DESIGNATED REQUESTOR WORKSHOP

AGENDA

1. Verification:
   a. Referral
   b. Registry status
   c. Eligibility

2. Non-registered Family Approach Review
   a. Introduction and Condolences
   b. Explanation of Tissue Donation Opportunity using “Before the Pause”
   c. Ask the Question
   d. Clarify Any Concerns
   e. Authorization Form
      i. Completing it
      ii. UAGA and Good Faith Law

3. Registered Donor Family Notification Review
   a. Introduction and Condolences
   b. Notification
   c. Contact Information and Best Timing

4. Instructor Role Play

5. Student Role Play

6. Questions and Survey
AGENDA

• Overview of recovery organizations, the Donor Registry and UAGA law

• Designated Requestor background and your role

• Understanding tissue gifts

• Learning the approach: building a script, practice, and filling out the authorization form
DONOR ALLIANCE

• Federally Designated Organ Procurement Organization (OPO) for CO & WY
• Facilitates the recovery of organs and tissues for transplantation
• www.donoralliance.org
MISSION
DONOR ALLIANCE
SAVES LIVES THROUGH
ORGAN AND TISSUE
DONATION AND
TRANSPLANTATION

VISION
MAXIMIZING ALL
DONATION
OPPORTUNITIES

INTEGRITY
LEADERSHIP
EXCELLENCE
ACCOUNTABILITY
PEOPLE FIRST
ROCKY MOUNTAIN LIONS EYE BANK

• Responsible for recovery and transplantation of eye tissue in CO & WY
• Independent organization sponsored by Lions Clubs of CO & WY
• www.corneas.org
RMLEB’S MISSION

• To fulfill the wishes of eye donors and their families help another overcome blindness through transplantation and research

• Dedicated to our mission, will do whatever we can to fulfill the donor’s wish
DESIGNATED REQUESTOR

- CMS Conditions of Participation for Hospitals

Only an OPO staff member or a trained, designated requestor may approach the family of a potential donor for consent for organ, tissue or eye donation. *This regulation recognizes that training and skill are required to guide a family through this crucial decision.*

- Hospital Policies have designated who are to be trained as Designated Requestors
STATE DONOR REGISTRY

Confidential

69% - CO
63% - WY

Not Exclusive to DMV

Legal Consent

Opt-In

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NON-REGISTRY AUTHORIZING PERSON by order of LAW

1. Medical Power of Attorney/Agent
2. Spouse (includes common law in CO)
3. Adult Child
4. Parent
5. Adult Sibling
6. Adult Grandchild
7. Grandparent
8. Adult exhibiting special care and concern
9. Court appointed guardian
10. Person authorized to arrange final disposition of the body

*HRSA. 2012 National Survey of Organ Donation Attitudes and Behaviors
TISSUE APPROACH STEPS

Death
Referred/Eligibility
Screening

Donor
Alliance/RMLEB
DRAI with Family

Designated
Requestor
Approach—or-
Registry Info Given

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Class Review

DONATED TISSUES
REGISTRY APPROACH

1. Faxed Registry Verification Form?
2. Find the right person to speak with
3. Posing the question – “Were you aware...”
4. Someone from recovery agency will be calling
5. Two phone numbers
6. Call back the DIL
Instructors

EXAMPLE APPROACH REGISTRY
NON-REGISTRY APPROACH

1. Introduction/Condolences
2. Before the Pause (BTP)
   – Tell about opportunity to help others
   – Description of chosen tissue to present and who it helps
   – Address the three common concerns
3. Ask the Question
4. Clarify any Concerns
5. Authorization Form if “Yes”
Instructors

EXAMPLE APPROACH
NON-REGISTRY
Students

SCRIPTS/ROLE PLAY
NON-REGISTRY APPROACH

1. Introduction/Condolences
2. Before the Pause (BTP)
   – Tell about opportunity to help others
   – Description of chosen tissue to present and who it helps
   – Address the three common concerns
3. Ask the Question
4. Clarify any concerns
5. Consent Form if “Yes”
6. Call Donor Information Line

