

Tissue Donor Number: _____

DISCLOSURE FOR ORGAN TISSUE EYE DONATION



4775 Richmond Road
Cleveland, Ohio 44128
888-558-LIFE (5433)

Wilson, Lakisha
MR:07172608 EN:34544307 22Y / Female
B:05/06/1991 A:03/21/2014



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6700 Euclid Ave.
Suite 101
Cleveland, OH 44103
216-706-4220



Authorization for Donation by Donor Designation (No Signature Required)

For humanitarian reasons, Lakisha Wilson has authorized the donation of his/her organs and/or tissue. The following organs and/or tissue will be recovered by LifeBanc/Cleveland Eye Bank:

Organ			Tissue			Eyes	
<input checked="" type="radio"/> Yes	N/A	Heart	Yes	<input checked="" type="radio"/> N/A	Heart for valves, vascular blood vessels & Pericardium	Yes	<input checked="" type="radio"/> N/A Eyes
<input checked="" type="radio"/> Yes	N/A	Kidneys*	Yes	<input checked="" type="radio"/> N/A	Veins & arteries		
<input checked="" type="radio"/> Yes	N/A	Liver*	Yes	<input checked="" type="radio"/> N/A	Bones of the lower limbs, includes hemipelvis, iliac crest, femur, tibia, fibula, talus, and calcaneous. Connective tissue includes tendons, ligaments, fascia and nerves.		*Consent for eyes includes corneas and/or whole globes.
<input checked="" type="radio"/> Yes	N/A	Lungs	Yes	<input checked="" type="radio"/> N/A	Humerus, the bone of the upper limb and connective tissue including tendons, ligaments, fascia and nerves.		
<input checked="" type="radio"/> Yes	N/A	Pancreas/islet cells*	Yes	<input checked="" type="radio"/> N/A	Radius/ulna, bones of the upper limbs and connective tissue including tendons, ligaments, fascia and nerves.		
<input checked="" type="radio"/> Yes	N/A	Intestines*	Yes	<input checked="" type="radio"/> N/A	Skin - Split and Full thickness		
Yes	N/A	Other <u>3/27/14</u>	Yes	<input checked="" type="radio"/> N/A	Other <u>3/27/14</u>		

*Consent for organs includes arteries/veins that may be required for transplant.

- YES NO N/A For organ, I/We understand procedures and testing deemed necessary to ensure suitability for transplant will be performed. This can include removal of spleen and lymph nodes for diagnostic testing to be performed for the determination of donor suitability.
- YES NO If the donation is found unsuitable for transplantation, I/We understand the gift may be used for medical research education or therapy.
- YES NO I/We understand that there is no guarantee that all organs and/or tissues recovered will be medically suitable for transplant and/or research and that those organs and/or tissues that cannot be used will be properly discarded of according to state regulations.
- YES NO I/We understand the removal of blood or tissue samples for laboratory testing includes blood typing, viral hepatitis, syphilis, HIV, organ biopsy, and/or cultures.
- YES NO I/We understand the release of the patient's medical information including, but not limited to, hospital or emergency response records, physician office records, and post mortem examination reports, if performed, to LifeBanc or the Cleveland Eye Bank in order to determine acceptability of the organs, tissues and eyes for transplantation. These records may be released to others as authorized by law or regulations.
- YES NO I/We understand that all costs associated with this donation are paid by the recovering organizations, LifeBanc or the Cleveland Eye Bank.
- YES NO I/We understand that LifeBanc/Cleveland Eye Bank will make every effort to minimize any visual change to the body and any delay in the funeral arrangements.
- YES NO I/We understand that the final form of the gifted organs and/or tissue may be different than the way it was originally recovered and that processing and/or distribution and determination of the use of these gifts will be coordinated by LifeBanc or the Cleveland Eye Bank with other organizations in accordance with medical and ethical standards.
- YES NO I/We understand that donated tissue may be processed and used by either non-profit or for-profit organizations in the United States and internationally in accordance with this donation authorization.