



Mater Misericordiae University Hospital

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Consent for Solid Organ and Tissue Donation

Instructions for Completion	
1.	For Multi Organ Donors, the original copy should be retained by the National Organ Procurement Service (NOPS)
2.	A copy should be sent with the organ / tissue to the Recipient Hospital

NOTE: The term patient is used throughout the form to refer to the potential donor



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PATIENT DETAILS						
Surname				DOB		
Forename			Hospital No			
Address				Gender		
				Nationality		
Age (If under 2 years record months)	Years		Months			

CONSENT FOR ORGANS AND TISSUE

Please complete Section A or Section B

Section A: Deceased Donor:

I the of
 (Name) (Relationship to Patient) (Patient's Name)

Give Consent to the donation of the following organs/tissue for transplantation via the National Organ Procurement Service

Section B: Living Donor (MMUH Only)

Name of Patient:

Consent to the donation of my heart valves for transplantation.



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<u>ORGANS/TISSUE</u>	Yes	No
Kidneys		
Liver (and associated blood vessels)		
Heart		
Lungs		
Heart Valves		
Cornea		
Pancreas		
Use of Organ/Tissue for Research if not suitable for transplantation		

I have been informed and consent to the following:

1. That blood and tissue samples will be taken from the patient (and the patient's mother where the patient is under 18 months old and/or the child has been breast fed in the last 12 months) for testing, including tissue typing, HIV, hepatitis, HTLV and Syphilis. In the event of a confirmed positive result of the blood tests, relevant individuals may be contacted if their health could be affected.
2. That Blood and tissue samples that have been taken for testing will be subsequently stored for future testing as necessary.
3. I will be asked to complete a Confidential Medical History Questionnaire to the best of my knowledge
4. My contact details/consent details will be stored in the strictest confidence by the National Organ Procurement Service (NOPS)
5. Heart valves may be stored for a period of five years
6. Heart valves removed and subsequently found to be unsuitable for transplantation will be disposed of in safe and lawful way as per hospital/tissue establishment disposal policy, or may be used for research.



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HEART VALVE DONATION:

(only applicable if consent given for heart valves)

Would you like the Heart Valve Bank at the Mater Misericordiae University Hospital to contact you when the heart valves have been issued for use. Please note that the valves may be stored for five years.

YES:

NO:

Any Additional comments:

CONTROLLED DOCUMENT



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CONFIRMATION OF CONSENT:

I have read and understand this form and I have had the opportunity to ask and have my questions answered.

Relationship to Patient: _____

Name: _____ (please print)

Signature: _____

Date: _____

Time: _____

Address of person giving consent: _____

DETAILS OF HEALTHCARE PROFESSIONAL (witness consent)

Name: _____ (please print)

Signature: _____

Title: _____

Date: _____

Time: _____