



Clinical Process Instruction Manual

Discussing Donation Opportunities and Obtaining Consent Process Instruction

Policy:

Consent for post-mortem donation of organs or tissues may be given before or after death has been determined. A conscious patient prior to Medical Assistance in Dying (MAID), or in a Donation after Death Determination by Circulatory Criteria (DCC) scenario, may provide first person consent for post mortem donation. Where the patient cannot provide first person consent, or the patient's wishes for donation are not documented prior to death, the patient's substitute, hereafter referred to as "proxy", is supported in making a decision on behalf of the patient. The *Gift of Life Act* describes requirements for consent for organ and tissue donation in Ontario.

Identification of a patient's wish to donate as documented prior to death is encouraged before donation options are discussed with the patient or patient's family. The documented consent decision may be obtained from the Health Card Registered Persons Database (RPDB) administered by Service Ontario (SO), a signed donor card, another signed writing (e.g., will) or verbal communication by the patient as noted in writing by two witnesses. Donation consent decision registered with the RPDB is obtained prior to approaching the patient or donor family. See *Obtaining Registered Donation Information - Ontario Organ and Tissue Donor Process Instruction, CPI-9-102*. The registered donation decision where available will be shared with the health care professional team for pre-approach planning and presented to the patient or donor family by the Trillium Gift of Life Network (TGLN) coordinator or designate when discussing the opportunity to donate. For the purposes of this Clinical Process Instruction (CPI), TGLN coordinator may refer to the Specialist - Organ and Tissue Donation (S-OTD), Clinical Responder (CR), Tissue Coordinator (TC), Referral Triage Coordinator (RTC), or Clinical Services Coordinator (CSC).

Where a patient is able to express consent to donation in the first person, this is the preferred method and a First Person Authorization (FPA) will be completed. Should the patient not be able to do so on their own behalf, a patient's consent to donate, documented in advance of death constitutes legal consent; however, in such situations it is accepted practice to consult with the patient or proxy in order to document affirmation of the patient's expressed consent to donate. Where the patient or available proxy does not affirm or support the patient's expressed consent to donate, TGLN will not proceed with the donation.

Where a proxy cannot be identified or located after reasonable efforts have been made to do so, TGLN may proceed with facilitating organ and/or tissue recovery for transplantation solely on the basis of the patient's expressed consent. Whenever TGLN proceeds with organ donation based on the patient's expressed consent, a copy of this documentation (e.g., a copy of the registered donation consent decision, donor card, FPA, etc.) is uploaded in the donor chart on iTransplant.



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When the proxy is not present at the donor location but can be contacted, alternative means of communicating consent is possible. Consent for the use of donated organs and/or tissues in scientific research or education activities are secondary to consent for the purposes of transplantation. Where, prior to death, a patient has documented her/his consent to donate, such consent is to be interpreted as “for transplantation only” unless agreement to use donated organs and/or tissues for scientific research and/or education is expressly noted by the patient. If not expressly noted, the proxy may be asked to make a decision on behalf of the patient in this regard.

Consent for transfer of the potential donor to another site for surgical recovery or testing for the purposes of donation is required whenever such a transfer is necessary.

The completed *Consent Form to Donate: Organs and/or Tissues* authorizes TGLN and its partners in the donation process to access any of the patient’s medical records, hospital or family physician and to conduct any testing necessary to determine the suitability of individual organs and tissues for transplantation.

Any combined organ-tissue or tissue exclusive multi-tissue donor consents conducted over the telephone shall be recorded or verified on a recorded line. This includes multi-tissue consents obtained over the telephone by the S-OTD, CR, TC or CSC in accordance with the telephone consent option in this CPI.

In non-designated hospitals, the TC obtains consent for tissue exclusive donors via telephone in accordance with the telephone consent option in this CPI.

Process:

1. The S-OTD, CR, RTC, CSC or TC establishes a pre-approach plan with the health care professional for inclusion of the opportunity to donate in end-of-life discussion with the patient and/or proxy. The pre-approach plan includes:
 - clarification of TGLN and hospital staff roles.
 - determine whether the patient’s wishes for donation are known. If it is known that the patient has registered consent decision for organ and/or tissue donation, the S-OTD, CR or TC shares this information with the health care professional at this time. See *Obtaining*



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Registered Donation Information – Ontario Organ and Tissue Donor Process Instruction, CPI-9-102.

- accurately identify the proxy if patient is not able to consent via FPA. Note: if the patient has documented consent, the same proxy is asked to affirm those wishes for donation.
2. The S-OTD, CR or TC ensures all appropriate persons are available to participate in the discussion. If the proxy is not known or cannot be located, the hospital is asked if any information about the following is available:
 - landlord
 - neighbours
 - financial/estate documents naming beneficiary,
 - previous medical records.

When someone dies in a hospital with no identified proxy, the hospital normally contacts the police to perform a search of the person's residence for information regarding next of kin or people of close relationship to the patient.

3. The RTC, CSC or TC obtains a hard copy of the patient's registered consent decision if available. For organ and/or tissue donors, the S-OTD or CR provides the CSC or RTC with a secure fax number for transmission of the registered donation consent, if required. The CSC or RTC ensures that the health card number is removed from the document prior to transmission.
4. For organ and/or tissue donors the S-OTD, CR, RTC, CSC or TC (and/or hospital staff) initiates the discussion with the patient and/or proxy in accordance with pre-approach plan established.
5. The S-OTD or CR will approach for organ and tissue donation at the same time. If the potential donor is ruled out for all organ donation, the S-OTD will obtain consent for tissue donation and, when appropriate, connect the proxy by telephone to a TC to complete the relevant *Donor Risk Assessment Interview(s)* (DRAI), as per *CPI-9-261 Medical & Social History – Tissue Process Instruction*.
6. The S-OTD, CR or TC provides the patient or proxy with the information needed to make a decision about donation. Where the patient has died, the S-OTD, CR or TC provides the proxy with the information he/she needs to affirm the patient's wishes for donation, where patient's



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consent decision was documented prior to death, or to make a decision about donation on behalf of the patient.

7. The following donation options are discussed with the patient or proxy, emphasizing that consent may be given for all organs and tissues listed on the TGLN consent form, or only for the organs and/or tissues specifically checked off on the form:
 - transplantation
 - research and education
 - research only
 - education only

Research may involve the recovery of tissues not listed on the TGLN consent form. In these circumstances, the TGLN coordinator obtaining consent will write the tissue on the consent form to indicate consent is provided for research. As part of the consent for research the coordinator reviews the details of consent for research including that:

- **donated organs/tissues/blood/fluids will be for research** related to donation and transplantation that has been approved by a Research Ethics Board.
- research also includes future research, which might include the possibility of stem cell or genetic research
- TGLN will not be in a position to provide specific details on how the donated organs/tissues/blood/fluids may have been used.

If recovered tissue cannot be used for any of the purposes specified in the consent, the tissue is to be processed as though no consent had been provided.

8. The TGLN coordinator selects the appropriate form for consent to donation.
 - 8.1. For obtaining consent via proxy, *Consent Form to Donate: Organs and/or Tissues* is used (see Exhibit 1 [English] and Exhibit 2 [French])
 - 8.2. For obtaining consent via FPA, *First-Person Consent to Donate Organs and/or Tissues* is used (see Exhibit 3 [English] and Exhibit 4 [French])

Note: References to *Consent Form to Donate: Organs and/or Tissues* in the remainder of this CPI refers to either consent form for proxy or FPA.



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9. While completing the *Consent Form to Donate: Organs and/or Tissues*, the S-OTD, CR, RTC or TC confirms that the patient or proxy understands:
 - various options for donation for transplantation. Highlight only those relevant to the specific case.
 - option to donate for scientific research and/or education, in situations where organs and/or tissues are not suitable for transplantation.
 - option to donate organs and/or tissues not listed on the consent form specifically for scientific research and/or education. Note: highlight this only if there is an approved research or education project currently collecting tissue; see *Research and Education Activity Profiles* for more information. The S-OTD, CR or TC will fill in the organs/tissues if consent is obtained.
10. The S-OTD, CR or TC informs the patient or proxy that consent for donation includes authorization to access and review the patient's current and past medical records, and to do any tests or instructions needed to confirm the suitability of the organs and/or tissues for transplantation.
 - 10.1 Testing includes blood tests designed to detect the presence of infection that may be unsafe for the recipient(s), like human immunodeficiency virus (HIV), hepatitis B and C, and syphilis.
 - 10.2 If any of the donor screening tests are positive, the law requires TGLN to notify Public Health and provide the patient's name and the proxy's contact information for follow-up. If a positive test prevents transplantation from proceeding, TGLN will notify the proxy that the results of testing prevented transplantation, without providing a specific diagnosis.
 - 10.3 Donation involves surgical removal of the donated organs and/or tissues. Note: ensure the proxy has had all related questions answered to her/his satisfaction.
 - 10.4 The proxy may request that special considerations related to the donor or the donated organs and tissues be followed, such as accommodating a cultural or religious practice. Where transfer is required for surgical recovery, the patient's body will be released to the funeral home selected by the proxy, in the same manner as it would have been had transfer for surgical recovery not been necessary. There are no additional costs to the proxy as a result of the transfer.
 - 10.5 When consent for research is obtained, scientific research is approved by a Research Ethics Board and may include the possibility of stem cell research. The information on the research with donated tissue will not be available.



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11. If the patient's wishes were known and documented before death, the S-OTD, CR or TC determines whether the proxy will affirm and support the patient's expressed wishes. The S-OTD, CR or TC provides the proxy with a copy or verbal confirmation if approach is done over the phone of the patient's preferences if available. Prior to providing a copy of the registered preferences, the S-OTD, CR or TC will ensure the health card number is not visible.
12. If the patient's wishes were not known before death, the S-OTD, CR or TC determines whether the proxy will give consent for donation on behalf of the patient.
13. If the option to donate is declined, the S-OTD, CR or TC explores and documents the reason in TGLN clinical notes, the database and the patient's hospital medical record if the S-OTD, CR or TC is on site (hospital permitting) given the proxy provides an explanation. If donation is declined, the S-OTD, CR or TC continues to provide support by ensuring the proxy is aware of the next steps in the hospital's process for end-of-life care and has access to information about making funeral arrangements and/or available bereavement support services.
14. If consent is obtained, the S-OTD, CR or TC or healthcare professional completes the *Consent Form to Donate: Organs and/or Tissues* with the patient/proxy, and witness the consent on the back of the form (*Part C and if applicable, Part D*).
15. If the proxy requests returning of organs to the body when not used for transplant, the S-OTD, CR documents this request on the *Consent Form to Donate: Organs and/or Tissues* in "Part B" of the form. The S-OTD or CR also documents this request in the donor chart under the tab "ORGAN PRE-OR", on the page "Donor Information", in the field titled "Planned Disposition of unused Organs or Tissues". The S-OTD or CR will advise the CSC whether there are any "return of organ(s) to the donor" restrictions before any offers are made to the transplant programs. The CSC will document "consent special instructions" on the shift report, when restrictions exist. If no request is made, check the "N/A" box for this field.
16. Where a proxy cannot be identified, but the patient's consent was documented in advance of death (e.g., donor card, health card, etc.), consent for donation is documented by the S-OTD, CR, RTC, CSC or TC or healthcare professional as follows:
 - Mark the appropriate box indicating the patient's documented consent.
 - *Part A*: complete "Donated Organ(s) and/or Tissue(s)" box based on the patient's documented wishes.



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- indicate consent for use in scientific research and/or medical education only if such consent was specifically noted in the patient's documented consent.
 - mark "N/A" in all remaining fields of Part A except the date field; note the date of the patient's death in the date field.
 - *Part A*: Complete all fields except write "No proxy identified" on signature line for "appropriate legal authority".
 - *Part B, C*: Complete in full.
17. Where the proxy is identified but will not be coming to the hospital, the S-OTD, CR, RTC, or TC may obtain consent via telephone by the proxy in the presence of at least two witnesses or on a recorded line.
18. All tissue exclusive consents obtained by the coordinators in the Provincial Resource Center (PRC) shall be done on recorded telephone lines.
19. All multi-tissue consents performed over the telephone by an S-OTD or CR outside of the PRC must be verified on a PRC recorded line prior to recovery.
20. The S-OTD or CR shall contact the PRC staff to notify that they are approaching a family for consent and that telephone verification would be required if multi-tissue is consented to. In situations where verification by PRC recorded line cannot be facilitated immediately, verification by a second witness may be completed without PRC recorded line to facilitate multi-tissue evaluation process. Verification with the SDM via PRC recorded line must be completed prior to recovery of multi-tissue. Verification over recorded line is not required if the consent is performed in person.
21. The first witness (the individual obtaining/affirming consent) will:
- ask the proxy to identify her/himself and confirm their relationship to the donor
 - offer the proxy the option of having the consent form read to her/him in full
 - facilitate the conversation as outlined above
 - determine the donation decision as outlined above
 - document verbal consent for donation on the TGLN consent form as follows:
 - *Part A*: Complete all fields and select "Phone Consent" option.



