BRONSON

Affix Patient Label	
Patient Name:	Date of Birth:

Authorization for Anatomical Gift Donation

I hereby make the following anatomical gift, if medically acceptable, from the body of _____.

Yes	No		Yes	No		Yes	No		Yes	No	
☐	☐	Heart	☐	☐	Pancreas	☐	☐	Soft Tissue	☐	☐	Bone
☐	☐	Lung	☐	☐	Liver	☐	☐	Whole Body	☐	☐	Skin
☐	☐	Kidney	☐	☐	Eyes						

Other: _____

This gift is to take effect only after a licensed physician determines that death has occurred.

I am the surviving:
- ☐ Spouse
- ☐ Adult son or daughter
- ☐ Mother or Father
- ☐ Adult brother or sister
- ☐ Guardian
- ☐ Other person authorized to dispose of the body

Relatives or persons in a class before my class are not available to sign this form (or have already signed such a form). I do not know of any relative or person in a class before mine who is opposed to this gift, nor do I know of any person in the same class as myself who is opposed to this gift.

I authorize suitable agencies to appropriately evaluate, remove and transport the above listed organs and/or tissue for the use of transplantation to another person or persons, or for therapy, research, education or advancement or medical science.

I authorize the release of any medical records or information pertinent to the evaluation or follow-up of the anatomical gift. I also authorize examination of the body and removal of any blood and tissue samples needed for laboratory tests to determine the suitability of the anatomical gift for donation. I understand that those laboratory tests will included screening for hepatitis, venereal disease and certain infectious viruses including AIDS virus. Except for the limited disclosure of positive test results as required by law, the results of those test will remain strictly confidential.

I release any hospital or any other institution and its employees from any liability in performing the necessary procedures to carry out this gift, so long as they have acted in good faith.

I understand that funeral and burial arrangements are the responsibility of the appropriate next-of-kin.

I am aware of no contrary indication for the donation of this anatomical gift.

Signature: _____ Date: _____ Time: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Witness Signature: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____ Time: _____

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____