Part 1: Referral information - Note, this is a summary. The cause of death should be agreed in a discussion between the Coroner and treating clinician

Patient Name	**Patient DOB**	**Patient NHS Number**	**Patient Postcode**	**Date of Admission**	**Donor Hospital**	**Unit**

Name of NOK	Contact Number	Relationship to Donor	NOK aware of Donation? **YES** ◯ **NO** ◯

Name of Consultant	Contact Number	Name of Specialist Nurse	Contact Number

Referred to ME	Yes ☐	No ☐	Date and time of ME Contact	Name of decision-making ME
Coronial Referral	Yes ☐	No ☐	Date and time of Coroner Contact	Name of decision-making Coroner
Coroner Officer			Coroner Contact Number	Coroner contact email

Potential Donation	DCD ☐	DBD ☐	DBD – Date/Time of Death	Predicted retrieval time	Regional Team Email

Proposed Cause of Death:

1a.

1b.

1c.

1d.

2.

	Yes	No	Unknown
Medical team willing to issue MCCD as above?	☐	☐	☐
Admission blood sample available for Coroner?	☐	☐	☐

Location of incident / onset of illness

Description of circumstances of admission and previous medical history

Details of surgeries/procedures during admission - *indicate if they are believed to be related to the cause of death*

Police, Forensic involvement and/or Safeguarding concerns / referral needed- *including names, contact details, passwords and incident numbers*

Part 2: For completion by Coroner if full lack of objection with no additional requests (please continue to part 3 for organ / tissue restrictions or requests)

Full Lack of Objection from Coroner:

I ..... **give a full lack of objection** to the process of Organ and Tissue retrieval for transplant and for research **with no restrictions**. This includes the required retrieval procedures and the collection of Blood, Lymph, Spleen and Vessels to aid transplant.

Date and time of final decision: Signed: _____

If completing digitally - Please return this form via email to:

Full Lack of Objection from discussions with Coroner:

I confirm that the Coroner.....**gave a full lack of objection** to the process of Organ and Tissue retrieval for transplant and for research **with no restrictions**. This includes the required retrieval procedures and the collection of Blood, Lymph, Spleen and Vessels to aid transplant.

Date & time of final decision: Signed: _____

Completed by - Name: Profession:

If completing digitally - Please return this form via email to:

Dear Coroner, please complete all applicable fields and move to Page 3 to 'Lock Form' prior to returning

Patient Name	Patient DOB	NHS Number

Part 3: Coroner Restrictions and Objections

If Restrictions or Objections apply, please consider each of the requests below and indicate Coronial decision

	To be completed by Specialist Nurse	For completion by Coroner/Coroners Officer or Person discussing with Coroner			
Section A- Abdominal Retrieval - Transplant	Requested	Lack of Objection	Full Objection	Restriction Add ccomment	Comments
A1. Lymph, Spleen, Blood Vessels for Transplant	☐	○	○	○	
A2. Kidneys	☐	○	○	○	
A3. Liver	☐	○	○	○	
A4. Pancreas	☐	○	○	○	
A5. Bowel	☐	○	○	○	
A6. Multi-visceral - Please specify	☐	○	○	○	
Section B- Thoracic Retrieval - Transplant	Requested	Lack of Objection	Full Objection	Restriction Add ccomment	Comments
B1. Whole Heart (including purpose for tissue transplant)	☐	○	○	○	
B2. Lungs	☐	○	○	○	
Section C- Tissue - Transplant & Research	Requested	Lack of Objection	Full Objection	Restriction Add ccomment	Comments
C1. Eyes	☐	○	○	○	
C2. Skin	☐	○	○	○	
C3. Bone	☐	○	○	○	
C4. Tendons (Ankle & Knee)	☐	○	○	○	
C5. Whole knee for meniscus	☐	○	○	○	
C6. Femoral Artery	☐	○	○	○	
C7. Body to be moved for tissue retrieval	☐	○	○	○	
Section D- Research/Novel/Bespoke-Transplant & Research	Requested	Lack of Objection	Full Objection	Restriction Add comment	Comments
D1. Any additional Organs/Tissue/surrounding tissue - please specify	☐	○	○	○	
D2. Intervention Studies - including medication administration	☐	○	○	○	

NB - To facilitate safe donation and transplantation surrounding tissue will accompany donated organs / tissue

Patient Name	Patient DOB	NHS Number

Part 4 - Restriction considerations to allow the process of Organ and Tissue donation

Section E – Restrictions

Please consider the below restrictions in relation to Coroner permissions – please discuss with Specialist Nurse if concerns

A note from the Specialist Nurse:

Dear Coroner,

	Yes	No	Unknown
Will there be a Post Mortem Examination?	○	○	○
Will this be a Forensic Post Mortem?	○	○	○

Restriction/Objection please consider and indicate agreement (please elaborate in Section F if no agreement):

Retrieval Considerations:	Yes	No	Tissue Considerations:	Yes	No
Can the chest be surgically opened for cavity exploration?	○	○	Can corneas be retrieved?	○	○
Can vessel cannulation occur in the chest?	○	○	Can carotid arteries be retrieved?	○	○
Can incisions be made above diaphragm to facilitate liver retrieval and novel technologies? i.e. Organ Perfusion	○	○	Can neck incisions for novel technology be made?	○	○
Can we temporarily remove the heart to enable us to retrieve the lungs? The heart will be returned to the body.	○	○	Can tissue retrieval above diaphragm be performed? i.e. eyes, skin, bone	○	○
Can an abdominal incision/cavity exploration be undertaken?	○	○	Can tissue retrieval below diaphragm be performed? i.e. vessel, skin, bone	○	○
Can incisions be made below diaphragm to facilitate novel technologies? i.e. Organ Perfusion and research retrieval i.e. uterine	○	○			
Can vessel cannulation occur in the abdomen?	○	○			

Section F - Coroner free Text

Please specify any specific Coronial requests: Witness statements, Admission bloods, Pathology considerations etc.

Part 5 - Restricted / Full objection

Restricted (partial) Objection decision for the Coroner:

I ..... **give a restricted (partial) objection** to the full process of Organ and Tissue retrieval for transplant and research.

Restrictions/objections are detailed through sections A,B,C,D,E and F.

Date & time of final decision: _____ Signed: _____

If completing digitally - Please return this form via email to:

Restricted (partial) Objection decision from <u>discussions</u> with Coroner:

I confirm that the Coroner.....**gave a restricted (partial) lack of objection** to the process of Organ and Tissue retrieval for transplant and research.

Restrictions/objections are detailed through sections A,B,C,D,E and F.

Date & time of final decision: _____ Signed: _____

Completed by - Name: Profession:

If completing digitally - Please return this form via email to:

Full Objection decision from the Coroner:

I ..... **give a full objection.**

The process of Organ and Tissue retrieval for transplant and research **can not proceed**.

Objections are detailed through sections A,B,C,D,E and F.

Date & time of final decision: _____ Signed: _____

If completing digitally - Please return this form via email to:

Final Objection decision from <u>discussions</u> with Coroner:

I confirm that the Coroner.....**gave a full objection.**

The process of Organ and Tissue retrieval for transplant and research **can not proceed.**

Objections are detailed through sections A,B,C,D,E and F.

Date & time of final decision: _____ Signed: _____

Completed by - Name: Profession:

If completing digitally - Please return this form via email to: