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Trillium Gift of Life Network Consent and Release Form – Film and Photography of Organ and Tissue Recovery

I, _____, permit Trillium Gift of Life Network (TGLN) to film or photograph the
Name
 organ and tissue recovery process of _____ for the purposes of external or internal
Name (the “Donor”)
 training related to organ and tissue donation and transplantation. I understand that the film or photographs will not contain any
 identifiable information or images. I am the Donor’s authorized substitute* under the *Trillium Gift of Life Network Act*. I have had
 the opportunity to ask questions about the tissue recovery process and the filming or photographing being proposed.

Signature

Date

Full Name of Witness

Witness Signature

■ Verbal/Phone Consent (Two witnesses required to confirm consent provided)

Full Name of Second Witness

Second Witness Signature

*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*”.