Canadian Blood Services — BLOOD PLASMA STEM CELLS ORGANS & TISSUES

High-Status Heart
Patient Reinstatement Form

I wish to reinstate the patient listed below for participation in the High-Status Heart Allocation listing in the Canadian Transplant Registry.

Patient Identification and Approval

National patient ID: _____

Provincial/Local ID: _____

Last Name (*please print*): _____

First Name (*please print*): _____

Organ Donation Organization: _____

Medical Status: _____

Transplant Program: _____

Authorizer Name: _____

Authorizer Signature: _____

Date: _____

* *Please note it may take up to 2 business days in processing the request.*

CBS internal use only.

CBS Recusal Completion

ITSM Service Request #:_____Completion Date (YYYY/MM/DD): _____

Configuration Completed By (Name/Title): _____

Configuration Completed By (Signature): _____

Configuration Approved By (Name/Title): _____

Configuration Approved By (Signature): _____