



Trillium Gift of Life Network  
 157 Adelaide Street West, Box 606  
 Toronto, Ontario M5H 4E7  
 Ph: 416-619-2342 or 1-888-977-3563 (1-888-9PRELOD)  
 Email: PRELOD@giftoflife.on.ca

## Program for Reimbursing Expenses of Living Organ Donors – PRELOD Travel Support Letter

*For Out-of-Province and Out-of-Country Donors Only*

*To be completed by Transplant Coordinator or Transplant Surgeon*

**Attention: PRELOD Administrator**

To Whom It Concerns:

\_\_\_\_\_ has come forward as a potential living \_\_\_\_\_ donor for  
*Living Donor Name* *Specify: Kidney/Liver*

\_\_\_\_\_ who is an Ontario resident. The applicant is currently a permanent resident of  
*Recipient TGLN ID #*

\_\_\_\_\_, but is willing to travel to \_\_\_\_\_ for assessment and/or  
*City/Town/Province/State/Country* *Hospital Name*

surgery for the intended recipient.

I am writing this letter in support of travel to indicate that the above mentioned applicant was asked on

\_\_\_\_\_ to travel for the purposes of assessment and/or donor surgery for the intended  
 MM DD YYYY

recipient upon his/her arrival.

If you have any further questions, please contact: \_\_\_\_\_ at \_\_\_\_\_  
*Name of Transplant Coordinator/Surgeon* *Contact Number*

Sincerely,

\_\_\_\_\_  
*Signature of Transplant Coordinator/Surgeon*

Date: \_\_\_\_\_  
 MM DD YYYY

*Please submit the original copy of this letter in a confidential envelope to:*

**PRELOD Administrator**  
 Trillium Gift of Life Network  
 157 Adelaide Street West, Box 606  
 Toronto, Ontario M5H 4E7