REGISTRY APPROACH

1. Introduction/Condolences
2. Include everyone but focus the conversation with the person who is handling the details of the decedent’s care
3. Inform them their loved one was on the Registry
   - in the form of a question (family doesn’t make a decision)
4. Call Donor Information Line
AFTERCARE

Aftercare packet, help finding grief support
Memory Cards, Suncatcher, Quilt Project, Survey
Donor Family Tribute, Donor Dash, Holiday Card, Anniversary Card
Recipient Correspondence

There is only one way to live your life. That is through venturing. The other is to be safe, to have no ideas, no ambitions, no courage and to cuddle into oneself and become shriveled and atrophy — Arthur Schopenhauer

Angela Whiteman Higgins
April 12, 1996 - February 13, 2016

Therefore be humble when other's hearts are breaking, but never change yours. — Wole Soyinka

DONOR ALLIANCE
Organ & Tissue Donation

rmlob
Rodeo Mountain Lions Basecamp
Steamboat Springs, Colorado

[Donor Family Tribute, Donor Dash, Holiday Card, Anniversary Card]
[Recipient Correspondence]
[Memory Cards, Suncatcher, Quilt Project, Survey]
[Aftercare packet, help finding grief support]
DONOR FAMILY TRIBUTE

122 Families attended in 2018
BENEFITS BEYOND RECIPIENTS

“I cannot imagine how hard it would have been for the coordinator when she talked to me about my son being a donor. But she did it with grace, and made me feel comfortable through the whole difficult process. I cannot have asked for a better experience. I would love for her to know what a positive and caring experience she delivered to me during this time.”

Kristen, Donor Mom
The person named below has listed himself/herself in the Donor Registry. This is a legal authorization to donate all eligible organs and tissues upon his/or her death for transplantation. **No other authorization or signature is necessary.**

<table>
<thead>
<tr>
<th>Driver's License/ID number</th>
<th>Renewal Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
<td>Source</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Referral #</td>
</tr>
<tr>
<td>Residential address:</td>
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**Exceptions:**

- The gift of organs, heart for valves, skin, bone, soft tissue and vertebral segments is made to Donor Alliance*, a non-profit organization, or to the appropriate organ procurement organization or tissue bank, for the purpose of transplantation, therapy, research or education. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.
- The gift of eye tissue for the purpose of transplantation is made to the Rocky Mountain Lions Eye Bank*, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.
- Organs and tissues may be transplanted locally, regionally, nationally, or internationally.
- All costs associated with the recovery of donated tissues are the responsibility of Donor Alliance and/or the Rocky Mountain Lions Eye Bank. In making this gift the donor’s estate will not receive monetary compensation or valuable consideration for the gift.
- Donor Alliance and/or the Rocky Mountain Lions Eye Bank will make every effort to minimize any visual changes to the body and to minimize any delays in the funeral arrangements.
- A different location may be needed to carry out the recovery of donated organs and/or tissues. In that case, the body may be transferred to an alternative surgical facility at no cost to the family.
- Examinations or procedures will be necessary to ensure the medical suitability of donated organs and/or tissues, including, but not limited to testing for infectious diseases utilizing blood and/or appropriate tissues. Such samples may be archived for future testing. Medical information and other relevant records which may include photographic or other imaging records will be used to determine the medical suitability of donated organs and/or tissues. This information may be copied, released and/or reviewed by other appropriate parties to assist in making these determinations and as required by law or regulation.
- For more information or assistance regarding authorization for donation, please call (800) 448-4644 or (303) 321-0060.

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*In the Wyoming counties of Sweetwater, Lincoln and Uinta, the recovery agencies are Intermountain Donor Services and the Utah Lions Eye Bank of Salt Lake City.

