

Consent For Tissue And Organ Donation

I authorize release of the complete medical record and all other pertinent medical information from any source, including autopsy reports (if performed); to the procurement agency(ies) who will distribute this information, as appropriate, with the gift(s). I authorize the removal of blood and tissue (including lymph nodes and spleen) for any tests to determine suitability and compatibility for potential recipients or for investigation (e.g., tissue typing, HIV, hepatitis, syphilis). I authorize the procurement agency(ies) to arrange for any diagnostic and laboratory tests to determine function and suitability of organs for transplantation. I understand and agree to the completion of a medical and behavioral history-screening questionnaire. Further, it may be necessary to contact other parties who may assist in providing additional medical/behavioral history information. The procurement program(s), in accordance with accepted medical and ethical standards, will determine utilization and distribution of these gifts. Placement is prioritized by medical necessity and geographic region; some gifts may be transplanted outside the United States.

In addition to life saving and life enhancing therapies, tissue may be used for cosmetic purposes. Actual processing and distribution of donated tissue may be done by other agencies, either for-profit or not-for-profit entities. The recovery of tissue may require transportation of the body to another site.

I understand that any charges directly associated with this donation will be covered by the procurement agency(ies). The disposition of the body after the removal of the organs and/ or tissues will remain the responsibility of the next of kin. Funeral arrangements (viewing) should not be affected by donation. I understand that there may be some delay in the transfer of the body to the funeral home.

I acknowledge that I have read (or had read to me) this document in its entirety. I have had the opportunity to ask questions, have them answered, and I fully understand this document. I consent to the donation(s) described below.

I understand _____ is a potential donor and hereby make this anatomical gift. Donor's date of birth _____.

- Yes No Eyes
- Yes No Skin
- Yes No Veins
- Yes No Heart For Valves
- Yes No Ribs And Costal Cartilage
- Yes No Lower Extremity, Bone, Soft Tissue, Hip
- Yes No Upper Extremity, Bone, Soft Tissue
- Yes No Other: _____



Community Tissue Services

Lions Eye Bank of Oregon



- Yes No Heart
- Yes No Heart Valves
- Yes No Lungs
- Yes No Liver
- Yes No Liver Hepatocytes
- Yes No Pancreas
- Yes No Pancreas Islets
- Yes No Kidneys
- Yes No Small Bowel



Restrictions: No Yes (List)

If these gifts cannot be used for transplantation or therapy, I consent to their use for research and/or education.

- Yes No

Next of Kin

Name: _____

Signature: _____

Relationship: _____

Address: _____

City / State: _____

Zip Code: _____ Phone: _____

Consent Obtained By

Name: _____

Signature: _____

Date / Time: _____

Witness Phone Consent Copy to Family

Name: _____

Signature: _____