

## 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:
- Heart       Lungs       Liver       Pancreas
- Kidneys       Small intestine       Heart valves and blood vessels       Cornea
- Other tissue and cells: \_\_\_\_\_

### 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:** .....

### CONFIRMATION BY MEDICAL PROFESSIONAL

By signing this document, you confirm

- that the Swisstransplant National Organ Donor Register has been consulted.
- that the next of kin have been fully informed about the diagnosis and prognosis of the patient.
- that the medical preparations necessary for organ donation have been explained to the next of kin.
- that the next of kin have been informed about the necessary examinations and steps that an organ donation entails.

The consultation took place:  In person

By phone

Date: \_\_\_\_\_ Name of next of kin: \_\_\_\_\_

**Last name/first name:** .....

**Place/date:** ..... **Signature:** .....