*Confidential*  
**Donor Registry Verification**  
Wyoming: W.S. 35-5-204, 35-5-219  

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**DISCLOSURES**

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<tr>
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<tbody>
<tr>
<td>200 Spruce Street</td>
<td>1675 Aurora Court, Mail Stop F751</td>
</tr>
<tr>
<td>Suite 200</td>
<td>Aurora, CO 80045</td>
</tr>
<tr>
<td>Denver, CO 80230</td>
<td>1-800-444-7479</td>
</tr>
<tr>
<td>1-888-868-4747</td>
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Eye & Tissue Donation Process

patient death occurs

Report the death to the coroner if reportable by state law or hospital policy. Donor Alliance/RMLEB will interact with the coroner if the patient becomes a donor.

Call the Donor Information Line 1-800-448-4644 or 1-303-321-0060
Provide info and answer questions for pre-screening for donor eligibility.

Donor eligible following pre-screening

YES, and is REGISTERED DONOR

Designated Tissue Requestor informs the authorizing person:

- Their loved one has already made the decision to be a donor through the donor registry.
- Someone from the recovery agency will be contacting them soon.
- Obtain a phone number where they can be reached.

Call the Donor Information Line with the Authorizing Person’s phone number and temperament of the family. 1-800-448-4644 or 1-303-321-0060

YES, is eligible for EYE TISSUE and is NOT on the donor registry

If initial screening indicates the potential for bone, heart valves, and/or skin options, a Donor Alliance coordinator will call for further screening. Donor eligible for other tissues following in-depth screening.

NO

Designated Tissue Requestor offers EYE TISSUE option to Authorizing Person.

YES

Designated Tissue Requestor offers donation options to the Authorizing Person.

Donation authorized?

YES

Designated Tissue Requestor

- Read/Sign “Authorization for the Donation of Tissues” with the Authorizing Person.
- Inform the Authorizing Person that Donor Alliance/RMLEB will be contacting them for more information.
- Obtain two phone numbers where the Authorizing Person can be reached.

Call the Donor Information Line with the Authorizing Person’s decision 1-800-448-4644 or 1-303-321-0060

NO

Proceed with hospital after death care.

NO

Proceed with hospital after death care.
# DESIGNATED REQUESTOR

## TISSUE GIFTS

Determine which tissue/s the decedent is able to give prior to family discussion. This worksheet will help you remember how to speak about the different tissues a decedent is eligible to donate.

<table>
<thead>
<tr>
<th><strong>EYE TISSUE</strong></th>
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<tbody>
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<td><strong>Description:</strong></td>
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<td><strong>Who it helps:</strong></td>
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<td><strong>Other notes:</strong></td>
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<td><strong>Other notes:</strong></td>
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<td><strong>SKIN</strong></td>
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DESIGNATED REQUESTOR
TISSUE GIFTS

There is no waiting list for most tissue transplants, and tissues are available when someone needs them. Additionally, some donations can be preserved and transplanted for up to five years. Donated tissues can be used to help and heal people in several different and meaningful ways:

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**EYE TISSUE**
Every day, donated corneas help restore sight to individuals suffering from corneal blindness or trauma to the eye. Tens of thousands of corneal transplants are performed in the U.S. every year.

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**HEART FOR VALVES/ANATOMY**
Donated heart valves can replace damaged ones, allowing the heart to function again. When used in young patients, these donated heart valves can actually “grow” with the recipient and reduce the need for repeated surgeries.

---

**BONE/SOFT TISSUE**
Bones and soft tissue, such as tendons, can be used to replace or reconstruct tissue destroyed by tumors, trauma or infection and saving limbs that would otherwise be amputated.

Other soft tissue, such as donated veins can be used in patients who require coronary artery bypass surgery, a routine procedure that saves thousands of lives and allows these individuals to return to their normal lifestyles. For individuals suffering from diabetes or other diseases that cause a decrease in the blood flow, surgeons may use donated veins to repair damaged vessels and restore blood flow — in many cases saving a recipient’s leg from amputation.

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**VERTEBRAL SEGMENTS**
Often used for dental implants and facial reconstructive surgery.

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**SKIN GRAFTS**
Donated skin is critically needed for patients suffering from burns or trauma and used as a bandage to protect the body from infection and promote healing. Donated skin is also used for cleft palate repair or mastectomy reconstruction.

