

CONSENT FROM NEXT OF KIN FOR ORGAN AND TISSUE DONATION

Patient label:

1. By signing this document, you confirm that you have been fully informed about the diagnosis and prognosis of the aforementioned patient, and that you have understood the information.
2. By signing this document, you confirm that the medical preparations necessary for organ donation have been explained to you.
3. The organ and tissue donation will be carried out to respect the aforementioned patient's presumed wishes.

You hereby agree to the removal of the following organs and tissue along with the necessary medical preparations after the determination of death according to the guidelines of the Swiss Academy of Medical Sciences (SAMS).

- a) Any organs and tissue:
- b) Selected organs and tissue:
- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Lungs | <input type="checkbox"/> Liver | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Small intestine | <input type="checkbox"/> Heart valves and blood vessels | <input type="checkbox"/> Cornea |
| <input type="checkbox"/> Other tissue and cells: _____ | | | <input type="checkbox"/> Sclera |

Research purposes

If a transplantation is not possible due to medical reasons, the removed organs, tissues and cells may be used for research purposes (only in studies approved by an ethics committee and Swisstransplant/CNDO – notification to Swisstransplant of organs, tissues and cells to be used within seven days of procurement).

- Yes No

If organs/tissues/cells cannot be transplanted due to medical reasons and have been released for use in an approved research project, the additional form "Use of organs/tissues/cells for research purposes" must be completed.

CONSENT FROM PATIENT'S NEXT OF KIN OR PERSON OF TRUST

By signing this document, you confirm

- that you have read and understood this document.
- that you have been fully informed about the organ and tissue donation.
- that you have been given the opportunity to ask questions, and that these questions have been answered to your satisfaction.

Last name/first name: **Relationship to patient:**

Place/date: **Signature:**

PLEASE TURN OVER

CONFIRMATION BY MEDICAL PROFESSIONAL

By signing this document, you confirm

- that the next of kin have been fully informed about the diagnosis and prognosis of the patient.
- that the medical preparations necessary for organ and tissue donation have been explained to the next of kin.
- that the next of kin have been informed about the necessary examinations, the process and the different removal techniques for organ and tissue donation.

The consultation took place: In person

By phone

Date: _____ Name of next of kin: _____

Last name/first name:

Place/date: **Signature:**