

Consent For Donation of Organs and/or Tissues

(See reverse for instructions for obtaining consent)

FOR COMPLETION BY HEALTHCARE PROVIDER Referral call placed to 1-877-DONOR BC <input type="checkbox"/> YES Has a Consent Record been obtained from the Organ Donor Registry (ODR) <input type="checkbox"/> YES – attached <input type="checkbox"/> NO (no ODR record)	ADDRESSOGRAPH/PATIENT LABEL
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Having attained the age of 19 years, I, _____ (name of person providing consent/ affirming patient's consent), being _____ (self/relationship to patient) of _____ (name of patient) who has died or whose death is imminent, do hereby consent under the Human Tissue Gift Act of British Columbia to the removal of the organs/tissues specified in this consent for the purposes of transplantation.

(initial) **Any organs or tissues (see complete listing below)**

(initial) **Limit donation to the following (please INITIAL organs/tissues to be donated):**

Heart _____ (initial)	Kidneys _____ (initial)	Pancreas _____ (initial)	Small Bowel (pediatric only) _____ (initial)
Liver _____ (initial)	Lungs _____ (initial)	Eyes _____ (initial)	

I agree that if any organ or tissue retrieved for the purpose of transplantation is determined not to be suitable for transplantation, it may be used for (please INITIAL both questions):

Used for Medical Education? YES _____ NO _____
(initial) (initial) Used for Scientific Research? YES _____ NO _____
(initial) (initial)

I understand and agree that for the purposes of determining suitability:

- Blood tests for infectious diseases, including but not limited to human immunodeficiency virus (HIV), human T-cell lymphotropic virus (HTLV), hepatitis B and C, West Nile virus (WNV), and syphilis will be performed;
- Blood and splenic samples may be retained for future testing for infectious diseases and tissue typing;
- The retrieval agency may perform examinations and receive medical records relevant to the transplant;
- The patient's physician and/or family member may be contacted by the retrieval agency to discuss relevant medical/social history;
- In conjunction with the patient's physician and/or family member, a friend(s) _____, (insert name) _____, (insert name) may be contacted by the retrieval agency to discuss relevant medical/social history;

I understand that this information will be kept confidential to the extent permitted by law. I am aware that certain infectious diseases must be reported to the Medical Health Officer, who may trace contacts as permitted by legislation.

I consent to the transfer of the deceased to the retrieval/transplant centre for the removal of said organs or tissues if necessary.

I agree that I have read and fully understood the above consent, that I have had the opportunity to ask questions and that the explanations referred to in this document were made.

Person providing consent/ affirming patient's consent **Date consent provided:** _____

_____ (Print Name)	_____ (Signature)	_____ (Telephone #)
_____ (Address, city, province, postal code)		

Witness(es) (Note two witnesses are required for telephone/verbal consent)

_____ (Print Name)	_____ (Signature)	_____ (Telephone #)
_____ (Print Name)	_____ (Signature)	_____ (Telephone #)



Instructions for Obtaining Consent for Donation of Organs and/or Tissues

Prior to approaching family for consent

- Prior to approaching the family for consent, call 1-877-DONOR BC to determine patient donation potential.
- Following determination of patient suitability/potential for organ and/or tissue donation, access the Organ Donor Registry (see instructions below) to determine whether a decision record already exists for the patient.

Organ Donor Registry (ODR) access procedure

1. Dial ODR number 1 604-877-1693
2. Enter 4 digit access code number
3. Enter Personal Health Number (PHN) of the potential organ/tissue donor
4. If a decision record exists, it will be faxed back to the facility
5. Call BCTS at 1-800-663-6189 if you encounter difficulties.

DO approach family if no decision record exists.

DO approach family if decision record **indicates consent** for donation.

If the ODR decision record indicates the patient did not want to be a donor, the family may be approached to see if a record of a revised decision regarding donation exists.

1) How to document consent

Consent for Donation may be documented in any one of the following three ways:

- i. The decision record from the Organ Donor Registry (ODR) plus this "Consent" form, duly completed, and signed by the person affirming consent and one witness (see "Who may give consent" below).
- ii. *In the absence of an ODR record*, this "Consent" form, duly completed, and signed by the person giving consent and one witness (see "Who may give consent" below).
- iii. *In the absence of an ODR record and in the case where consent/affirmation is obtained over the telephone*, this "Consent" form, duly completed and documenting the person giving consent and **two** witnesses (see "Who may give consent" below).

2) Who may give consent?

Consent may be given by the following persons of **nineteen years of age or over** in this order: spouse, child, parent, sibling, grandchild, grandparent or nearest" blood relative" **or by the person lawfully in possession of the body** other than the administrative head of the hospital or the coroner.

3) What are they consenting to?

Consent may be given for "any" organs or tissues, or may be given for a specific organ(s) or tissues. The specific organs are listed on this "Consent" form. In the case of consent for a specific organ(s) or tissues, the person giving consent (see "Who may give consent" above) must indicate their decision by placing an initial in the space(s) provided.

"Any" organ or tissue could include all or any combination of the following, pending suitability: heart, lungs, liver, pancreas, kidneys, small bowel and eyes. Consent may also be given for:

- i. organ/tissue donation for the purposes of "**Scientific Research**". "Scientific Research" refers to transplantation research carried out in accordance with the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans* by any UBC affiliated staff members; and
- ii. eye donation for the purposes of "**Medical Education**".

This "Consent" form is **not** applicable to the *donation of bodies to science*.

4) What fields must be completed on this "Consent" form?

- Name and signature of the person giving consent or affirming patient's consent
- Name of patient
- Relationship between the patient and the person giving consent/affirming patient's consent
- Date of consent
- Name and signature of witness(es)
- Details of what they are consenting to (see "What are they consenting to?" above)

5) Must the form be witnessed?

Yes. See "How to document consent" above.

For further information regarding:

Solid organ donation, please contact the British Columbia Transplant Society (1-800-663-6189).

Eye donation, please contact the Eye Bank of British Columbia (604-875-4567 or 1-800-667-2060).