

# Organ/Tissue Donation after MAiD Referral

FAX OR EMAIL REFERRAL FORMS TO 604-708-2764 / BCTmaidreferrals@phsa.ca

**IF MAID PROVISION IS LESS THAN 10 DAYS FROM REFERRAL DATE, CALL 1-877-DONOR-BC AND DO NOT FAX REFERRALS CAN BE SUBMITTED BY MD/NP/RN/MAID COORDINATOR**

**ORGAN DONATION EXCLUSION CRITERIA**

- HIV
- >80 YEARS OLD
- METASTATIC CANCER

**EYE DONATION EXCLUSION CRITERIA**

- ALS
- MULTIPLE SCLEROSIS
- ALZHEIMERS
- PARKINSONS
- >75 YEARS OLD

- Patient approved for MAiD by 2 assessments?  
NOTE: BCT requires both assessments be completed before referral for organ donation
- I confirm my patient DOES NOT meet the exclusion criteria for organ donation (see across)
- I confirm my patient DOES NOT meet the exclusion criteria for eye donation (see across)

Referral Date

Medical diagnosis for requesting MAiD

Anticipated Provision Date

No date set

## Patient Information

LAST NAME

FIRST NAME

DOB (D-M-Y)

BC PHN

CITY (of residence)

Home Phone

Cell Phone

E-mail

Non-Verbal

### Most Appropriate Contact Person (if different than above):

NAME

PHONE

E-mail

Relationship to patient

### Referring Person

NAME

PHONE

E-mail

Relationship to patient

### Special Instructions