

### WISCONSIN ORGAN AND TISSUE RECOVERY AND ASSESSMENT

Pursuant to Wisconsin Statute Section 157.06 (4m) (e), the following information is to be provided to the Coroner or Medical Examiner's Office at the time of initial request to recover anatomical gifts.

Decedent's Name		Age	Race	Sex
Medical Record No.	Type of Donor <input type="checkbox"/> Brain death <input type="checkbox"/> Cardiac death		Date and Time of Death	
<input type="checkbox"/> Hospital Death    Hospital Name _____	Time last known alive if time of death is uncertain:			
<input type="checkbox"/> Scene Death				

Briefly describe events leading to death:

Name of Coroner or Medical Examiner Contacted	County of Origin	Date and Time
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Name of Investigator (if known)	Date and Time
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Coroner or Medical Examiner Case Number

Family member contacted for donation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No.
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Relationship to donor	Address
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#### ORGANS REQUESTED

<input type="checkbox"/> Heart / Pericardium	<input type="checkbox"/> Intestine	<input type="checkbox"/> Kidneys (with adrenals)	<input type="checkbox"/> Liver
<input type="checkbox"/> Lungs	<input type="checkbox"/> Lymph Nodes	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Spleen

#### TISSUE REQUESTED

<input type="checkbox"/> Upper arm bones	<input type="checkbox"/> Bones of the leg and pelvis	<input type="checkbox"/> Connective Tissue	<input type="checkbox"/> Vertebral bodies	<input type="checkbox"/> Skin
<input type="checkbox"/> Heart for valves; descending thoracic aorta; pericardium	<input type="checkbox"/> Blood vessels (femoral, saphenous, aortic iliac graft)	<input type="checkbox"/> Eyes / Whole Globe	<input type="checkbox"/> Corneas	<input type="checkbox"/> Other:

\_\_\_\_\_  
SIGNATURE – Person Completing Form

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date Signed

Donor Name

Medical Record No.

**MEDICAL RECORDS REVIEW**

Review of Medical Records to ensure documentation of the following

External injuries (including retinal hemorrhage)

If patterned injuries (including bite marks) are present, where on the body are they located?

Internal Injuries

Fractures

**PHYSICAL FINDINGS**

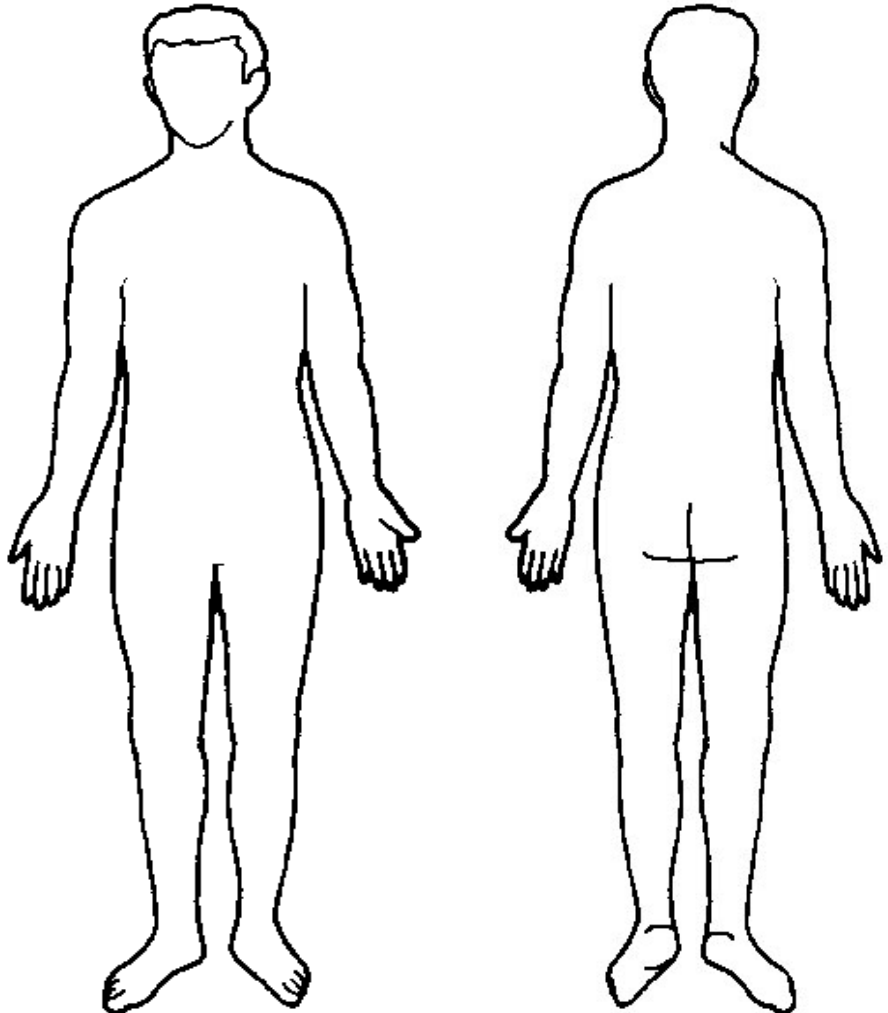
CT scan or MRI of the head?

Fresh fractures of long bones, clavicles or ribs? (Particular attention to be paid to metaphysical long bone, clavicle and rib fractures)

Retinal hemorrhage or other eye injury?

**Physical Assessment Key**

- 1. Tattoos
- 2. Non-therapeutic needle marks
- 3. Lesions
- 4. Scars
- 5. Deformities
- 6. I.V. Sites or arterial line
- 7. Contusions
- 8. Abrasions
- 9. Surgical Incisions
- 10. Eye injuries (e.g. Petechiae)
- 11. Other (List):



SIGNATURE – Person Completing Form

Print Name and Title

Date Signed

**TISSUE RECOVERY AND ASSESSMENT**

Donor Name		Medical Record No.
Hospital Name		Location of Recovery
Tissue Bank	Donor Number	Date and Time of Recovery
Blood Draw for County		

Blood Draws	Date and Time	Site	Drawn by
Admission Blood			
Anti-mortem			
Post-mortem			

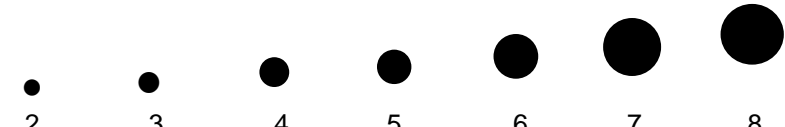
**TISSUES RECOVERED**

- |   |   |  |                                |
|---|---|--|--------------------------------|
| <input type="checkbox"/> Upper arm bones  | <input type="checkbox"/> Bones of the leg and pelvis                            | <input type="checkbox"/> Connective Tissue | <input type="checkbox"/> Skin  |
| <input type="checkbox"/> Heart for valves; descending thoracic aorta; pericardium | <input type="checkbox"/> Blood vessels (femoral, saphenous, aortic iliac graft) | <input type="checkbox"/> Vertebral bodies  | <input type="checkbox"/> Other |

\_\_\_\_\_  
**SIGNATURE – TECHNICIAN**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date Signed**

Eye Bank		Donor Number						
Size of Pupil Right	Size of Pupil Left							
mm	mm	2	3	4	5	6	7	8
Color of Iris		R	L	Petechiae	YES	NO		
Color of Sclera		R	L					
Vitreous Collection Date and Time		Eye Tissue Recovered						
		<input type="checkbox"/> Eye / Whole Globe			<input type="checkbox"/> Corneas			

\_\_\_\_\_  
**SIGNATURE – Technician**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date Signed**