



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

LOSS OF INCOME CERTIFICATE_{v3}

For applicants who are Canadian residents only

To be completed by the Transplant Physician or Transplant Coordinator

Applicants Name : _____ Date of Birth: _____
LAST FIRST MM DD YYYY

Date of surgery: _____ Kidney Liver
MM DD YYYY

In my opinion, the above patient is incapable of working until: _____
MM DD YYYY

Comments: _____

Name of Hospital: _____ Telephone: (____) _____

Name of Physician/Coordinator: _____

Signature: _____ Date: _____
MM DD YYYY