



401 North 3rd St.
Philadelphia, PA 19123
800-KIDNEY-1 • 800-DONORS-1

D.O.B: ____/____/____

AUTHORIZATION FOR ORGAN AND/OR TISSUE DONATION

I, _____, being the _____ and authorized Next of Kin of _____,
(Printed name of Next of Kin) (Relationship) (Name of donor)

authorize the donation of his/her organs and tissues as circled below, to Gift of Life Donor Program (GLDP) for the purposes of transplantation or therapy. Authorization to any gifts below includes authorization to the donation of blood, blood vessels, lymph nodes, spleen and urine necessary to support the purposes of the donation. Transplant recipients may be participating in clinical studies designed to improve transplant outcomes.

- | | | | | | |
|--|-----|----|---|-----|----|
| 1. Heart | Yes | No | 11. Bone: Lower extremities/pelvis and associated connective tissue | Yes | No |
| 2. Heart for Valves and Pericardium | Yes | No | 12. Bone: Upper Arm and associated connective tissue | Yes | No |
| 3. Lungs | Yes | No | 13. Bone: Lower Arm and associated connective tissue | Yes | No |
| 4. Liver | Yes | No | 14. Bone: Ribs | Yes | No |
| 5. Kidneys | Yes | No | 15. Bone: Vertebral bodies | Yes | No |
| 6. Pancreas | Yes | No | 16. Skin: Upper body | Yes | No |
| 7. Intestines (including stomach) | Yes | No | 17. Skin: Lower body | Yes | No |
| 8. Eyes | Yes | No | 18. Other: Descending Thoracic Aorta | Yes | No |
| 9. Corneas | Yes | No | 19. Other: APOLLO Study | Yes | No |
| 10. Veins and other blood vessels of the legs (saphenous; femoral) | Yes | No | 20. Other: Specify _____ | Yes | No |

If the gifts cannot be used for transplantation or therapy, I authorize their use for research and/or education purposes. Yes No

I understand that the surgical recovery will take place at Gift of Life Donor Program, _____ or another designated site.
(Hospital)

I understand that these gifts are made to GLDP, a non-profit organization. The recovery and distribution of these gifts will be coordinated by GLDP and/or other involved national or international agencies. These other agencies may be non-profit or for-profit organizations. GLDP will coordinate the process in accordance with medical and ethical standards. GLDP will take efforts to minimize changes in the outward appearance of the donor, but the circumstances of each donor are unique. The costs related to organ and tissue recovery will be sent to GLDP and are not the responsibility of the donor's next-of-kin. Because this is a gift, you will not receive any financial benefit from this donation.

I authorize the release and copy of the complete record, including medical and social history and all other pertinent medical information from any source, including autopsy findings (if performed) and death certificates, to GLDP or its designee. I authorize GLDP or its designee to manage any interventions, including cardiac compressions and defibrillation, diagnostic procedures and laboratory tests including, but not limited to: medications, blood product administration, bronchoscopy, echocardiogram, cardiac catheterization, hepatitis, HIV, and other tests to assist in evaluating and maintaining organ function and suitability of the organs and tissues for transplantation. Management of the donor may include research measures designed to study ways of improving organ transplant outcomes. I understand that GLDP may record and use images of the gifts and the recovery process, which do not disclose the donor's identity to support the purposes of this donation.

☐ **Donation after Brain Death** I understand that death has been determined and recorded in the medical record. For organ donation, I understand that artificial support of respiration and heartbeat will be continued during the recovery and discontinued upon completion of the procedure. During the recovery of tissue this support is not required. _____
(NOK Initials)

☐ **Donation after Cardiac Death** I understand that a determination of death will be made and the time of death will be recorded in the medical record. I understand that this is a donation of organs and/or tissues, which will occur after certain artificial support has been discontinued and determination of death has been made. I am notifying GLDP that the appropriate person(s) have given consent to the discontinuation of the artificial support of respiration and heartbeat and/or other bodily functions. I understand that GLDP is relying upon this notification in coordinating the donation. I understand that the actual time until death occurs is variable, and if extended, may preclude organ donation. I also understand that care and comfort measures will be guided by the hospital's care giving team and that heparin will be administered prior to the discontinuation of artificial support for the purpose of supporting organ recovery. _____
(NOK Initials)

I acknowledge that I have read (or had read to me) this document in its entirety, that I have had the opportunity to ask and have answered any questions and that I fully understand this document. I authorize the donation(s) described above.

Signature of the NOK: _____ Initials: _____

Street Address/City/State/Zip: _____ Phone Number: _____

Email Address of NOK: _____

Completed by: _____ Signature: _____
(Printed Name of GLDP representative)

Witnessed by: _____ Signature: _____
(Printed Name & Title of Hospital Representative)

Date & Time of Authorization: _____

If family requests directed donation, please complete:

☐ Check Box if telephonic authorization completed; Print name(s) of Next-of-Kin and any witness(es).

Candidate's Name: _____

Organ: _____

Transplant Center: _____

Each State's "Next of Kin" hierarchy is located on the back of the last page of this form

WHITE - CHART COPY

YELLOW - NEXT OF KIN

PINK - GLDP OFFICE COPY

Updated 7-25-2019

Next of Kin Hierarchy

Pennsylvania	Delaware	New Jersey
An agent of the decedent at the time of death if the agent is expressly authorized to make the gift.	An agent of the decedent at the time of the decedent's death	An agent of the decedent at the time of the decedent's death
The spouse, unless an action for divorce is pending.	The spouse, unless a petition for divorce has been filed (includes a civil union partner or domestic partner)	The spouse (includes a civil union or domestic partner)
An adult (age 18 or over) son or daughter	An adult (age 18 or older) son or daughter	An adult (age 18 or older) son or daughter
Either parent	Either parent	Either parent
An adult brother or sister	An adult brother or sister	An adult brother or sister
An adult grandchild	An adult grandchild	Another adult related to the decedent by blood, marriage, or adoption, or exhibited special care and concern for the decedent
A grandparent	An adult niece or nephew	A guardian of the person of the decedent at the time of his or her death
Any other person related by blood, marriage, or adoption	An adult aunt or uncle	Any other person authorized or under obligation to dispose of the body. This expressly includes the hospital administrator and in the absence of actual notice of contrary indication by the decedent, hospital administrator shall make an anatomical gift
A guardian of the person of the decedent at the time of his or her death	Any other adult related to the decedent by blood, marriage, or adoption, or who exhibited special care and concern for the decedent	
Any other person authorized or under obligation to dispose of the body. This expressly includes the hospital administrator, warden, coroner or medical examiner.	A guardian of the person of the decedent at the time of his or her death	
	Any other person authorized or under obligation to dispose of the body	
	The hospital administrator or designee (where decedent was a patient at time of death)	