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Complete all fields for patient substitute name and address and select “Verbal/Phone Consent. Signature Not Applicable option.

- *Part B*: Complete in full as applicable.
- *Part C*: Complete in full and sign as the “individual obtaining/affirming consent”

22. After the first witness has documented consent, the second witness will:

- ask the proxy to identify her/himself and verify relationship to donor
- review the completed consent form with the proxy
- confirm the proxy’s agreement with what is documented on the consent form, including what has been donated and any special considerations related to the donation
- sign the consent form as the “Second Witness affirming telephone consent” in Section D

23. The S -OTD, CR or call team member informs the family that a call centre representative will be contacting them to verify tissue consent over the phone, which is required for tissue recovery to proceed.

24. The S-OTD, CR asks the donor family if they require any additional support.

25. Where the S-OTD, CR or TC approaches over the phone, a 2nd person witnesses/confirms the consent. The S-OTD, CR or TC completes the *Consent Form to Donate: Organs and/or Tissues* and documents “telephone consent” on the form in lieu of the patients substitute signature.

26. Upon obtaining consent, the S -OTD, CR or TC reviews the completed consent form with the proxy and confirm her/his agreement with what is documented. For phone consents, the consent is read aloud concurrently with completion of consent form to confirm agreement with what the S-OTD, CR or TC is documenting.

27. For organ donors, the S -OTD or CR communicates with the CSC or RTC and conveys the outcome of the consent discussion with the CSC or RTC. When consent for multi-tissue is performed over the phone, the S-OTD, CR or call team member notifies the PRC to contact the family for telephone consent verification and provides the contact information. The S-OTD or CR proceeds to send a copy of the completed consent form to the PRC.



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- In rare situations where consent was initially obtained without use of a recorded line, and family has requested no further contact by TGLN, the S-OTD will attempt additional interaction with family to review completed consent documentation over PRC recorded line or in person if possible.

28. TGLN is committed to ensuring that family decisions not to proceed further with the donation process, are clearly communicated internally and externally to:

- Ensure the opportunity for tissue donation is not missed
- Ensure that when family have stated they are not interested in any further communication, that they are not contacted again by TGLN.

TGLN is also committed to providing the family with appropriate communication from Family Services in “Consented Not Recovered and Declined Consent situations”.

- Upon learning that the patient or family no longer desires to proceed with organ donation, an organ outcome of “consented not recovered” will be entered by the RTC/CSC.
- The S-OTD or CR in contact with the family or assigned to the case will document in the notes the reason the family rescinded consent for organ donation. Declined/rescinded consent decisions for organ donation can include, but are not limited to the following situations:
 - Family makes a request unsupported by policy to direct the donated organs and tissues (e.g., only would donate organs to a specific gender, race, creed, person not already on the waitlist, etc.)
 - Family makes a request that would unnecessarily delay recovery of organs (e.g., incur excessive warm ischemic time by delaying transport to an OR, delay skin cut, wants to spend more than 5 minutes after asystole, etc.)
- The S-OTD/CR/RTC/CSC receiving the information that the family has rescinded organ consent will immediately communicate to ALL organ team members and donor hospital staff to ensure the timely retraction of: transport, transplant team resources, hospital OR resources and TGLN resources, including couriers and provincial labs.
- The S-OTD or CR in contact with the family will affirm the Tissue Consent with the family to clearly understand the family’s decision regarding tissue at patient asystole.



