

Consent to Donate Organs and/or Tissue

TGLN ID # _____

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The above gift(s) may also be used for the purpose(s) I have checked below:

- None
 Medical Education
 Scientific Research

I understand that donated organs/tissues/blood/fluids will be used only for Research Ethics Board-approved studies related to donation and transplantation. Research may also include tissue connected to any of the organs or tissues identified above and also covers future research, which might include the possibility of stem cell or genetic research. I understand that Ontario Health (Trillium Gift of Life Network [TGLN]) will not be in a position to provide specific details on how the donated organs/tissues/blood/fluids may have been used. In addition to any required collection of blood or fluid for research, I also authorize the recovery team to remove (specify other organs/tissues) _____

The implications of transfer were explained to me and I hereby authorize transfer of the body for the following:

- Donor screening N/A Yes No Authorization for transfer
- Surgical recovery of the donated organ(s) N/A Yes No Authorization for transfer
- Surgical recovery of donated tissue(s) N/A Yes No Authorization for transfer

I agree to the release of any personal health information, from any of the patient’s medical records, that is required for the purpose of confirming eligibility for donation and between persons and organizations engaged in the donation, procurement or transplantation of organs and/or tissues for the purpose of facilitating organ and/or tissue donation and transplantation across jurisdictions. Additionally, I agree to personal health information being shared if needed for health and safety reasons to persons and/or organizations engaged in organ and tissue donation and transplantation. I authorize organ function testing including, but not limited to bronchoscopy, ultrasound, CT scans, heart angiography or other radiological testing, with or without contrast (dye). I consent to the administration of blood products if required for purposes of donation. I also authorize the collection and use of blood and/or any body tissues (including from the spleen and lymph nodes) required to determine the medical suitability of, or to assist in matching, the organs and tissues for transplantation. I understand that these include, but are not limited to, tests for infectious diseases (e.g., HIV; hepatitis B and C; syphilis). I understand that blood samples may also be collected for future testing. I authorize access by and release to Ontario Health (TGLN) or an associated tissue bank of any and all records and reports of a Medical Examiner, Coroner, Pathologist or Primary Care Practitioner. I authorize the photography of organs, tattoos, moles or other skin patterns or conditions by Ontario Health (TGLN) staff or transplant physicians, and agree to the secure transmission of images for the purpose of medical suitability assessment. I further understand that all information will be kept confidential except where the law requires or permits the information to be shared.

The organ and tissue recovery procedure has been explained to me. I am aware that the donated organ(s) and/or tissue(s) are a gift, and that no one will receive monetary compensation or valuable consideration for them. I have had the opportunity to ask questions about the procedure and have had my questions answered to my satisfaction. I understand the information and give consent as indicated on this form. There is no person of equal or closer kinship to the patient who objects to this consent.

Verbal/Phone Consent. Signature Not Applicable
 (PART C AND D MUST BE COMPLETED FOR VERBAL/PHONE CONSENT)

Signature: _____ Date: _____

SIGNATURE OF PATIENT’S SUBSTITUTE *DAY/MONTH/YEAR* *TIME*

 LEGAL FIRST AND LAST NAME OF PATIENT’S SUBSTITUTE

GUIDELINES FOR THE COMPLETION OF THE CONSENT FORM

(Post-Mortem Organ and Tissue Donation)

1. The opportunity to donate organ(s) and/or tissues will be offered to families of those patients who meet the criteria for donation, in accordance with “Ontario Health Trillium Gift of Life Network Requirements for Contact with Patient’s Substitute Regarding Donation”. The decision of the patient’s substitute will be respected and supported. Where a signed writing in advance of death provides consent for organ and/or tissue donation (applicable only if the patient was 16 years of age or older at the time of the signed writing), and the patient meets the necessary criteria for donation at the time of death, the appropriate legal authority as defined by the *Gift of Life Act* will be asked to affirm the patient’s documented consent.
2. This form must be fully completed in order to proceed with organ and/or tissue recovery. Where a signed writing by the patient in advance of death provides consent for organ and/or tissue donation, as affirmed by the appropriate legal authority, the original of the signed writing must accompany this form in order to proceed.
3. If the patient’s death is reportable to the coroner (as per the Coroner’s Act, 1990 as amended), no person shall interfere with or alter the body in any way until the coroner so directs.
4. In descending order of priority, the **patient’s substitute** is:
 - i. the patient’s spouse; or
 - ii. if none or if the spouse is not readily available, any one of the patient’s children; or
 - iii. if none or if none is readily available, either one of the patient’s parents; or
 - iv. if none or if neither is readily available, any one of the patient’s brothers or sisters; or
 - v. if none or if none is readily available, any other of the person’s next of kin; or
 - vi. if none or if none is readily available, the person lawfully in possession of the body (e.g., executor of the will or administrator of the estate), other than, where the person died in hospital, the administrative head of the hospital.

“Spouse” means a person of any gender (a) to whom the patient is married, or (b) with whom the patient is living or, immediately before the patient’s death, was living, in a conjugal relationship outside marriage, if they: (i) have cohabited for at least one year, (ii) are together the parents of a child, or (iii) have together entered into a cohabitation agreement under section 53 of the Family Law Act”.

5. Telephone consents / facsimile / e-mail transmission: Where the person affirming/giving consent is not able to be present at the hospital to complete this form, consent may be affirmed/obtained by telephone in the presence of at least two witnesses. The witnesses must hear the patient’s substitute identify him/herself and give verbal consent for donation; both witnesses must sign the consent form. When the patient’s substitute has provided consent to communicate electronically a recorded voice message, text message or email is also acceptable. This form may also be communicated via facsimile or via email attachment to the person affirming/giving consent, to be completed and sent back to the person obtaining affirmation/consent once the discussion has occurred with respect to obtaining the affirmation/consent. The person obtaining affirmation/consent must ensure the completed facsimile or email attachment of the consent form, or a screenshot of the text message conversation confirming consent, is placed in the patient’s permanent hospital medical record.