

Consent to Donate Org	gans and/or Tissues			
TGLN ID #	Page <b>1</b> of <b>3</b>			
Select Applicable Consent Situation				
patient's documented consent to donate the patient	bstitute consenting on behalf of Documented patient's consent because of belief that is what would have wanted			
TO BE COMPLETED BY THE PATIENT'S SUBSTITUTE				
I, being the  Name of Patient's Substitute Capacity  Capacity	of			
	OR RELATIONSHIP TO PATIENT NAME OF PATIENT			
Hereby consent to the removal of organs and/or tissues for the pur				
Donated Organ(s) and/or Tissue(s) – Please choose Option 1 or 2				
☐ Option 1	Option 2			
All organs and tissues listed below	Only the organ(s) and/or tissue(s) selected (☑) below			
☐ Heart	Eyes			
☐ Kidney	Bone and Connective Tissue			
Liver	Heart for Valves; Pericardium; Aorta			
Vessels for future transplant	Skin			
Lung				
☐ Pancreas				
Pancreas (for islets)				
☐ Intestine				
Additional donated organs or tissue for transplantation (ple	ase specify in writing if indicated)			
□ *Vascular Composite Allotransplantation (VCA)				
*this type of transplantation has been explained to me				
Initials:				
INITIALS OF PATIENT'S SUBSTITUTE	Day/Month/Year Time			
□ **Other				
**this type of transplantation has been explained to	o me			
Initials:	· ···-			
INITIALS OF PATIENT'S SUBSTITUTE	Day/Month/Year Time			



## **Consent to Donate Organs and/or Tissue**

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The above gift(s) may also be used for the pu	rpose(s) I have che	ecked below:	
□ None	☐ Medical Education	on	☐ Scientific Research
I understand that donated organs/tissues/blood/fd donation and transplantation. Research may also also covers future research, which might include t (Trillium Gift of Life Network [TGLN]) will not be in organs/tissues/blood/fluids may have been used. authorize the recovery team to remove (specify of the implications of transfer were explained to	include tissue conne the possibility of ster n a position to provic In addition to any re ther organs/tissues)	ected to any of the or n cell or genetic resea de specific details on l equired collection of	rgans or tissues identified above and arch. I understand that Ontario Health how the donated blood or fluid for research, I also
Donor screening	-	No Authorization fo	
	-	No Authorization fo	
<ul><li>Surgical recovery of the donated organ(s)</li><li>Surgical recovery of donated tissue(s)</li></ul>		No Authorization fo	
of confirming eligibility for donation and between presentation of organs and/or tissues for the purjurisdictions. Additionally, I agree to personal healt and/or organizations engaged in organ and tissue of limited to bronchoscopy, ultrasound, CT scans, hear consent to the administration of blood products if and/or any body tissues (including from the spleen matching, the organs and tissues for transplantation diseases (e.g., HIV; hepatitis B and C; syphilis). I und access by and release to Ontario Health (TGLN) or a Examiner, Coroner, Pathologist or Primary Care Prapatterns or conditions by Ontario Health (TGLN) state purpose of medical suitability assessment. I fur law requires or permits the information to be share. The organ and tissue recovery procedure has been	rpose of facilitating of hinformation being donation and transplant angiography or ot required for purpose and lymph nodes) report and that derstand that blood san associated tissue lactitioner. I authorize aff or transplant physither understand that ed.	shared if needed for antation. I authorize of her radiological testings of donation. I also are equired to determine these include, but are samples may also be abank of any and all restines the photography of sicians, and agree to the all information will I	onation and transplantation across health and safety reasons to persons organ function testing including, but not ng, with or without contrast (dye). I authorize the collection and use of blood the medical suitability of, or to assist in e not limited to, tests for infectious collected for future testing. I authorize ecords and reports of a Medical organs, tattoos, moles or other skin the secure transmission of images for be kept confidential except where the
and that no one will receive monetary compensation questions about the procedure and have had my questions about the procedure and have had my questions as indicated on this form. There is no personal verbal/Phone Consent. Signature Not Applicable (PART C AND D MUST BE COMPLETED FOR VERBAL/PHONE CONSIDERATION OF CONSENTATION OF CONS	on or valuable consic uestions answered to on of equal or closer	deration for them. I had my satisfaction. I un	ave had the opportunity to ask nderstand the information and give
SIGNATURE OF PATIENT'S SUBSTITUTE		DAY/MONTH	n/Year Time

LEGAL FIRST AND LAST NAME OF PATIENT'S SUBSTITUTE

Ontario Health
Trillium Gift of Life Network

## **Consent to Donate Organs and/or Tissue**

TGLN ID#		_			P	age 3 of 3	
Patient's Subst	titute Contact Infori	mation:					
Unit/Apt#		Street					
(	Сітү	PROVINCE		POSTAL CODE			
PHONE #							
		no are part of the con	sent hierarchy, or n	EMAIL ADDRESS eccessary to the p	process:		
FIRST NAME	LAST NAME	RELATIONSHIP	EMAIL ADDRESS OR PHO	NE #	SIGNATURE (OPTIONAL)		
FIRST NAME	LAST NAME	RELATIONSHIP	EMAIL ADDRESS OR PHO	NE #	SIGNATURE (OPTIONAL)		
то ве сомрі	LETED BY THE PER	SON CONFIRMING	OR WITNESSING	CONSENT			
Ι,			in my o	capacity as			
	NAME OF W I the option of organd consent situation.	VITNESS a and/or tissue donati	<del></del>	ME OF PATIENT	Rol's Patient's S	Eubstitute as indicate	
Where have e Where approvious donate Where	e the case requires the explained the implication of the explained the implication of the explained that the explain of the ex	relevant procedure(s) e involvement of a coro cons of the coroner's invo- e research has been obt- cs Board and may includ- ue(s) will not be available and/or donor screenin etic testing facility and/or	ner: Authorization to blyement and direction ained: I have explained the the possibility of stalle. Ie. g is required: I have f	proceed with dono ons to the patient's ed to the patient's em cell research, a further obtained co	ation will be obtained s substitute. substitute that any sciand that information o	from the Coroner and ientific research is on the research with asfer (or, after death,	
Witness							
Signature:	SIGNA	TURE OF WITNESS	Date:		Day/Month/Year	TIME	
_		COND WITNESS FOR	Date/Time of Call:	HONE CONSEN	T  DAY/MONTH/YEAR	Тіме	
NAME	E OF SECOND PERSON WI	TNESSING TELEPHONE CON	ISENT/CONFIRMATION		SIGNATURE OF SE	COND WITNESS	



## 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 of 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.