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- The case status of tissue donation will be documented in iTransplant notes by the S-OTD or CR in contact with the family. The authorization page in iTransplant will be updated to “no”.
- In addition to charting in iTransplant notes, a phone call or email will be sent to “TC” to communicate the same information.
- If the family agrees to proceed with tissue donation, the S-OTD/CR will phone the Tissue Team Lead (or delegate) to highlight the available suitability information in the patient’s chart (physician assessment, med soc, timing of latest labs).
- The S-OTD/CR will communicate with the donor hospital staff, the need to call TGLN at time of death for Tissue Donation.
- If the family does not want to proceed with tissue donation the S-OTD/CR will phone the Tissue Team Lead (or delegate) to ensure that a call to the family **will not** be made at time of death for tissue consent.
- Family Services Follow up Directions - In situations where Organ Outcome is consented not recovered and there has been no tissue approach due to nothing being suitable OR the tissue consent has also been rescinded – no family follow up is warranted.

NB: To notify family services that the family do not wish to be contacted, check the “Alert” box and enter details via the free text box. DO NOT check the “Do Not Contact” box.

29. The S-OTD/CR files the original, completed consent form in the patient’s hospital medical record and attaches documentation of patient’s wishes if available (e.g., copy of patient’s registered preferences, donor card, etc.). For telephone consents where able to and as applicable, the TC sends the completed consent form to the hospital for filing in the patient chart.
30. The original consent form must accompany the potential donor to the referring hospital’s OR, or if a transfer for surgical recovery is required to recovery hospital’s OR. A copy of the completed consent form may be given to the proxy. A copy of the consent is uploaded in the TGLN donor chart on iTransplant.
31. For phone consents requiring call centre verification via a recorded line, the witness shall document in the clinical notes when verification is complete.
32. In situations where family has consented and the donor is a potential match for donation for composite tissue, once a potential match has been established, the S-OTD/CR will approach



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families with the opportunity to donate specific composite tissue. The following information is reviewed with the family:

- what may be donated and who could be helped in general terms
- how matching is done (blood type, age, gender, size, skin tone and tissue matching)
- additional testing that may be required (including x-rays and assessment of circulation to the limb)
- any expected impact on timing of the organ donation process or funeral arrangements
- impact on funeral arrangement decisions, such as clothing, casket selection, or choice of viewing
- option of prosthesis post recovery
- confidentiality and potential for media attention with recipient images

33. Any amendments to a signed consent form must be dated and initialed by the patient substitute. When an amendment to a consent form is completed by telephone, a second witness must sign on the back of the form in *Part D*. In situations where the original consent was completed by telephone, and amendments to the consent are made, it is recommended to fully complete a new consent form to replace the original consent.

34. In the case of “composite tissue” or “other” donation, the specific composite tissue, for example, “right hand and arm” must be written in the space provided.

Records

| Record Name | Form No. (if applicable) | Record Holder | Record Location | Record Retention Time (as a minimum) |
|---|--------------------------|---------------|-----------------|--------------------------------------|
| Consent Form to Donate: Organs and/or Tissues (English) | CSF-9-11 | PRC | PRC | 16 years |



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| Record Name | Form No. (if applicable) | Record Holder | Record Location | Record Retention Time (as a minimum) |
|---|--------------------------|---------------|-----------------|--------------------------------------|
| Consent Form to Donate: Organs and/or Tissues (French) | CSF-9-12 | PRC | PRC | 16 years |
| First Person Consent to Donate Organs and or Tissues (English) | CSF-9-187 | PRC | PRC | 16 years |
| First Person Consent to Donate Organs and or Tissues (French) | CSF-9-193 | PRC | PRC | 16 years |
| Eye-Only Donor Risk Assessment Interview (Donor > 10 years old) | CSF-9-214 | PRC | PRC | 16 years |
| Eye-Only Donor Risk Assessment Interview (Child Donor ≤ 10 years old) | CSF-9-215 | PRC | PRC | 16 years |
| Eye-Only Donor Risk Assessment Interview Birth Mother | CSF-9-216 | PRC | PRC | 16 years |
| Donor Risk Assessment Interview (Donor > 10 years old) | CSF-9-261 | PRC | PRC | 16 years |



