

**CONSENT  
TO RECOVER  
ORGANS AND TISSUES  
FOR DONATION  
AFTER CIRCULATORY DEATH**

**1) Consent to the donation of organs and tissues**

I \_\_\_\_\_ hereby authorize the various teams to recover my organs and tissues for transplantation or graft purposes.  
Name of person qualified to consent

OR

I \_\_\_\_\_, being the \_\_\_\_\_  
Name of person giving consent Relationship (as stipulated by the law: the authorized representative, tutor, curator, spouse (married, *de facto*, civil union), a close relative or a person who shows a special interest in the patient)

of \_\_\_\_\_ hereby authorize the various team to recover their organs and tissues for transplantation or graft purposes.  
Name of person (potential donor)

<b>I hereby consent to the recovery of organs and tissues without restrictions.</b>		Place your initials here if you agree.
<b>OR I hereby consent to the recovery <u>with</u> restrictions.</b> Place your initials beside the organs and tissues that <b>CAN BE RECOVERED</b> for transplantation or graft purposes.		
Organs	Tissues	
Heart .....	Heart (for valves) .....	
Lungs .....	Pericardium .....	
Liver (including the vessels) .....	Blood vessels (arteries and veins) .....	
Pancreas (including the vessels) .....	Eyes .....	
Kidneys .....	Bones .....	
	Skin .....	
	Tendons, ligaments, menisci, and fascia .....	
<b>Other (specify)</b>		

I hereby authorize Transplant Québec, in collaboration with the hospital and health care professionals involved, to proceed to the medical evaluation in order to determine the eligibility of organ donation after circulatory death, to coordinate and to carry out the donation process according to the hospital's protocol.

Likewise, I authorize the hospital's Director of Professional Services and the health care professionals to transmit to the parties designated by the Minister (that is, either Transplant Québec or Héma-Québec, depending on whether it involves organ or tissue donation) all necessary medical information and authorize the parties designated by the Minister to consult all medical files.

I also authorize the following procedures to be done prior to death:

- Any blood samples necessary to determine the patient's eligibility to donation and potential recipient's histocompatibility.
- Any blood samples necessary to screen for infectious agents, (i.e.: HIV (or its precursor: p24), certain cancers (i.e.: lymphoma and leukemia/HTLV), Hepatitis B and C serologies, syphilis (VDRL) and the conservation of blood samples for future testing, if required.
- Any diagnostic exam, including laboratory tests and medical imagery, to determine organ suitability for transplantation.
- The administration of life-sustaining therapy, of Heparin or of any other medication deemed necessary to optimize organ function for transplantation, prior to the withdrawal.

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<b>Nom de la personne (donneur potentiel)</b>	
<b>N° dossier</b>	

I understand that the information related to these tests will be kept confidential according to the legislation in force. However, in cases of a notifiable disease, the results will be transmitted to the public health authorities.

If the results must be transmitted to a family member or relative of the donor, please send the results to the following physician:

[First and last name of the family physician or of the family member's or relative's physician (optional)] \_\_\_\_\_

I authorize, if necessary, the transfer of the patient (potential donor) or my transfer to an organ and tissue recovery centre.

I understand that the consent given allows Transplant Québec to control and evaluate the quality and internal management of activities related to organ donation.

**ADDITIONAL INFORMATION:**

- The patient's medical care team (and not the recovery or transplantation team) is responsible for establishing the prognosis, initiating any discussion or decision concerning the withdrawal of life-sustaining therapies, providing any end-of-life comfort care, administering medical assistance in dying (according to the laws in force) and providing the attestation of death.
- The determination of circulatory death is established by two physicians who are not involved in the organ recovery or transplantation process and is established in the absence of respiration, circulation and pulse after the removal of the respirator or the administration of medication for medical assistance in dying.
- **For a potential donor who is not receiving medical assistance in dying:** I understand that the lapse of time between withdrawal of life-sustaining therapies and the determination of death is unpredictable and if prolonged, it may then be impossible to proceed with organ retrieval. In that case, the person will then be transferred to a ward where end-of-life care will be provided.

**2) Consent to the recovery of organs and tissues for education and research**

If my organs or tissues or those of my relative cannot be used for transplantation or grafting, I consent to their recovery and anonymous use for:

- Research projects pre-approved by a research ethics committee
- Education
- Studies carried out by Héma-Québec to improve the quality of the human tissue supply.

Place your initials next to your choice      YES \_\_\_\_\_      NO \_\_\_\_\_      Restriction(s) : \_\_\_\_\_

**3) Consent to the secondary use of my personal information for research purposes**

I hereby consent to the anonymous use of my medical and personal information or those of my relative for research projects pre-approved by a research ethics committee.

Place your initials next to your choice      YES \_\_\_\_\_      NO \_\_\_\_\_

**4) ONLY FOR RELATIVES OF DONORS INAPT TO CONSENT  
Consent to being contacted by Transplant Québec to participate in research projects and education and awareness initiatives related to organ donation**

I hereby consent to being contacted to participate in research projects pre-approved by a research ethics committee.

Place your initials next to your choice      YES \_\_\_\_\_      NO \_\_\_\_\_

I hereby consent to being contacted to participate in education and awareness initiatives related to organ donation and transplantation.

Place your initials next to your choice      YES \_\_\_\_\_      NO \_\_\_\_\_

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Nom de la personne (donneur potentiel)	
N° dossier	

I certify that:

- I have read (alone or with assistance) and understand this consent form.
- I understand that the consents indicated in sections 1 and 2 of this form may not be withdrawn once the recovery process has begun.
- I was able to ask questions and I received explanations regarding this document.

Signature _____	Name (print letters) _____	Date _____	Time _____
Address of signatory _____		Postal code _____	( _____ ) _____ Area code Phone No.

I have explained this consent form and I have answered all the signatory's questions.

Signature of the person who obtained the consent _____	Name of the person who obtained the consent (print letters) _____
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Telephone consent:  YES  NO

**MANAGEMENT OF YOUR PERSONAL INFORMATION**

For organ donations, your personal information will be kept at Transplant Québec at 4100 Molson Street, Suite 200, Montreal (Quebec) H1Y 3N1. To assert your rights to access and request adjustment of your personal information, please contact us at [vieprivee@transplantquebec.ca](mailto:vieprivee@transplantquebec.ca).

For tissue donations, your personal information will be kept at Héma-Québec both at 4045, boulevard Côte-Vertu, Montreal (Quebec) H4R 2W7 and at 1070, avenue des Sciences-de-la-Vie, Quebec (Quebec) G1V 5C3.

Donor information may be communicated outside of Quebec to other provinces and territories as well as outside of Canada in the context of organ offers.