

[Place medical record label
here if available]



Donation of Eye Tissue Authorisation by Designated Officer

I authorise
(Designated Officer) (Donation Service Coordinator)

To remove the following tissues:
and a sample of blood

from the deceased body of:
[Name] [DOB] [MRN]

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: Relationship to donor:

Person notified and recording consent:

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

and if required:

The coroner has provided consent for the removal of the stated
tissue for the purposes listed above Yes / NA

Signed: Position:
[Designated officer]

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.

Lions Eye Donation Service. eyebank@cera.org.au 0483 988 463 (7am – 6pm M-F; 7am - 3pm S-S)