

I..... authorise
(Designated Officer) (Donation Service Coordinator)

To remove the following tissues:
and a sample of blood

from the deceased 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:

- 1. Death has been established according to the relevant act Yes / No
- 2. The donor had expressed a wish for and consented to the removal of tissue Yes / No

or

Consent has been obtained from the senior available next of kin of the deceased Yes / No

Senior available next of kin:

Person notified and recording consent:

- 3. Referral of the donor to the Coroner is required Yes / No

and if required that

The coroner has provided consent for the removal of the stated tissue for the purposes listed above Yes / No

Signed: Position:

Dated: / / Time hrs.

or verbal confirmation of authorisation has been obtained and given to:

..... Initialled and dated:

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