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| Record Name | Form No. (if applicable) | Record Holder | Record Location | Record Retention Time (as a minimum) |
|--|--------------------------|---------------|-----------------|--------------------------------------|
| Donor Risk Assessment Interview (Child Donor ≤ 10 years old) | CSF-9-262 | PRC | PRC | 16 years |
| Donor Risk Assessment Interview Birth Mother | CSF-9-263 | PRC | PRC | 16 years |

References:

- *Obtaining Registered Donation Information - Ontario Organ and Tissue Donor Process Instruction, CPI-9-102*
- *Infectious Disease Testing – STAT Process Instruction, CPI-9-211*
- *Medical & Social History – Tissue, CPI-9-261*
- Gift of Life Act, R.S.O. 1990, Chapter H.20, Part II.1
- Health Canada. Canada Gazette, Part 2. Safety of Human Cells, Tissues, and Organs for Transplantation Regulations. Wed Jun 27, 2007
- Franz HG, DeJong W, Wolfe SM, Nathan H, Payne D, Reltsma W, Beasley C. Explaining brain death: a critical feature of the donation process. *Journal of Transplant Coordination* 1997; Vol 7, No.1 14-21
- Siminoff L.A, Lawrence, RH, Zhang A. Decoupling: What is it and does it really help increase consent to organ donation? *Transplantation* March 2002; Vol 12, No.1
- Verble M, Worth J. Adequate consent: its content in the donation discussion. *Journal of Transplant Coordination* 1998; Vol 8 99-104
- Online Resource Centre



Ontario Health
Trillium Gift of Life Network

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- Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. D2.000



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Exhibit 2: Consent Form to Donate: Organs and/or Tissues (French)

Page 1

CSF-9-12

Consentement au don d'organes et / ou de tissus

N^o Identification attribué par le RTDV _____ Page 1 / 4

sélectionner le consentement pertinent

Le décideur substitut du patient confirme/appuie le consentement au don documenté du patient.
 Le décideur substitut du patient consent au don au nom du patient parce qu'il pense que c'est ce que le patient aurait voulu.
 Consentement documenté du patient

A À FAIRE REMPLIR PAR LE DÉCIDEUR SUBSTITUT DU PATIENT

En vertu de la présente, je, soussigné(e), _____

NOM DU DÉCIDEUR SUBSTITUT

à titre de _____ de _____

LIBRAIRIE DE NOM DU PATIENT

Consens au prélèvement des organes et / ou tissus cochés ci-dessous aux fins de transplantation :

Organe(s) et / ou tissu(s) faisant l'objet de don – Veuillez choisir l'option 1 ou 2 en cochant la case correspondante

| <input type="checkbox"/> Option 1 Tous les organes et tissus désignés | <input type="checkbox"/> Option 2 Organe(s) et ou tissu(s) cochés (C) seulement |
|--|--|
| <input type="checkbox"/> Cœur <input type="checkbox"/> Rein <input type="checkbox"/> Foie <input type="checkbox"/> Vaisseaux pour transplantations futures <input type="checkbox"/> Poumon <input type="checkbox"/> Pancréas <input type="checkbox"/> Pancréas (pour îlots) <input type="checkbox"/> Intestin | <input type="checkbox"/> Yeux <input type="checkbox"/> Os et tissus conjonctifs <input type="checkbox"/> Cœur pour valvules, péricarde, aorte <input type="checkbox"/> Peau |

Autres organes ou tissus donnés aux fins de transplantation (veuillez préciser par écrit, le cas échéant)

* **Allogreffe de tissus composites vascularisés (ACV)** _____

*ce type de transplantation m'a été expliqué

Initiales: _____

INITIALES DU DÉCIDEUR SUBSTITUT DU PATIENT JOUR MOIS ANNÉE HEURE

****Autre** _____

**ce type de transplantation m'a été expliqué

Initiales: _____

INITIALES DU DÉCIDEUR SUBSTITUT DU PATIENT JOUR MOIS ANNÉE HEURE

483 rue Bay, tour Sud, 4e étage, Toronto ON, M5G 2C9
 Tél : 416-563-4438 Numéro sans frais : 1-877-363-8456
 Téléc: 416-214-7797 Numéro sans frais : 1-866-557-6100

Santé Ontario
 Réseau Trillium pour le don de vie

January 25, 2023



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Exhibit 3: First Person Consent Form to Donate: Organs and/or Tissues (English)