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DONOR ALLIANCE
Organ & Tissue Donation
DESIGNATED TISSUE REQUESTOR GUIDE
Registered Approach

1. INTRODUCTION AND CONDOLENCES
Note: Introduce; Here to help; Condolences; Offer Assistance/Answer Questions

2. ASK IF THEY WERE AWARE OF THEIR LOVED ONE SIGNING UP ON THE DONOR REGISTRY
Note: Ensure you have a copy of the registry verification form to provide to the family. Be ready to explain what the registry is if the family does not know what you are referring to. Express understanding and normalize if they do not know that their loved one was registered.

3. OBTAIN CONTACT INFORMATION and NOTIFY DONOR INFO LINE
Note: Obtain Two phone numbers where the family can be reached within the next few hours. Inform family that someone from the donation organization will be calling to give them more information. If any concerns or questions, ask the family to write them down. Assure them the correct person with more information will be in touch with them shortly.
Call Donor Info Line: Give them the two contact phone numbers, Inform them of the family’s initial response, Let them know of any expressed timeframes or questions of the family.
**DESIGNATED TISSUE REQUESTOR GUIDE**

**Non-registered Approach**

<table>
<thead>
<tr>
<th>1. INTRODUCTION AND CONDOLENCES</th>
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</thead>
<tbody>
<tr>
<td>Note: Introduce; Clarify who speaking to (correct person in hierarchy?), Here to help; Condolences; Offer Assistance/Answer Questions</td>
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<tr>
<th>2. EXPLANATION OF TISSUE DONATION OPPORTUNITY</th>
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<tbody>
<tr>
<td>Note: Before the Pause (BTP) - Tell about opportunity to help others; one tissue for explanation; address three common concerns (myths): no cost to donate, won’t delay funeral arrangements, can still have open casket or viewing</td>
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<tr>
<th>3. ASKING THE QUESTION</th>
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<tbody>
<tr>
<td>Do you want to authorize donation on your loved one’s behalf? Does this sound like something s/he would have wanted to do? Note: This is the Legal Next Of Kin’s choice...</td>
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</tbody>
</table>
4. CLARIFY ANY CONCERNS

Note: If family is hesitant, is it just the tissue presented that is of concern and are others acceptable? Or is there something specific that they are finding difficult that can be easily addressed? If not, family should be respected of their decision of “No” and thanked for their time. Call Donor Information Line with family decision.

5. FAMILY IS INTERESTED

Note: Go through all eligible tissues for authorization and move on to completing authorization form. Inform family of next steps: Provide copy of authorization form to family. Ask for two phone numbers where family can be reached. Tell them to expect a call within a couple hours. Call Donor Information Line with decision and phone numbers.
I, ____________________________, am legally authorized to make the gift of donation for ____________________________. My relationship is: ____________________________.

Numbers indicate order of priority

☐ 1. Medical Power of Attorney / Agent
☐ 2. Spouse
☐ 3. Adult child
☐ 4. Parent
☐ 5. Adult sibling
☐ 6. Adult grandchild
☐ 7. Grandparent
☐ 8. Adult exhibiting special care/concern
☐ 9. Court appointed guardian
☐ 10. Person authorized to arrange for final disposition of the body

I hereby authorize the donation of his/her:

<table>
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<th>Tissue</th>
<th>YES</th>
<th>NO</th>
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While it is hoped that the donated tissues may be used for transplantation, there is a chance the gift may not be suitable for this use. In that case, these gifts may be used to advance medical knowledge through research and training. □ YES □ NO

