

## Exception Application Form

### Heart Special Case Committee

#### Purpose

The Heart Special Case Committee (HSCC) provides a fair and neutral review of medical status exception requests for potential heart transplant recipients in accordance with Ontario Health – Trillium Gift of Life Network (OH-TGLN). This process should be utilized by Heart Transplant Programs when they seek to list a patient at a medical status for which the patient does not meet criteria under existing policy. These cases typically reflect unique clinical circumstances that warrant individualized consideration to support timely access to transplant. The HSCC supports equitable access to transplant by reviewing each application on a case-by-base basis.

#### Governance and Administrative Oversight

All administrative information related to the HSCC, including membership, quorum requirements, and terms of service, is detailed in the Terms of Reference (TOR) document. This document outlines the structure and governance of the HSCC and is the authoritative source for all matters related to the governance of the HSCC and should be referenced for any procedural clarifications.

#### Application and Approvals Process

##### 1. Submitting the Application

Transplant Programs must complete and submit an electronic copy of the HSCC application form to the OH-TGLN Special Case Committee e-mail inbox: [oh-tgln\\_specialcasecommittee@ontariohealth.ca](mailto:oh-tgln_specialcasecommittee@ontariohealth.ca) and cc: Mithila Ruthran, Manager, Clinical Informatics and Heart & Lung Transplant Programs: [mithila.ruthran@ontariohealth.ca](mailto:mithila.ruthran@ontariohealth.ca).

Please ensure the form is complete, concise, and includes sufficient clinical detail to support the requested medical status change. Incomplete applications may delay review.

##### 2. Review and Decision-Making Process

###### 2.1 Upon receipt of a completed application, OH-TGLN will:

1. Confirm receipt of the application with the submitting Transplant Program.
2. Circulate the application via email to all members of the HSCC for review and voting.
3. If applicable, OH-TGLN will convene a case presentation meeting with available HSCC members and the applicant, at the request of the applicant or any committee member (*see Section 2.2 below for details*).
4. Provide HSCC members with a 24-hour voting deadline from time of circulation or conclusion of the case presentation meeting.

###### 2.2 Case Presentation (If applicable) – when a meeting is convened:

1. A representative involved in the patient's care will present the case.
2. The Most Responsible Physician (MRP) may participate to present clinical details but is not permitted to vote if they are a standing HSCC member.
3. Presentations must follow the structure of the application form and clearly articulate the rationale for the request, including the patient's clinical urgency and supporting evidence.

### 3. Notification of Outcome

Once the committee reaches a decision, in accordance with quorum as defined in the TOR:

1. OH-TGLN will complete the HSCC Decision Form and circulate it to the requesting transplant program and all committee members by email.
2. If approved, the recipient's medical status will be updated in OATS by OH-TGLN and the requesting transplant program will be notified.
3. Transplant programs are responsible for confirming receipt and verifying that the patient's listing information has been accurately reflected in OATS.

<b>Heart Medical Status Listing Exception Application Form</b>		
<b>Heart Special Case Committee</b>		
<b>General Information</b>		
<b>General Information</b>	Patient TGLN Number	
	Date of Application Submission	
	Name of Transplant Centre	
	Responsible Physician Name	
	Case Presenter for HSCC Review	
	Contact Email (HSCC decision will be sent to this address)	
	Contact Phone Number	
	Current Patient Medical Status	
	Requested Patient Medical Status	
	Other Request (specify)	
<b>Case Presentation Meeting</b> (Complete section only if applicable)		
<b>Patient Information</b>	Check this box if you would like to request a case presentation meeting with all available HSCC members in addition to the email circulation of the submission.	<input type="checkbox"/>
	Please describe your rationale for requesting a case presentation meeting below:	
<b>Patient Information</b>		
<b>Patient Information</b>	Age	
	Gender	
	Weight	
<b>Please note: The application form continues on the next page</b>		

### Recommendation

The Sponsoring physician is requesting medical priority due to the following key factors

Please clearly describe the rationale for requesting HSCC approval, and information on risk factors if denied:

Recommendation

