

REQUEST FOR ANATOMICAL GIFTS

For use under the Uniform Anatomical Gift Act

(For Hospital Use Only)

Person Completing Form: _____ Title: _____
Patient's Name _____ Medical Record # _____ Age: _____ Sex: _____ Race: _____
Date of Death: ____/____/____ Time of Death: ____:____ a.m. / p.m. Cause of Death: _____
Contact Name: _____ Unit: _____ Phone Number: _____

Call every death to the Donor Referral Hotline: (314) 367-6767 (Metro St. Louis area) or 1-800-873-6667 and complete below:

- Patient is a candidate for tissue donation. If so, Designated Hospital Requestor will facilitate consent.
 Patient is **not** a candidate for donation. If so, identify MTS Coordinator: _____

Consent for Tissue Donation by the Legal Next-Of-Kin

I, _____ have read and understand this Consent and accompanying instructions, am authorized as
(Name of Legal Next-of-Kin)
_____ to _____, ____/____/____ and hereby make an anatomical gift to Mid-America Transplant Services
(State class or relationship) (Name of Decedent) (DOB)
or designee. I am not aware of any other persons of a prior class available to make this gift. I am not aware of any contrary indications by the deceased, or any objections by a member of the same or a prior class or persons authorized to make this gift.

Permission has been granted to remove from the body of the deceased the tissues marked below:

YES	NO	N/A		YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vertebral bodies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart for valves/vascular tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin: back, abdomen, legs-front and back
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone and soft tissue/vascular tissue-upper body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cartilage/bone from knee (under 12 years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone and soft tissue/vascular tissue-lower body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

I have been told, understand and agree that unless otherwise specified below, these donations are made without limitation to Mid-America Transplant Services or their designee, and may be used for any lawful purpose including transplantation, therapy, scientific study, research, specialized transplant needs, and/or the production of health related products by an appropriate entity whether for profit or not for profit.

- Absolutely no organs or tissues for research.
 Special requests or limitations _____

I understand and agree that this Consent authorizes any examination, test or diagnostic medical procedure necessary to assure medical acceptability of the gift for the purposes intended. This includes blood and/or tissue samples taken to test for, but not limited to hepatitis and HIV. I also grant permission for release of medical information to Mid-America Transplant Services or their designees as necessary, including release for administrative purposes.

Another surgical facility may be needed to carry out all or part of the tissue recovery. I hereby give Consent for the transportation chosen by Mid-America Transplant Services or their designees.

I have had the opportunity to ask questions concerning the donation and recovery of the tissues and my questions have been answered. I further understand that my family will not be charged for any of the services pertaining to the evaluation, maintenance, and recovery of donated tissues. I have read this document and understand it.

LEGAL NEXT-OF-KIN:

Sign: _____
Print Name: _____
Address: _____
City/State/Zip: _____
Telephone: (____) _____

WITNESSES:

Sign: _____ Print Name: _____
Sign: _____ Print Name: _____
Date: ____/____/____ Time: ____:____ a.m. / p.m.
Consent for Donation was explained and requested by:
(MTS representative or designated requestor) _____

This consent was obtained by telephone.

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Declining Donation by the Legal Next-Of-Kin

I was offered the option of donation and hereby decline: Sign: _____ Relationship: _____
Designated Requestor: _____ Date: ____/____/____ Time: ____:____ a.m. / p.m.

HOTLINE: (314) 367-6767 or 1-800-87DONOR

Please use (314) # if in Metro St. Louis Area

(1-800-873-6667)

consentform.doc 11/05

ADDRESSOGRAPH

[Empty box for addressograph information]

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My relationship to the decedent is: _____

INSTRUCTIONS

The person executing consent or decline must show that there is no one with a superior right to grant the request by checking the "no" square opposite those of a superior class. For example, if consent is given by a surviving brother who is in class 5th, then the "no" squares in the first four classes must be checked, and if one of the "yes" squares is checked in the first four classes, then under Remarks it must be shown why the person or persons in that class did not given consent, such as: under 18 years of age; under physical disability; address unknown; cannot be contacted by telephone; etc.

READ CAREFULLY

Section 194.220, Missouri Uniform Anatomical Gift Act and section 755 ILCS 50/3 of the Illinois Uniform Anatomical Gift Act, provides that consent must be given for an anatomical gift by one of the following in the order named:

- 1st - Attorney in fact appointed pursuant to a durable power of attorney that expressly refers to making a gift of all or part of the principal's body;
- 2nd - Spouse;
- 3rd - Adult son or daughter;
- 4th - Either parent;
- 5th - Adult brother or sister
- 6th - A guardian of the person of the decedent at the time of death;
- 7th - Any other person authorized or under obligation to dispose of the body.

CHECK (√) SURVIVAL	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Remarks:

