

# BC Consent for Donation of Organs and/or Tissues

(see reverse for instructions for obtaining consent)

PATIENT LABEL

Donor ID Number and/or StatLine: \_\_\_\_\_

## 1) Consent to the Donation of Organs or Tissues for Transplantation

Having attained the age of 19 years, I, \_\_\_\_\_ (name of person providing consent) being the \_\_\_\_\_ (capacity/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.

☐ Option 1:

All organs and tissues listed below \_\_\_\_\_ (initial)

☐ Option 2:

Only the organ(s) and/or tissue(s) indicated by initials below

Heart \_\_\_\_\_ (initial) Lungs \_\_\_\_\_ (initial) Kidneys \_\_\_\_\_ (initial) Pancreas \_\_\_\_\_ (initial) Liver/Vessels \_\_\_\_\_ (initial)  
Small Bowel \_\_\_\_\_ (initial) Eyes \_\_\_\_\_ (initial) Tissues (e.g., Heart for Valves) \_\_\_\_\_ (initial)

## 2) Consent to the Retrieval of Organs or Tissues for Education and Research (See reverse for description)

If the organs or tissues cannot be used for the purposes of transplantation, I consent to their removal and anonymous use for:

- Research projects preapproved by a Research Ethics Committee ☐ YES ☐ No
- Medical Education ☐ YES ☐ No

## 3) Authorization

I understand and agree that for the purposes of determining suitability and to maintain and optimize organ function:

- Organ specific and routine organ function testing will be performed and drugs may be administered;
- Blood tests for infectious diseases, including but not limited to human immunodeficiency virus (HIV), human T-cell lymphotropic virus (HTLV), hepatitis B and C, and syphilis will be performed;
- Blood and spleen 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, with all relevant findings documented as necessary;
- The patient's physician(s), family member(s), acquaintance(s) may be contacted by the retrieval agency to discuss relevant medical and 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 authorize the information sharing of the patient's personal information between persons and organizations engaged in the donation, procurement, or transplantation of organs and tissues for the purpose of facilitating organ and tissue donation and transplantation across jurisdictions.

I consent to the transfer of the patient to the retrieval/transplant center 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.

## TWO SIGNATURES ARE REQUIRED FOR ALL CONSENTS:

- The Authorizing Party & One Witness **OR** two (2) Witnesses for Verbal/Telephone Consents.
- Verbal/Telephone Consents: The entire form must be read and understood by the authorizing party.

PERSON PROVIDING CONSENT/AFFIRMING PATIENT'S CONSENT: Date: \_\_\_\_\_ (day / month / year) Time: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Address, City, Province, Postal Code)

Email: \_\_\_\_\_

## WITNESS (ES)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Relationship)

For All Verbal/Telephone Consents: 2nd Person Witnessing Consent : ☐ N/A

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Relationship)

Date/Time of Call: \_\_\_\_\_

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

Prior to approaching the family for consent, call **1-877-DONOR BC** to determine donation potential.

## For Organ Donation:

- Consult with BC Transplant before approaching family;
- The BCT Organ Donation Coordinator will access the ODR to determine if a decision record exists.

## For Eye Donation:

- Consult with Eye Bank before approaching family;
- The Eye Bank Coordinator will access the ODR to determine if a decision record exists.

---

### 1) Collection of personal information:

BC Transplant and the Eye Bank of BC collect past and current medical history information as relevant to organ/tissue transplantation for the Organ Donor Registry as authorized under sections 26(a) and 26(c) of the BC Freedom of Information and Protection of Privacy Act ("FIPPA"), the Human Tissue Gift Act and the Consent to Donation Regulation. If you have questions about the collection, use and disclosure of donor personal information please contact either:

the Health Informatics Manager, BC Transplant, 1-800-663-6189 or the Eye Bank of BC at 1-800-667-2060.

### 2) How to document consent

Complete all applicable information on page 1. Two signatures are required for all consents. The Authorizing Party and one (1) witness OR two (2) witnesses for Verbal/telephone consents. This form must be fully completed in order to proceed with organ/tissue recovery (with or without a decision record from the Organ Donor Registry). Verbal/Telephone Consents: The entire form must be read and understood by the authorizing party.

### 3) Who may give consent?

As per BC Human Tissue Gift Act consent may be given by the following persons in this order:

(a) the person's spouse of any age, (b) if none or if the person's spouse is not readily available, any one of the person's children who has attained the age of majority, (c) if none or if none is readily available, any of the person's parents, (d) if none or if none is readily available, any one of the person's brothers or sisters who has attained the age of majority, (e) if none or if none is readily available, any other of the person's next of kin who has attained the age of majority, or (f) if none or if none is readily available, the person lawfully in possession of the body other than, if the person died in hospital, the administrative head of the hospital,

Note: the "person lawfully in possession of the body" does not include

- (a) the supervising coroner or a coroner in possession of the body under the *Coroners Act*,
- (b) the Public Guardian and Trustee in possession of the body for its burial under the *Public Guardian and Trustee Act*,
- (c) an embalmer or funeral director in possession of the body for its burial, cremation or other disposition, or
- (d) the superintendent of a crematorium in possession of the body for its cremation.

### 4) Scientific Research & Medical Education

- Some organs or tissues may not be suitable for transplantation. In these cases, organs and tissues may still be donated for research and education.
- Organs and tissues donated for **research** may be used to improve medical knowledge and basic science for a range of topics including donation or transplantation processes, organ or tissue function, genetics, or disease diagnosis/treatment/prevention. In addition, they may be used for **education** and training in relation to human health and quality/process improvement.
- These research studies will not benefit you or your family. It is hoped that they will benefit other patients in the future.
- All research projects must be pre-approved by a Research Ethics Board (REB). The REB helps ensure research meets the highest ethical standards and human dignity principals as outlined by the Tri-Council Policy Statement (TCPS), "*Ethical Conduct for Research Involving Humans*".
- **Privacy and Confidentiality.** Many steps are taken to protect your privacy so the likelihood that donors could be identified is very low. All organ and tissue samples will be de-identified (patient name and any identifying information is replaced with a random code). No researchers using the organ/tissue will know the identity of the donor as the information and material will be labeled only with a code number.
- Donated tissue may need to be stored indefinitely for future ethically approved studies in a secure site, or may be disposed of as per local hospital/tissue establishment policy. Donated organs/tissues will not be sold for any commercial purposes.
- If you change your mind about donating organs/tissues for research, please talk to the Provincial Operations Director at BC Transplant. However, you will not be able to withdraw the organs/tissue if tests and research studies have already been done or if the organs/tissue have been included in an analysis or publication.
- Participation is voluntary and your decision will not impact the care of your loved one.
- This "Consent" form is not applicable to the donation of bodies to science.

### For further information regarding:

Solid organ donation, please contact BC Transplant (1-800-663-6189).

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



3 copies of this form are required: 1 copy for the Patient Chart 1 copy for BC Transplant 1 copy for the Eye Bank of BC.