
**Donation of Tissue
Authorisation by Designated Officer**



LIONS EYE DONATION SERVICE
MELBOURNE

I.....authorize.....
(Name of Designated Officer) (Donation Service Representative)

to remove the following tissue(s):
& a sample of blood

from the body of.....

FOR THE PURPOSE OF TRANSPLANTATION INTO THE BODY OF A LIVING PERSON OR
FOR THERAPEUTIC, MEDICAL OR SCIENTIFIC PURPOSES,
having assured myself that all reasonable steps have been taken to ascertain the
following:

(Circle)

(a) Death has been certified according to the relevant Act. Yes No

(b) The donor had expressed a wish for and consented to removal of the tissue(s) Yes No

OR

Consent from the senior available next of kin has been obtained for removal Yes No

Name of senior available next of kin:

Permission obtained by

(c) Referral of the donor to the Coroner is required. Yes No
If yes, that Coroner's consent has been obtained. Yes No

(d) The donor did not expressly object to the above donation in writing or orally before death. Yes No

SIGNED **Status**

Dated / /

This document should be filed with the donor's medical history