



Trillium
Gift of Life
Network

Operations Control Centre Living Donor Kidney Transportation Request

1. Primary Contact Information

Contact Name:			
Phone (Work):	Ext.:	Phone (Cell):	
Email:			

2. Donor Kidney Recovery Details

TGLN Donor #:			
Scheduled OR Date/Time:	Ready for Pick-up Time:		
Pick-up Hospital Name:			
Pick-up Hospital Address:			
Contact Name:			
Phone (Work):	Ext.:	Phone (Cell):	

3. Receiving Hospital Details

Hospital Name:			
Primary Contact Name:			
Phone (Work):	Ext.:	Phone (Cell):	

4. Air Canada Request Details

Preferred Primary Flight:			
Alternate Return Flight:			

5. Transport Cooler Details

Type:			
Weight (lbs.):	Dimensions:		
Visible Paperwork:			

Please submit to livingdonor@ornge.ca

Ornge Transportation Details

Escort Name:	Escort Phone:		
Outbound Flight No./Time:			
Return Flight No./Time:			
*Ornge Booking Confirmation Number:			
Contact Name:			
Email:			



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Form Completion Instructions

1. **Contact Information:** Primary contact name and phone number for this donation (point of contact for any updates from ORNGE or from the Medical Escort service about these arrangements, both prior to the planned donation and as the transport is taking place up until delivery).
2. **Donor Kidney Recovery Details:**
 - a. TGLN Donor Number.
 - b. OR scheduled date and local time, and the time kidney is ready for pick up.
 - c. Name and address of hospital for donor kidney pick-up.
 - d. Name and contact number for the person who will be in possession of the kidney once it is recovered to arrange a location where they are going to meet the medical escort for hand-off.
3. **Receiving Hospital Details:** Receiving hospital name, contact name and contact phone number for the person who will be receiving the kidney upon delivery.
4. **Air Canada Request Details:** Details of the Air Canada request for the return of the organ.
5. **Transport Cooler Details:** Weight, type, dimensions and visible paperwork of cooler being used for the transport of the kidney.
6. **Ornge Transportation Details:** Once transportation details have been confirmed by Ornge (the completed request form including the Medical Escort name, phone number, flight number and times, *Ornge booking confirmation number, Ornge staff member name and email responsible for booking), the form will be sent back to the primary contact making the request.

* Please note: The **Ornge booking confirmation number** will be issued the day before the organ transport date.

Please direct all inquiries to livingdonor@ornge.ca

If your inquiry is urgent please contact the Ornge Operations Control Manager at (1-833-401-5577).