

## High-Status Heart Patient Recusal Form

I wish to recuse the patient listed below from 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: \_\_\_\_\_

*\*Definition of 'Authorizer' - Authorizer: A medical practitioner from the Recipient ODO province, who approves the nonparticipation of the highly sensitized recipient in the High-Status Heart sharing program.*

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

*CBS internal use only.*

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### 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): \_\_\_\_\_

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