

## 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	<b>BONE AND CONNECTIVE TISSUE OF:</b> (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 and reporting of transmissible diseases such as HIV and Hepatitis; removal of adjacent blood vessels for organ transplantation; collection of inguinal/abdominal lymph nodes and spleen; performing photographic or other imaging procedures; and the collection and archiving of blood samples.
- The release of any information, including medical information found within sources to include, but not limited to, hospital records, death certificates, and any and all records and reports of a Medical Examiner, Coroner or Pathologist (e.g. 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.

I / You further understand that:

- I / you may, by this document, limit the use of the bones or tissues, including skin, that are donated or types of organizations that recover, process, or distribute the donation.
- Donated bones or tissues, including skin, may have numerous uses, including for reconstructive and cosmetic purposes, and multiple organizations, including nonprofit and for-profit organizations, may recover, process, or distribute the donations. In addition, recovered tissues maybe distributed internationally.
- It may be necessary to transport the Donor to another location for the purpose of tissue recovery.
- I / You specify the following limitations on the use of bones or tissues or on the types of organizations that recover, process, or distribute the donation.

None

Specific limitations: \_\_\_\_\_

\_\_\_\_\_  
Initials of Authorizing Person\*

I / You have been given:

- The option to receive information about how donated organs and/or tissue were used.
- The opportunity to ask questions about the donation process
- An explanation of donation options in a language that I / you understand.

Having read this Document of Anatomical Gift in its entirety, or having had it read to me, I / you now give this authorization freely without expectation of any compensation:

\_\_\_\_\_  
Print Name of Authorizing person

\_\_\_\_\_  
**SIGNATURE - Authorizing Person\***

\_\_\_\_\_  
Date / Time Signed

\_\_\_\_\_  
Relationship to Donor

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
**SIGNATURE - Witness\***

\_\_\_\_\_  
Date / Time Signed

\_\_\_\_\_  
Print Name of Person completing this form

\_\_\_\_\_  
**SIGNATURE - Person completing form**

\_\_\_\_\_  
Date / Time Signed

\_\_\_\_\_  
Name of organization retaining taped consent

\*The person completing this form via telephone should initial the space above as appropriate.

The contact information for the organization that recovers the anatomical gift is provided for the authorizing person(s):

**American Tissue Services Foundation**  
5940 Seminole Centre  
Madison, WI 53711  
Phone: 866-497-7878

**Versiti**  
638 North 18<sup>th</sup> Street  
Milwaukee, WI 53233  
Phone: 800-722-8230

**SightLife**  
1200 6<sup>th</sup> Avenue, Suite 300  
Seattle, WA 98101  
Phone: 800-847-5786

**Lions Eye Bank of Wisconsin**  
5003 Tradewinds Parkway  
Madison, WI 53718  
Phone: 877-233-2354

**UW Organ and Tissue Donation**  
448 Science Drive, Suite 250  
Madison, WI 53711-1175  
Phone: 866-894-2676

**Lions Gift of Sight**  
1000 Westgate Drive, Suite 260  
Saint Paul, MN 55114  
Phone: 866-887-4448

**LifeSource**  
2225 West River Road North  
Minneapolis, MN 55411  
Phone: 800-247-4273

\_\_\_\_\_  
Name of Donor

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
ID No.