Tissue Bank Manitoba: Sample Questions to Assess Donation Eligibility

Completing this form is optional. However, the discussion with Tissue Transplant Coordinator is enhanced if the information summarized on this form is readily available.

1. Hospital record number: _____
2. Date of entry/admission to hospital:_____
3. Admission history/course of events:_____

_____

_____

4. Past medical/clinical history applicable to tissue donation (see column to the right).
5. List of medications, including antibiotics (use MARs).
6. Most recent WCB and temperature readings.

Date	Time	WBC	Date	Time	Temp

7. Recent cultures (e.g. blood):

Date	Type	Results

8. Date of last chest x-ray: _____
   Did it indicate pneumonia or consolidation? ☐ YES ☐ NO
9. Is the patient ventilated? ☐ YES ☐ NO
   - Intubation date (if applicable):_____
   - Extubation date (if applicable):_____
10. Suspected cause of death:_____
11. Mechanism of death:_____

If there is potential eligibility for tissue donation, the Tissue Bank Manitoba Coordinator will be speaking to the preferred claimant about donation.

Name of Preferred Claimant:

Contact #1: _____

Phone #: _____

Contact #2: _____

Phone #: _____

Re. past history, note any of the following:

- ☐ Cancer history
- ☐ Human Immunoideficiency Virus (HIV)
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Extended Spectrum Beta-Lacatamase (ESBL)
- ☐ Tubeculosis
- ☐ Alzheimer's Disease
- ☐ Amyotrophic Lateral Sclerosis (ALS)
- ☐ Leukemia
- ☐ Lymphoma
- ☐ Documented or active sepsis