



National Disease Research Interchange
 8 Penn Center, 8th Floor
 1628 John F. Kennedy Blvd.
 Philadelphia, PA 19103
 Phone: (800) 222-6374 Fax: (215) 557-7154
 Website: www.ndriresource.org

Consent for Donation of Anatomical Gifts from Surgical/Living Donors

In order that humanity may benefit, I _____, give consent to the National Disease Research Interchange (NDRI) for
 (print name of patient)
 the donation of my organs and tissues as circled below, for the purpose of medical research.

- | | | | | | |
|---------------------------|-----|----|--|-----|----|
| 1. Heart | yes | no | 15. Bones/associated soft tissue | yes | no |
| 2. Blood vessels/arteries | yes | no | 16. Muscle | yes | no |
| 3. Lungs | yes | no | 17. Eyes | yes | no |
| 4. Trachea | yes | no | 18. Brain/neurological tissues | yes | no |
| 5. Thyroid | yes | no | 19. Spinal Cord | yes | no |
| 6. Intestine | yes | no | 20. Thymus | yes | no |
| 7. Stomach | yes | no | 21. Salivary Glands | yes | no |
| 8. Liver | yes | no | 22. Pituitary Gland | yes | no |
| 9. Kidneys | yes | no | 23. Breast | yes | no |
| 10. Bladder | yes | no | 24. Prostate | yes | no |
| 11. Adrenal Glands | yes | no | 25. Reproductive organs/tissues
(ovaries/uterus; testes/vas deferens, etc.) | yes | no |
| 12. Pancreas | yes | no | 26. Blood, Urine, Saliva | yes | no |
| 13. Spleen/Lymph. Nodes | yes | no | | | |
| 14. Skin | yes | no | | | |

Additions/limitations/comments: _____

I understand that these gifts are made to NDRI, a non-profit organization, and that the recovery and distribution of these gifts will be coordinated by NDRI and/or other involved agencies. These other agencies may be non profit or for-profit organizations. I understand that the expenses related to the surgical procedure/blood draw and medical care are my responsibility. I also understand that costs directly related to the evaluation and placement of organs and tissues for medical research are the responsibility of NDRI.

I authorize the release and copy of any medical information, including medical and social history, and hospital records to NDRI to determine organ and tissue suitability for medical research. This information will be de-identified prior to it's release. This permission for release and copy of medical records will expire ten (10) years from this date, and may be revoked before this date by submission of a written request to NDRI. I further authorize the performance of all necessary tests and procedures, including but not limited to testing for HIV and viral hepatitis, to determine medical suitability of the organs and tissues for the purposes intended.

I authorize the release of medical and contact information to original referring Voluntary Health Organization/Patient Care Advocate Group. YES NO

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

 (Patient Signature)

 (Witness #1 Signature)

 (Print name of Patient) (Date & Time)

 (Print name of Witness#1) (Date & Time)

 (Street Address)

 (City/State/Zip)

 (Patient Phone Number)

- Check box if telephonic consent obtained².
- The Uniform Anatomical Gift Act establishes the following order for priority of "Next-of-Kin": (1) spouse, (2) adult son or daughter, (3) either parent, (4) adult brother or sister, (5) guardian, (6) any other person authorized or under obligation to dispose of the body. 1
 - If telephonic consent obtained: (i) print name(s) of Next-of-Kin and any witness(es) and (ii) note date and time of consent.



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Procedure Information

Procedure: _____

Anticipated Date of Procedure: _____

Location of Procedure: _____

Physician's Contact Information

Physician's Name: _____

Physician's Address: _____
(Street Address)

(Suite)

(City) (State) (Zip)

Physician's Phone Number: () _____

Physician's Fax Number: () _____

Name of Patient: _____
(Print name of patient)

Signature of Patient _____
(Patient Signature)

Date: _____

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2. If telephonic consent obtained: (i) print name(s) of Next-of-Kin and any witness(es) and (ii) note date and time of consent.