DISCLOSURES

• In making this gift, you declare that you have no knowledge that the donor made a refusal to donate.
• The gift of organs, heart for valves, skin, bone, soft tissue and vertebral segments is made to Donor Alliance, a non-profit organization. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.
• The gift of eye tissue is made to the Rocky Mountain Lions Eye Bank, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.
• Organs and tissues may be transplanted locally, regionally, nationally, or internationally.
• All costs associated with the recovery of donated tissues are the responsibility of Donor Alliance and/or the Rocky Mountain Lions Eye Bank. In making this gift the donor’s estate will not receive monetary compensation or valuable consideration for the gift.
• Donor Alliance and/or the Rocky Mountain Lions Eye Bank will make every effort to minimize any visual changes to the body and to minimize any delays in the funeral arrangements.
• A different location may be needed to carry out the recovery of donated organs and/or tissues. In that case, the body may be transferred to an alternative surgical facility at no cost to the family.
• Examinations or procedures will be necessary to ensure the medical suitability of donated organs and/or tissues, including, but not limited to testing for infectious diseases utilizing blood and/or appropriate tissues. Such samples may be archived for future testing. Medical information and other relevant records which may include photographic or other imaging records will be used to determine the medical suitability of donated organs and/or tissues. This information may be copied, released and/or reviewed by other appropriate parties to assist in making these determinations and as required by law or regulation.
• For more information or assistance regarding authorization for donation, please call (800) 448-4644 or (303) 321-0060.
Authorization for the Donation of Tissues

I, ____________________________ (full legal name of authorizing person) am legally authorized to make the gift of donation for ____________________________ (full legal name of donor). My relationship is: ____________________________.

Numbers Indicate order of priority
- [ ] 1. Medical Power of Attorney / Agent
- [ ] 2. Spouse
- [ ] 3. Adult child
- [ ] 4. Parent
- [ ] 5. Adult sibling
- [ ] 6. Adult grandchild
- [ ] 7. Grandparent
- [ ] 8. Adult exhibiting special care/concern
- [ ] 9. Court appointed guardian
- [ ] 10. Person authorized to arrange for final disposition of the body

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- For more information or assistance regarding authorization for donation, please call (800) 448-4644 or (303) 321-0060.

Authorizing Person's Signature: ____________________________
Printed Name: John Donor
Date: 1/1/17
Time: 8 a.m. / p.m.
Telephone: 303-111-1111
Alternate Phone: 720-123-4567
Email Address (optional):
Mailing Address: 123 S. Anywhere St
City, State, Zip: Big City, State 00100
Witness Signature: ____________________________
Witness Printed Name/Relationship: Kim Bobbie, MD

The authorization for donation was explained and witnessed by: ____________________________

Designated Requestor Signature

Printed name/Title: ____________________________
Institution: ____________________________

Donor Number: ____________________________

Original: Medical Record
Yellow: Recovery Agency
Pink: Family
DA Form 8 50000-03 
RMB08-PHC002-3-EN
Rev Jan. 1, 2017
Authorization for the Donation of Tissues

For use under the Revised Uniform Anatomical Gift Act. Do not use this form if patient is a registered donor.

Donor Alliance
Organ & Tissue Donation

I, John Paul Donor
(full legal name of authorizing person)
am legally authorized to make the gift of
donation for Ima Broed Donor
(full legal name of donor)
My relationship is:

Numbers Indicate order of priority
☐ 1. Medical Power of Attorney / Agent
☒ 2. Spouse
☐ 3. Adult child
☐ 4. Parent
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<td>Lower Body Bone / Soft Tissue</td>
<td>☒</td>
<td></td>
<td></td>
<td>Other:</td>
<td>☒</td>
<td></td>
<td>☒</td>
</tr>
</tbody>
</table>

While it is hoped that the donated tissues may be used for transplantation, there is a chance the gift may not be suitable for this use. In that case, these gifts may be used to advance medical knowledge through research and training. ☒ YES ☐ NO

DISCLOSURES

☒ In making this gift, you declare that you have no knowledge that the donor made a refusal to donate.

☒ The gift of organs, heart for valves, skin, bone, soft tissue and vertebral segments is made to Donor Alliance, a non-profit organization. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.

☒ The gift of eye tissue is made to the Rocky Mountain Lions Eye Bank, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.

☒ Organs and tissues may be transplanted locally, regionally, nationally, or internationally.

