FRM7960/1 – Record of Consent Conversation to Support Organ and Tissue Donation

NHS Blood and Transplant

Effective date: 31MAR2026

Tissue Donor Number	K										Organ Donor Number						

INFORMATION AND AWARENESS PURPOSES ONLY

1 Patient Details

Name

NHS Number											**Hospital Number**									
Address											**Date of Birth**	D	D	M	M	Y	Y	Y	Y	
											Age *(If under 3 years record years and months)*		Years		Months					
Postcode																				

2 Complete only when obtaining consent via telephone / other media

I the Specialist Nurse taking formal consent via telephone or other media have sought permission to record and store the conversation	**Yes**		**No**	

3 Consent applied – Specialist Nurse to initial

First Person		Nominated/Appointed		Deemed		Person Highest Qualifying Relationship/Parental Responsibility	

4 Specific consent to donate organs and tissues for transplantation and Scheduled Purposes*

Has the person in the PHQR or person with parental responsibility supporting organ and/or tissue donation for transplantation declined to hear individual organ and/or tissue detail? Yes ☐ N/A ☐ (excludes Scheduled Purposes*)

Please initial appropriate box	**Removal for Transplantation**			**Removal for Scheduled Purposes***		
	Yes	**No**	**Excl**	**Yes**	**No**	**N/A**
Kidneys						
Liver (including Hepatocytes)						
Pancreas (including Islet cells)				**Diabetic Pancreas Only**		
Bowel						
Multivisceral						
Blood vessels						
Eyes						
Bone						
Knee						
Skin						
Tendons						
Femoral Vessel						

Please initial appropriate box	**Removal for Transplantation**			**Removal for Scheduled Purposes***		
	Yes	**No**	**Excl**	**Yes**	**No**	**N/A**
Heart						
Heart for tissue						
Lungs						

Other consented organs/ tissue/ multivisceral/ ad-hoc tissue/ structures, and vessels – please specify	

To improve healthcare in the future, removed organ(s), tissue and cells may be used and stored for research, education purposes or other Scheduled Purposes* (in ethically approved research studies).
This may include tissue and cells from organs suitable for transplantation **or** organs / tissue unable to be transplanted following removal.

**Scheduled Purposes include: Research, Education or Training related to Human Health, Clinical Audit, Quality Assurance, Performance Assessment*

	YES	**NO**
Do you believe the patient would agree to this and do you consent?		
Are there any additional Centre Specific Studies consented for?		

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Are there any Research Restrictions? If so, detail below:								
Animal		DNA		Commercial		Other		

	Yes	No	N/A
Where deemed consent for donation applies, please confirm consent is in place from the PHQR for organs and/or tissue used for research purposes and/or novel or rare transplantation.			

		Yes	No
Tissue donors only: the following **MUST** be discussed:	In instances whereby it is required to transfer the patient from their place of death to another hospital or NHSBT's Dedicated Donation Facility, for the tissue donation procedure to be undertaken, do you consent?		

5 I (Specialist Nurse) confirm that I have provided the core information (section 8) to the individual supporting consent

Signed:	**Date:**	**Time:**

6 Confirmation of consent for organ and/or tissue donation and other Scheduled Purposes

Details of individual (PHQR) supporting the donation process
I have understood the information provided and been given the opportunity to ask questions and for my questions to be answered.

Name	*Please print*	**Signature**			
Relationship to patient		**Date**	DD / MM / YYYY	**Time**	HH:MM
Address (of person supporting donation)		**Telephone number**			
		Email address			
		Others present / co-signatories			

Specialist Nurse undertaking conversation		**Healthcare Professional witness involved in conversation**	
Name		**Name**	
Signature		**Signature**	
Initials			
Designation		**Designation**	
Date	DD / MM / YYYY	**Date**	DD / MM / YYYY
Time (24 hour)	HH:MM	**Time** (24 hour)	HH:MM

7	Additional Information and consented research study stickers		
Date DD/MM/YYY	**Time** HH:MM		**Signature**

Additional Information and consented research study stickers			
Date DD/MM/YYY	**Time** HH:MM		**Signature**

8 Information required to support organ and tissue donation (Core Information)

For paediatric donation only:

Blood samples will be obtained from the patient and the patient's birth parent where the patient is under 18 months old and/or any individual who has breastfed the patient 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.

Storage / Testing:
Blood samples will be obtained from the patient for testing, including pregnancy (for organ donors only, if applicable), tissue typing, blood borne infections such as HIV and Hepatitis and other relevant infectious agents. These samples may be subsequently stored for future testing as necessary.

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.

To ensure the safety and quality of transplantation, if an abnormality were found during the retrieval / processing, tissue sample(s) will be taken for analysis and subsequently stored for potential further testing.

In the event of any screening or subsequent test results that may have implications for family members, relevant individuals may be contacted if their health or health of others could be affected.

Surrounding tissue:
As part of the organ and / or tissue retrieval process surrounding tissue will be removed to support the safety and quality of transplantation. Only where necessary will this include part or whole organs.

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

Disposal:
In instances where organs or tissues cannot be transplanted or accepted for research or other scheduled purposes, the organ and / or tissue will be respectfully disposed of following hospital / tissue establishment policy.

Medical records:
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 / coroner / medical examiner in support of the donation and transplantation process. This information may also be retained by the Organ Donation Teams / Tissue Establishment.

Data storage:
The information collected from you on the consent form will be stored securely and only be used in support of the donation and transplantation. For further information please see the privacy statement on NHSBT's website:
https://www.nhsbt.nhs.uk/privacy/