

TGLN#: _____

(Patient Identification)

Loss of Pulse Pressure Following Death Determination by Neurological Criteria Form

Section 1: Death Determination by Neurologic Criteria

This patient has been declared dead at _____ on _____ by two physicians:

Physician 1: _____

Physician 2: _____

This determination was in accordance with guidelines for the death determination by neurologic criteria and represents the medical and legal time of death for this patient.

Most Responsible Physician

By signing below, I confirm that the above declaration certifies death and that I have informed the family of the fact of death.

Hospital Physician (Print Name & Signature): _____

Section 2: Loss of Pulse Pressure

By signing below, I confirm that _____ had loss of pulse pressure

on an arterial line (or equivalent technology) on _____ at _____.

I acknowledge that death has already been determined and that this process simply allows donation to occur considering the values and beliefs of the family. Only one signature is needed below.

Hospital Physician or Delegate (Print Name & Signature): _____

For the purposes of a post mortem transplant, the fact of death shall be determined by at least two physicians in accordance with accepted medical practice. No physician who has had any association with the proposed recipient that might influence the physician's judgment shall take any part in the determination of the fact of death of the donor. No physician who took any part in the determination of the fact of death of the donor shall participate in any way in the transplant procedures. *Gift of Life Act (2000)*.