



Authority for Organ and Tissue Removal

FAMILY NAME (SURNAME)

GENDER

WARD

NHI

Given (or Christian) names

Date of Birth

I _____ (name of family member)
of _____ (address of family member)
being _____ (relationship to patient) of _____ (name of patient)

Consent to the removal of: (Health Professional please tick for each organ and tissue)

	Yes	No		Yes	No		Yes	No
Kidneys (including blood vessels)			Heart			Eyes		
Liver (including blood vessels)			Lungs			Skin		
Pancreas (including duodenum, spleen and blood vessels)			Heart Valves (including pulmonary artery)			Other: (specify)		

For the purposes of: (Health professional please tick whichever applies)

- Transplantation
- Medical research (Health professional please specify research details)

To the best of my knowledge, the patient had not expressed an objection to the removal of these organs or tissues for these purposes and the patient's family is in agreement with donation.

SIGNED: _____
FAMILY MEMBER

For verbal consent only

The following Family Member or Health Professional (please delete one) witnessed the verbal consent.

NAME OF WITNESS: _____ **RELATIONSHIP/DESIGNATION:** _____

I confirm that:

- The patient's family has been provided with all the information that they needed about donation
- The consent requirements of the Human Tissue Act 2008 have been met.
- The patient's family has been informed that heparin might be given before death (for DCD only).

NAME: _____ **DESIGNATION:** _____
HEALTH PROFESSIONAL

SIGNED: _____ **DATE:** _____ **TIME:** _____

RERERRAL TO THE CORONER

Referral to the coroner is required: Yes / No (circle as appropriate)

The coroner accepted jurisdiction: Yes / No (circle as appropriate)

If coroner accepted jurisdiction:

Verbal consent was obtained from coroner (print coroner's name) _____

to retrieve organ and tissues subject to the following requirements (write "Nil" or specify requirements)

NAME: _____ **DESIGNATION:** _____
HEALTH PROFESSIONAL

SIGNED: _____ **DATE:** _____ **TIME:** _____

AUTHORITY FOR ORGAN AND TISSUE REMOVAL