

Saskatchewan Transplant Program – Saskatoon Bone/Tissue Bank

CTO#100028

Royal University Hospital

103 Hospital Drive

Saskatoon, SK, Canada, S7N 0W8 (306) 655-2179 fax (306)655-2222

DONOR PATIENT IDENTIFICATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

HSN: \_\_\_\_\_

DOB: \_\_\_\_\_

**TISSUE BANK DONOR FORM**

**Section A: MUST be completed by the O.R./SK Transplant**

<b>Section A: Donor Patient Identification and Collection</b>		
<b>IMPORTANT: Names for identification and collection MUST be indicated</b>		
<b>Specimens must be labeled with: patient identification and type of tissue (including right or left if applicable)</b>		
Identified By:	Collected By:	
Date & Time of Collection (CST):		
Anatomical Description:	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> NA	
C&S collected: <input type="checkbox"/> Yes <input type="checkbox"/> No	Measurement: _____ cm	

<b>Section B: Lab Use Only</b>		
<b>Tissue Receipt</b>		
Received by:	Date:	Time:
Frozen by:	Date:	Time:
Donor Assigned #:	Part:	Weight (femoral heads & chips): _____ grams
<b>Checklist:</b> <input type="checkbox"/> Tissue packaging and labeling acceptable <input type="checkbox"/> Labeling complete (donor number written on tape, patient ID label moved to lid, autologous label applied if indicated) <input type="checkbox"/> Specimen sent for initial culture <input type="checkbox"/> Blood group report printed <input type="checkbox"/> Tissue placed in appropriate storage location <input type="checkbox"/> Infectious disease specimens received in TML (excluding autologous donations)		

<b>Section C: Lab Use Only</b>		
<b>IDM Testing</b>		
<input type="checkbox"/> IDM samples sent <input type="checkbox"/> n/a for autologous tissue	Date:	<input type="checkbox"/> Fax transfer voucher to SK Transplant
<b>Tissue Culture Results</b>		
<input type="checkbox"/> Initial culture results printed and attached		
<b>Tissue Suitability, Computer Registration and Tissue Verification</b>		
<input type="checkbox"/> SoftDonor Entry Complete	Date:	Tech: _____
<input type="checkbox"/> SoftBank II Entry Complete (released tissue only)	Date:	Tech: _____
<input type="checkbox"/> Suitable for Use: <input type="checkbox"/> Donor label removed (not including autologous) <input type="checkbox"/> SoftBank barcode label applied	<input type="checkbox"/> Unsuitable for Use: see Tissue Disposition	Date: _____ Tech: _____
<input type="checkbox"/> Transplant package prepared	Date:	Tech: _____
<input type="checkbox"/> Tissue Verification	Date:	Tech: _____
<input type="checkbox"/> Tissue moved to available inventory, if applicable	Date:	Tech: _____
<b>Tissue Disposition</b>		
<input type="checkbox"/> Tissue physically discarded - Date: _____ Tech Initials: _____ and _____ <input type="checkbox"/> Computer discard performed - Date: _____ Tech Initials: _____ <input type="checkbox"/> Sent for research <input type="checkbox"/> Transferred to: _____ <input type="checkbox"/> Recipient information: _____		
<b>Final Review and File Storage</b>		
<input type="checkbox"/> Pretransplant C/S reviewed <input type="checkbox"/> If positive, fax to SK Transplant <input type="checkbox"/> Purge green C/S form, C/S result reports, Group and Rh Type results if completed within SHR and place file into storage		

Section D : Transport History							
Date & Time Removed from Storage & Storage Temperature			Transport Information			Returned to storage	
Date	Time	Storage Temp (°C)	Packaged By:	Destination	Tech accompanying product	Date	Time