**Instructions on submitting a request to** **recuse, reverse a recusal or submit Additional Wait List comments for a High Status Heart (HSH) recipient participating in the Interprovincial Organ Sharing High Status Hearts (IPOS Hearts) Program.**

1. The Transplant Program submits a ‘*High Status Heart Candidate Recusal Form’*  to OH-TGLN via email at:

oh-tgln\_transplant@ontariohealth.ca and copy mithila.ruthran@ontariohealth.ca

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|  **Recipient Information** |
| **Recipient TGLN #:** | Click or tap here to enter text. |
| **Recipient Name:**  | Click or tap here to enter text. |
| **Recipient Date of Birth:** | Click or tap here to enter text. |
| **Recipient Status:**  | Click or tap here to enter text. | **Recipient is highly sensitized** (cPRA ≥ 80%): | [ ]  Yes [ ]  No |
| **Request Type:** |
| **Highly Sensitized Heart Recipient** |
| *Note: As per CBS policy, a highly sensitized heart recipient may be recused from the IPOS Hearts program. The recused recipient’s ID will no longer be displayed on the allocation list however they will remain displayed on the National Organ Waitlist.*  |
| [ ] Recuse from IPOS Hearts Program.  Reason: Click or tap here to enter text.[ ]  Additional Wait List comments: Click or tap here to enter text. | [ ] Cancel Recusal from IPOS Hearts Program.[ ]  Amend Additional Wait List comments.  Revised statement: Click or tap here to enter text.[ ]  Delete Additional Wait List comments. Specify statement to  be deleted: Click or tap here to enter text. |
| **Status 4 Heart Recipient** |
| *Note: As per CBS policy, a status 4 heart recipient may not be recused from the IPOS Hearts program. A physician may indicate other criteria (Additional Wait List comments) that may result in a status 4 heart recipient not receiving an offer.*  |
| [ ]  Additional Wait List comments: Click or tap here to enter text. | [ ]  Amend Additional Wait List comments.  Revised statement: Click or tap here to enter text.[ ]  Delete Additional Wait List comments. Specify statement to  be deleted: Click or tap here to enter text. |
| **Transplant Medical Director or Designate Requesting Recusal** |
| **Clinician Name:** | Click or tap here to enter text. |
| **Clinician Title:** | Click or tap here to enter text. |
| **Contact Information** (email and phone number)**:** | Click or tap here to enter text. |
| **Signature:** | **Date and Time:** |
|  | Click or tap to enter a date. |
| **Request Submitted By**[ ] Check box if person submitting the request is the same as above |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
|  **Contact Information** (email and phone number)**:** | Click or tap here to enter text. |
| **Signature:** | **Date and Time:** |
|  | Click or tap to enter a date. |
| **OH-TGLN Review**The Manager, Transplant Programs (Heart) or designate will complete the section below |
| [ ]  The above request to recuse, reverse a recusal or submit Additional Wait List comments for an HSH recipient has been reviewed and accepted by OH-TGLN. OH-TGLN will inform Canadian Blood Services (CBS) of the change requests. |
| **Name** | **Title** | **Signature** | **Date and Time:** |
| Click or tap here to enter text. | Click or tap here to enter text. |  | Click or tap to enter a date. |