☒ All costs associated with the recovery of donated tissues are the responsibility of Donor Alliance and/or the Rocky Mountain Lions Eye Bank. In making this gift the donor’s estate will not receive monetary compensation or valuable consideration for the gift.

☒ Donor Alliance and/or the Rocky Mountain Lions Eye Bank will make every effort to minimize any visual changes to the body and to minimize any delays in the funeral arrangements.

☒ A different location may be needed to carry out the recovery of donated organs and/or tissues. In that case, the body may be transferred to an alternative surgical facility at no cost to the family.

☒ Examinations or procedures will be necessary to ensure the medical suitability of donated organs and/or tissues, including, but not limited to testing for infectious diseases utilizing blood and/or appropriate tissues. Such samples may be archived for future testing. Medical information and other relevant records which may include photographic or other imaging records will be used to determine the medical suitability of donated organs and/or tissues. This information may be copied, released and/or reviewed by other appropriate parties to assist in making these determinations and as required by law or regulation.

☒ For more information or assistance regarding authorization for donation, please call (800) 448-4644 or (303) 321-0060.

Authorizing Person's Signature: John Paul Donor
Printed Name: John Paul Donor
Date: 1/1/2022
Time: 8:00 a.m. / 2:00 p.m.
Telephone: 303-111-111
Alternate Phone: 720-133-916
Email Address (optional): Jdonor@gmail.com
Mailing Address: 123 S. Anywhere St. City, State, Zip: Big City, State 00100
Witness Signature: Kim Rabuck
Witness Printed Name/Relationship: HB

Authorization for donation was explained and witnessed by: 

Designated Requestor Signature: Kim Rabuck
Printed name/Title: Donor Alliance
Institution: Donor Alliance
Donor Number

Original: Medical Record
Yellow: Recovery Agency
Pink: Family
DA Form #: 50100.01m2
RMLEB #: PR-C070S-C02-3_EN
Rev Jan 1, 2017
For use under the Revised Uniform Anatomical Gift Act. Do not use this form if patient is a registered donor.

Authorization for the Donation of Tissues

I, John Paul Donor, am legally authorized to make the gift of donation for Ema Carol Donor. My relationship is:

Numbers Indicate order of priority  
1. Medical Power of Attorney / Agent
2. Spouse
3. Adult child
4. Parent
5. Adult sibling
6. Adult grandchild
7. Grandparent
8. Adult exhibiting special care/concern
9. Court appointed guardian
10. Person authorized to arrange for final disposition of the body

I hereby authorize the donation of his/her:

<table>
<thead>
<tr>
<th>Tissue</th>
<th>YES</th>
<th>NO</th>
<th>Not Eligible</th>
<th>Tissue</th>
<th>YES</th>
<th>NO</th>
<th>Not Eligible</th>
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<tbody>
<tr>
<td>Eye Tissue</td>
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<td>Vertebral Segments</td>
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<td>Heart for Valves and Associated Anatomy</td>
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<td></td>
<td></td>
<td>Skin Grafts</td>
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<td>Upper Body Bone/Skin Soft Tissue</td>
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<td></td>
<td></td>
<td>Other:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Lower Body Bone/Skin Soft Tissue</td>
<td>☑</td>
<td></td>
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DISCLOSURES

- In making this gift, you declare that you have no knowledge that the donor made a refusal to donate.
- The gift of organs, heart for valves, skin, bone, soft tissue and vertebral segments is made to Donor Alliance, a non-profit organization. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.
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- For more information or assistance regarding authorization for donation, please call (800) 448-4644 or (303) 321-0060.

Authorizing Person's Signature: X Printed Name: John Donor Date: 11/17 Time: 8:00 a.m.

Telephone: Alternate Phone: Email Address (optional):
Mailing Address: 123 S. Anywhere St. City, State, Zip: Big City, State 00000
Witness Signature: Jill Donor Witness Printed Name/Relationship: Jill Donor/Daughter

The authorization for donation was explained and witnessed by: Kim Robuck / MD

Institution: Donor Alliance

Donor Number