Page 1

CSF-9-187

First Person Consent to Donate Organs and/or Tissues

TGLN# _____ Page 1 of 4

A. TO BE COMPLETED WITH PATIENT
I, _____, hereby consent to the removal of organs and/or tissues for the purpose of transplantation as indicated in the box below:
(Name or Person (Last, First and Last name))

Donated Organ(s) and/or Tissue(s) – Please choose Option 1 or 2 by selecting the corresponding box below

| <input type="checkbox"/> Option 1 All organs and tissues listed below | <input type="checkbox"/> Option 2 Only the organ(s) and/or tissue(s) selected (<input checked="" type="checkbox"/>) below |
|--|--|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Eyes |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Bone and Connective Tissue |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Heart for Valves; Pericardium; Aorta |
| <input type="checkbox"/> Vessels for future transplant | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Lung | |
| <input type="checkbox"/> Pancreas | |
| <input type="checkbox"/> Pancreas (for islets) | |
| <input type="checkbox"/> Intestine | |

Additional donated organs or tissue for transplantation (please specify in writing if indicated)

**Other _____
**this type of transplantation has been explained to me

Initials: _____

My 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 relate 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.

483 Bay Street, South Tower, 4th Floor, Toronto ON, M5G 2C9
Provincial Resource Centre (24/7)
Tel: 416-363-4438 Toll Free 1-877-363-8456
Fax: 416-214-7797 Toll Free: 1-866-557-6100
January 25, 2023

Ontario Health
Trillium Gift of Life Network




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Exhibit 4: First Person Consent Form to Donate: Organs and/or Tissues (French)

Page 1

CSF-9-193



**Consentement de la première personne au don
d'organes et / ou de tissus**

N° ID DU RTDV : _____ Page 1/4

A A COMPLETER AVEC LE PATIENT

Je, _____ consens par les présentes au prélèvement d'organes et/ou de tissus
NOM DU PATIENT (PRENOM ET NOM DE FAMILLE)
aux fins de transplantation comme indiqué dans la case ci-dessous.

Organe(s) et / ou tissu(s) faisant l'objet de don - Veuillez choisir l'option 1 ou 2 en cochant la case correspondante

| <input type="checkbox"/> Option 1 Tous les organes et tissus désignés | <input type="checkbox"/> Option 2 Organe(s) et / ou tissu(s) cochés (☑) seulement |
|--|--|
| <input type="checkbox"/> Cœur | <input type="checkbox"/> Yeux |
| <input type="checkbox"/> Rein | <input type="checkbox"/> Os et tissus conjonctifs |
| <input type="checkbox"/> Foie | <input type="checkbox"/> Cœur pour valvules, péricarde, aorte |
| <input type="checkbox"/> Vaisseaux aux fins de transplantation future | <input type="checkbox"/> Peau |
| <input type="checkbox"/> Poumon | |
| <input type="checkbox"/> Pancréas | |
| <input type="checkbox"/> Pancréas (pour îlots) | |
| <input type="checkbox"/> Intestin | |

Autres organes ou tissus donnés aux fins de transplantation (veuillez préciser par écrit, le cas échéant)

**Autre _____
**ce type de transplantation m'a été expliqué

Initiales : _____

INITIALES DU PATIENT Jour Mois Année Heure

Mes dons précités peuvent aussi être utilisés aux fins que j'ai cochées ci-dessous :

Aucune Enseignement de la médecine Recherche scientifique

Je comprends que tous les organes, tissus, sang ou fluides donnés ne seront utilisés que pour les études approuvées par le Comité d'éthique de la recherche portant sur le don et la transplantation. La recherche peut également inclure des tissus connectés à l'un des organes ou tissus identifiés ci-dessus et s'étend également aux travaux de recherche futurs, qui pourraient inclure la possibilité d'une étude sur les cellules souches ou la génétique. Je comprends que Santé Ontario, Réseau Trillium pour le don de vie (RTDV), ne sera pas en mesure de fournir des détails précis sur la façon dont les organes, tissus, sang ou fluides donnés peuvent avoir été

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Télé: 416-214-7797 Numéro sans frais : 1-866-557-6100

 **Santé Ontario**
Réseau Trillium pour le don de vie

January 25, 2023