

DOCUMENT OF ANATOMICAL GIFT AUTHORIZATION FOR ORGAN AND TISSUE DONATION

I / You, _____ give permission for
 (Name of Authorizing Person)

the donation of anatomical gifts from _____
 (Name of Donor)

to benefit humanity as set forth in this **Document of Anatomical Gift**. This Document is being completed:

- In-person and witnessed Via telephone and recorded
[] Copy of document provided **[] Copy of document to be mailed.**

If recorded, a copy of this conversation is available upon request.

I / You grant permission for the recovery of the following Organs and/or Tissues for purposes of:

Transplantation Yes No Research Yes No Education and Training Yes No:

ORGANS		TISSUES	
Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corneas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liver	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Heart for Valves/Pericardium	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Kidneys	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Blood Vessels (Arteries and Veins)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Intestines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pancreas or islet cell	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	BONE AND CONNECTIVE TISSUE OF: (includes ligaments, tendons & supporting structures)	
		Upper Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Lower Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Lower Extremities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Pelvis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Ribs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other organ or tissue donation requests: <input type="checkbox"/> None or Specify: _____			

I / You grant permission for:

- Any testing, examinations, and procedures that may be necessary to determine the medical eligibility of this gift. This includes, but is not limited to, testing for HIV and Hepatitis, removal of adjacent blood vessels for organ transplantation, collection of inguinal/abdominal lymph nodes and spleen, and the collection of blood and biopsy samples for potential recipient compatibility testing.
- The release of any information, including medical information found within sources to include, but not limited to, hospital records, death certificates, and postmortem examination (autopsy) reports, and information relating to HIV and Hepatitis to determine organ and tissue eligibility. This information may be released to other appropriate agencies.

I / You understand that:

- Expenses related to the evaluation, maintenance, recovery and placement of the organs and tissues will be paid by the recovery organization(s).
- Funeral and burial expenses are not the responsibility of the recovery organization(s).
- The donation process may take several hours to complete, and the release to the funeral home or coroner/medical examiner's office, when applicable, will occur after the recovery process has concluded.

