

2. DECLARATION OF APPROVAL FOR ORGAN AND TISSUE DONATION FOR TRANSPLANTATION FROM A DECEASED PERSON

I, the undersigned:

Surname: _____

First name: _____

Relationship: _____

declare to have been duly informed by Dr _____.

I fully understand the condition of my _____ Mr/Mrs _____

The medical team has given me enough time to make an informed decision.

Considering that my _____ would have approved organ and tissue donation, including the medical treatment needed for their preservation. I freely give my consent for the recovery of organs and tissues for transplantation.

After confirmation of death, I authorise:

the recovery of all organs and tissues

or

the recovery of:

heart

lungs

liver

pancreas

intestine

kidneys

corneas

other tissues

Place: _____

Date: _____

Time: ____

Relatives' signature: _____

Étiquette dito