible for verifying new and revised patient information in TGLN's Organ Allocation and Transplant System information system on the next business day.
- After hours urgent listings can only be complete by the PRC for the following organ statuses:

Liver	Heart	Kidney / Pancreas (Whole)	Lung	Small Bowel	Pancreas (Islets) / VCA
3F, 4F	4, 4S	H – High Priority	3	3	Not Applicable

Date of Submission: _____ Phone Number: _____ Total # of pages: _____
Submitted by: _____ Transplant Program: _____

Organ (if pancreas, specify type): _____
 New Listing Status: _____ Secondary status (for heart only, if applicable): _____
 Status Change from: _____ Status change to: _____
 Patient on hold reason (if applicable): _____
 Secondary status (for heart only, if applicable): _____

RECIPIENT INFORMATION

Recipient TGLN #:	Recipient ABO:
Recipient Name:	Willing to accept: <input type="checkbox"/> ABO incompatible <input type="checkbox"/> HCV Ab <input type="checkbox"/> HCV NAT <input type="checkbox"/> Hep B Core Ab (kidney and pancreas only)
Date of Birth (DD-MM-YYYY): Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Measurement Date: Height (cm): Weight (kg):
Diagnosis:	Postal Code (For New Listings):

ADDITIONAL REQUIREMENTS FOR LIVER LISTINGS

SMC: Patients ≥ 12 years	PELD: Patients < 12 years
Date:	Date:
Total Bilirubin (umol/L):	Albumin (g/L): Total Bilirubin (umo/L):
INR:	INR:
Serum Creatinine (umol/L):	Growth Failure: <input type="checkbox"/> Yes <input type="checkbox"/> No
Serum Sodium (mmol/L):	Age at Listing:
On Dialysis: <input type="checkbox"/> Yes <input type="checkbox"/> No	On Dialysis: <input type="checkbox"/> Yes <input type="checkbox"/> No

HCC Information (if required):	Exceptions/Additional Information
Date: Time:	Does your patient have an Exception Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Nodules:	If yes please specify:
Diameter of largest nodule (cm):	
Total diameter of all nodules (cm):	
TTV (cm ³):	Additional Information:
AFP (µg/L):	
On Dialysis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Downstaging, Type: Date:	
<input type="checkbox"/> Bridging, Type: Date:	

Request submitted by (Transplant):	Date:	Time:
Data entered by (CSC/RTC):	Date:	Time:
Data verified by (2 nd CSC/RTC):	Date:	Time:
Program verification (Transplant):	Date:	Time:

Disclosure: Transplant programs are responsible for maintaining their own lists.

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