

Tissue Donor Telephone Audit Worksheet

Auditor:	_____	_____
	Name	Signature
Date:	_____	TGLN Number:
	dd/mmm/yyyy	_____

Required Content: Consent	Yes	No	N/A	Comments
Consenting person's name (verification and spelling as needed)				
Consenting person's relationship to donor				
Donor identity				
Consenting person's address				
General types of tissue to be recovered				
General purpose for which the tissue is to be used (Trx/R/T)				
Statement granting permission to have access to donors medical records				
Disclosure of blood testing for transmissible disease and reporting of positives				
Written consent complies with what is in the recording				
Witnessed				
Consenting person's signature (or phone consent)				
Person obtaining consent's signature				
Witness' signature				
Verification that tissues recovered match the consent				
Consent form completed in full and correct?				

Medical Social and History Questionnaire**Required Content:****Yes****No****N/A****Comments**

Proxy's Name and address given match consent form/MSHx?

Donor's Address details verified?

All questions are asked?

All answers are recorded?

Additional comments (errors, omissions, inconsistencies)Follow-up required? No Yes