

CONSENT FOR ORGAN DONATION

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Place Patient Label

Consent-E
Consent for Organ Donation



IDN13150094

1. I consent to Rush University Medical Center, its designated physicians, surgeons and technicians and/or _____ (donees) to remove the specified organ(s) checked below from the body of _____

(Name of Patient)

for the purpose of research, education, advancement of science, therapy or transplantation.

- | | | |
|---------------|----------------|-------------|
| _____ heart | _____ liver | _____ skin |
| _____ kidneys | _____ pancreas | _____ bone |
| _____ eyes | _____ lungs | _____ other |

2. I have the authority to consent to this organ donation from the above-noted patient because I am:

- _____ the patient;
- _____ the spouse of the deceased patient;
- _____ an adult son or daughter of the deceased patient;
- _____ a parent of the deceased patient;
- _____ an adult brother or sister of the deceased patient;
- _____ a guardian of the deceased patient; or
- _____ authorized or under an obligation to dispose of the body of the deceased patient.

3. This consent to organ donation is given with my assurance that there has been no contrary indication to this donation asserted by the patient or other individual whose right to make this gift is equal to or greater than mine.

DATE: _____

Signature of Consenting Party

TIME: _____ A.M./P.M.

Street

WITNESSES:

City State Zip

Signature of Witness

Signature of Witness

INSTRUCTIONS: This consent form may be signed by any one of those individuals listed in paragraph 2. If an individual whose right to consent is equal to or greater than the consenting party (an individual listed above the consenting party) notifies the Medical Center that he/she objects to the organ donation prior to the removal, the donation may not be accepted. If the consent is obtained from the patient prior to death 2 witnesses must sign in the presence of the patient and thereby certify that the patient was of sound mind and memory and free from any undue influence and knows the objects of his bounty and affection. If the consent is obtained from someone other than the patient upon or following the death of the patient only 1 witness must sign for the purpose of verifying the authenticity and voluntary nature of the consent. The name of a donee other than Rush University Medical Center should be inserted in paragraph 1. In the case of eyes this would normally be the Illinois Eye Bank 1-800-548-4703, and in the case of organ(s) and/or tissue this would be the Regional Organ Bank of Illinois 312-431-3600.

* Source: Illinois Uniform Anatomical Gift Act (SHA Chapter 110-1/2, Section 301 et seq.)