Graft Request Form with Required Compatibility

REQUEST COMING FROM OUTSIDE OF QUÉBEC? ○ YES ○ NO Account number _____

SURGEON

First Name	Last Name
Cell	Office
Email	

HOSPITAL

Name	
Address	
Contact Name	Contact Phone
Contact Email	

REPRESENTATIVE INFORMATION

Conmed Name	Conmed Email	Conmed Phone
Arthrex Name	Arthrex Email	Arthrex Phone

PATIENT INFORMATION

First Name	Last Name
Height cm/feet	Date of birth
Weight Kg/lbs	Date of surgery

Gender	○ Man	○ Woman
Instrument kit needed	○ Yes	○ No
Imaging	○ X-RAY	○ MRI/CT
Return films	○ Yes	○ No
Match needed	○ Yes	○ No

ADDITIONAL INFORMATION

Patient diagnosis and surgical procedure	Comments

GRAFT INFORMATION

Contralateral	○ Left	○ Right	○ No preference
Storage method	○ Fresh	○ Frozen	○ No preference

OSTEOARTICULAR

BONE TYPE

- ☐ Femur
- ☐ Tibia
- ☐ Fibula
- ☐ Glenoid
- ☐ Humerus
- ☐ Radius
- ☐ Ulna
- ☐ Elbow
- ☐ Hemi-Pelvis
- ☐ Acetabulum
- ☐ Other

CONFIGURATION

- ☐ OA
- ☐ APC
- ☐ LG Graft
- ☐ With Cuff
- ☐ Without Cuff
- ☐ Proximal
- ☐ Distal
- ☐ Whole
- ☐ With Extensor Mech (BTB)

FROZEN MENISCUS W/ TIBIAL PLATEAU

Whole Meniscus	○ Left	○ Right
Hemi Medial Meniscus	○ Left	○ Right
Hemi Lateral Meniscus	○ Left	○ Right

FRESH OSTEOCHONDRAL GRAFTS

Humeral Head	○ Left	○ Right
Patella w/ attachment	○ Left	○ Right
Patella	○ Left	○ Right
Distal Femur	○ Left	○ Right
Talus	○ Left	○ Right
Distal Tibia	○ Left	○ Right
Ankle	○ Left	○ Right
Tibial Plateau w/ Meniscus	○ Left	○ Right
Femoral Head	○ Left	○ Right
Medial Femoral Condyle	○ Left	○ Right
Lateral Femoral Condyle	○ Left	○ Right

ADDITIONAL DESCRIPTION

Dimension	Quantity

FRESH PLUGS

Specific location
Specific dimension

Héma Québec

Please send the form and the imaging (.zip file) at
osteochondral@hema-quebec.qc.ca