

Consent for Organ and/or Tissue Donation

Unique Tissue Number

ODT Donor number

COMPLETE ONLY WHEN OBTAINING CONSENT VIA TELEPHONE

Section 1

The person taking consent **must** ask the following questions and **initial** the appropriate boxes (it is not a legal requirement for the consent form to be signed by the family):

	Yes	No
Do you agree to the conversation about donation between (name of Healthcare Professional) of NHS Blood and Transplant and you being voice recorded? The recording will be stored as proof of the information that I give to you and of the consent and information that you give to me.	<input type="checkbox"/>	<input type="checkbox"/>
For the purpose of the recording can you tell me again your full name and relationship to (name of the patient).	<input type="checkbox"/>	<input type="checkbox"/>
May we use the recording and case details for our records?	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT DETAILS

Section 2

Name <input type="text"/>	NHS number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hospital number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Age <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months <small>(If under 3 years record years and months)</small>
	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CONSENT FOR ORGANS AND TISSUE

Section 3

Complete **Section A** if the patient is giving/has given **first person consent**
OR
 Complete **Section B** if consent is given by **nominated/appointed representative** or the **person ranking highest in the qualifying relationship**
OR
 Complete **Section C** if consent is able to be **deemed** in accordance with the appropriate legislation *

Section A

The patient named in **Section 2** gave/gives* first person consent for the donation of the following organs/tissue for transplantation via the Organ Donor Register/donor card/expressed wish/will* (*Delete as appropriate)

Healthcare Professional signature

Section B

the of
(Name) (Relationship to the patient) (Patient's name)

Gives consent for the donation of the following organs/tissue for transplantation as detailed on page 2 of this form.

Did the patient have a nominated/appointed representative? **Yes** **No**

Was consent obtained from the person ranking highest in the qualifying relationship? **Yes** **No**

- Persons are ranked in the following descending order:
- A) spouse or partner (including civil or same sex partner)
 - B) parent or child
 - C) brother or sister
 - D) grandparent or grandchild
 - E) niece or nephew
 - F) stepfather or stepmother
 - G) half-brother or half-sister
 - H) friend of long standing
- Jersey only – before (h) For person of whom a care order is made: - the Minister for Health and Social Services*

If no, please give details below:

Section C
For Countries and Territories where Deemed Consent applies

The patient named in **Section 2** is deemed to have given their consent to deceased organ and/or tissue donation under the applicable legislation*.

Please insert Country/Territories

Healthcare Professional signature

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CONSENT FOR DONATION

Section 4

Please initial appropriate box

ONLY USE IN CIRCUMSTANCES WHEN FAMILIES DO NOT WANT INFORMATION

All Abdominal Organs (including Liver for Hepatocytes, Pancreas for Islet cells)

Yes No

Blood Vessels (see core information)

All Cardiothoracic Organs

Yes No

All Tissues (excluding Liver for Hepatocytes, Pancreas for Islet cells)

Yes No

NATIONAL REFERRAL CENTRE USE ONLY

All Tissues

Yes No

Do you consent to the patient being transferred from his/her place of death to the NHSBT Tissue services donation facility or an alternative establishment i.e. another hospital mortuary for the donation procedure to be undertaken, if applicable?

Yes No N/A

	Yes	No	Exclusion	Coroner Restriction
Kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver for Hepatocytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancreas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancreas for Islet Cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart for Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multivisceral*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*If yes, please specify explicitly	<input type="text"/>			
Other**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**If yes, please specify explicitly	<input type="text"/>			
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tendons (Ankle & Knee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femoral Artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meniscus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Tissue***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***If yes, please specify explicitly	<input type="text"/>			
Blood Vessels (see core information)	<input type="checkbox"/>			

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CONSENT FOR SCHEDULED PURPOSES

Section 5

****Reminder**** - Deemed Consent does not apply to Scheduled Purposes

Organs and/or tissue can also be used for the Scheduled Purposes* listed below:

- Scheduled Purposes Include:**
- Research
 - Education or Training related to Human Health
 - Clinical audit
 - Quality Assurance
 - Performance Assessment

*only relevant Scheduled Purposes listed.

1. There is also an opportunity to support transplantation/healthcare through the removal of samples, for example blood, urine and/or tissue samples from specific organs which can then be used in approved research projects. Do you believe the patient would agree to this **and** do you consent? Yes No N/A

2. On occasion, organs/tissues you have agreed to donate may be found to be unsuitable when removed for transplant. However, these organs/tissues can be used in research (or other Scheduled Purposes as detailed above) to improve healthcare in the future, do you consent to this? Yes No

3. Organs/tissues/samples may also be donated and used to improve future healthcare. Do you consent to the removal and storage of specific organ/tissues/samples for research or other Scheduled Purposes as detailed above?

