

## CONSENT FOR DONATION OF ORGANS AND / OR TISSUES



Consent for Use of  
Tissue, Blood and Body

See reverse for instructions for obtaining consent)

### FOR COMPLETION BY HEALTHCARE PROVIDER

Referral call placed to 1-877-DONOR BC?  YES

Organ Donor Registry (ODR) record obtained through BC Transplant or Eye Bank of BC  YES - attached  NO (no ODR record)

Hospital Name: \_\_\_\_\_

Having attained the age of 19 years, I, \_\_\_\_\_ (name of person providing consent/affirming patient's consent), being \_\_\_\_\_ (self/relationship to patient) of \_\_\_\_\_ (name of patient and last known address)

and who has died or whose death is imminent, do hereby consent under the Human Tissue Gift Act of British Columbia to the removal of the organs/tissues specified in this consent for the purposes of transplantation.

\_\_\_\_\_  
(initial) **Any organs or tissues (see complete listing below)**

\_\_\_\_\_  
(initial) **Limit donation to the following (please INITIAL organs/tissues to be donated):**

|                          |                            |                             |                                |
|--------------------------|----------------------------|-----------------------------|--------------------------------|
| Heart _____<br>(initial) | Kidneys _____<br>(initial) | Pancreas _____<br>(initial) | Small Bowel _____<br>(initial) |
| Liver _____<br>(initial) | Lungs _____<br>(initial)   | Eyes _____<br>(initial)     | Tissues _____<br>(initial)     |

I agree that if any organ or tissue retrieved for the purpose of transplantation is determined not to be suitable for transplantation, it may be used for **(please INITIAL both questions)**:

Used for Medical Education? YES \_\_\_\_\_ NO \_\_\_\_\_  
(initial) (initial)

Used for Scientific Research? YES \_\_\_\_\_ NO \_\_\_\_\_  
(initial) (initial)

### I understand and agree that for the purposes of determining suitability and to maintain and optimize organ function:

- Organ specific and routine organ function testing will be performed and drugs may be administered;
- Blood tests for infectious diseases, including but not limited to human immunodeficiency virus (HIV), human T-cell lymphotropic virus (HTLV), hepatitis B and C, and syphilis will be performed;
- Blood and splenic samples may be retained for future testing for infectious diseases and tissue typing;
- The retrieval agency may perform examinations and receive medical records relevant to the transplant;
- The patient's physician(s), family member(s), friend(s) / acquaintance(s), \_\_\_\_\_, (Insert name) may be contacted by the retrieval agency to discuss relevant medical/social history;

I understand that this information will be kept confidential to the extent permitted by law. I am aware that certain infectious diseases must be reported to the Medical Health Officer, who may trace contacts as permitted by legislation.

I authorize the information sharing of the donor's personal information between persons and organizations engaged in the donation, procurement or transplantation of organs and tissues for the purpose of facilitating organ and tissue donation and transplantation across jurisdictions.

I consent to the transfer of the deceased to the retrieval/transplant centre for the removal of said organs or tissues if necessary.

**I agree that I have read and fully understood the above consent, that I have had the opportunity to ask questions and that the explanations referred to in this document were made.**

Person providing consent/ affirming patient's consent

Date consent provided: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(Address, city, province, postal code)

### Witness(es)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Telephone #)

**(A second witness is required for telephone/verbal consent)**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Telephone #)

3 copies of this form are required:

1 copy for the Patient Chart

1 copy for BCTransplant

1 copy for the Eye Bank of BC.

# CONSENT FOR DONATION OF ORGANS AND / OR TISSUES



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## Instructions for Obtaining Consent for Donation of Organs and/or Tissues

### Prior to approaching family for consent

- Prior to approaching the family for consent, call 1-877-DONOR BC to determine patient donation potential.

### For Organ Donation:

- Consult with BCTransplant before approaching family;
- The BCT Organ Donation Coordinator will access the ODR to determine if a decision record exists.

### For Eye Donation:

- Consult with Eyebank before approaching family;
- The Eyebank Coordinator will access the ODR to determine if a decision record exists.

### 1) Collection of personal information:

BCTransplant collects past and current medical history information as relevant to organ transplantation for the Organ Donor Registry as authorized under sections 26(a) and 26(c) of the BC Freedom of Information and Protection of Privacy Act ("FIPPA"), the Human Tissue Gift Act and the Consent to Donation Regulation. If you have questions about the collection, use and disclosure of donor personal information please contact: Health Information Manager, BC Transplant, West Tower, Suite 350, 555 West 12th Ave, Vancouver, B.C. V5Z 3X7, **604-877-2240**.

### 2) How to document consent

Consent for Donation may be documented in any one of the following three ways:

- The decision record from the Organ Donor Registry (ODR) plus this "Consent" form, duly completed, and signed by the person affirming consent and one witness (see "Who may give consent" below).
- In the absence of an ODR record*, this "Consent" form, duly completed, and signed by the person giving consent and one witness (see "Who may give consent" below).
- In the absence of an ODR record and in the case where consent/affirmation is obtained over the telephone*, this "Consent" form, duly completed and documenting the person giving consent and **two** witnesses (see "Who may give consent" below).

### 3) Who may give consent?

Consent may be given by the following persons of **nineteen years of age or over** in this order: spouse, child, parent, sibling, grandchild, grandparent or nearest "blood relative" **or by the person lawfully in possession of the body** other than the administrative head of the hospital or the coroner.

### 4) What are they consenting to?

Consent may be given for "any" organs or tissues, or may be given for a specific organ(s) or tissues. The specific organs are listed on this "Consent" form. In the case of consent for a specific organ(s) or tissues, the person giving consent (see "Who may give consent" above) *must* indicate their decision by placing an initial in the space(s) provided. "Any" organ or tissue could include all or any combination of the following, pending suitability: heart, lungs, liver, pancreas, kidneys, small bowel and eyes. Consent may also be given for:

- organ/tissue donation for the purposes of "**Scientific Research**". "Scientific Research" refers to transplantation research carried out in accordance with the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans* and
- eye donation for the purposes of "**Medical Education**".

This "Consent" form is not applicable to the *donation of bodies to science*.

### 5) What fields must be completed on this "Consent" form?

- Name and signature of the person giving consent or affirming patient's consent
- Name of patient
- Current address of patient
- Relationship between the patient and the person giving consent/affirming patient's consent
- Date of consent
- Name and signature of witness(es)
- Details of what they are consenting to (see "What are they consenting to?" above)

### 6) Must the form be witnessed?

Yes. See "How to document consent" above.

### For further information regarding:

Solid organ donation, please contact BC Transplant (1-800-663-6189).  
Eye donation, please contact the Eye Bank of British Columbia (604-875-4567 or 1-800-667-2060).