A. In QUOD-Licensed Hospitals Only

Yes No N/A

Heart

Lungs

Diabetic Pancreas

B. Centre-Licensed Specific Studies

(For questions 1 & 3B - Please detail specific organ/tissue/samples in notes on page 6).

Any research or other Scheduled Purposes restriction? Yes No N/A

If yes, please provide detail

Organs and/or tissue will be used and stored for a Scheduled Purpose in accordance with The Human Tissue Act (2004)

Organs and/or tissue and/or material that are not used will be disposed of as per local establishment policy in accordance with the Human Tissue Act (2004).

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SHARING OF INFORMATION REQUIRED TO SUPPORT ORGAN AND TISSUE DONATION

Section 6

Core information

Blood samples will be obtained from the patient for testing, including pregnancy (for organ donors only, if applicable), tissue typing, HIV, Hepatitis, HTLV and Syphilis. These samples may be subsequently stored for future testing as necessary. In the event of any screening results that may have implications for the family, relevant individuals may be contacted if their health could be affected.

For paediatric donation only:

Blood samples will be obtained from the patient and the patient's mother where the patient is under 18 months old and/or the patient has been breast fed in the last 12 months for testing, including tissue typing, HIV, Hepatitis, HTLV and Syphilis. These samples may be subsequently stored for future testing as necessary. In the event of any screening results that may have implications for the family, relevant individuals may be contacted if their health could be affected.

Organ donation:

Tissue samples for example, lymph node and spleen that have been obtained for screening will be subsequently biopsied, analysed and stored for future testing as necessary.

Blood vessels will be retrieved and stored to support organ transplant or other surgical procedures, if not used within 14 days will be disposed of in accordance with the hospital/tissue establishment policy.

Tissue donation:

The tissue donated (including hepatocytes and heart for valves) for transplantation will be stored for extended periods in tissue establishments whilst it is prepared for transplantation.

The patient's medical records have/will be accessed by relevant healthcare professionals to obtain a past medical/behavioural history. This information may be passed on a need-to-know basis to other healthcare professionals in support of the donation and transplantation process. This information may also be retained by the Organ Donation Teams/Tissue Establishment.

The information collected from you on the consent form will be stored securely and only be used in support of the donation and transplantation process. For further information please see the privacy statement on NHSBT's website:

<https://www.nhsbt.nhs.uk/privacy/>

Core information has been provided

Applicable legislation:

Consent is obtained in accordance with the following legislation and good practice guidance:

Human Tissue Act (2004)

Human Transplantation (Wales) Act 2013 *

Human Transplantation and Anatomy (Jersey) Law 2018 *

The Human Tissue Authority Codes of Practice

[Organ Donation \(Deemed Consent\) Act 2019 *](#)

The Human Tissue Authority Code of Practice for organ donation to support the Human Transplantation (Wales) Act 2013

Mental Capacity Act (2005)

Mental Capacity Act (Northern Ireland) 2016

General Data Protection Regulation 2016

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CONFIRMATION OF CONSENT

Section 7

I have understood the above and I have had the opportunity to ask questions which have been answered to my satisfaction.

Patient/Relationship to patient <input style="width:200px;" type="text"/>	
Name <small>Please print</small> <input style="width:300px;" type="text"/>	Signed <input style="width:200px;" type="text"/>
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	Time (24hr) <input type="text"/> : <input type="text"/>
Address of person giving consent <input style="width:250px;" type="text"/>	Email address <input style="width:250px;" type="text"/>
	Telephone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Co-signatory Name <small>(Where applicable)</small> <small>Please print</small> <input style="width:300px;" type="text"/>	Signed <input style="width:200px;" type="text"/>
Relationship to patient <input style="width:200px;" type="text"/>	Email address <input style="width:250px;" type="text"/>
	Telephone number/mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Healthcare Professional Details (Witness)	
Designation <input style="width:300px;" type="text"/>	
Name <small>Please print</small> <input style="width:300px;" type="text"/>	Signed <input style="width:200px;" type="text"/>
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	Time (24 hr) <input type="text"/> : <input type="text"/>

Healthcare Professional Ascertaining Consent	
Designation <input style="width:300px;" type="text"/>	
Name <small>Please print</small> <input style="width:300px;" type="text"/>	Signed <input style="width:200px;" type="text"/>
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	Time (24 hr) <input type="text"/> : <input type="text"/>

Information leaflets given to family? OR Information leaflets to be sent to the family?



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Additional Information



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Additional Information