

## CONSENT FOR DONATION AFTER CARDIOCIRCULATORY DEATH

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

of \_\_\_\_\_ authorize the recovery team to retrieve the organs specified  
Name of patient (potential donor) **herein for the purpose of transplantation.**

### Consent for organ donation and retrieval

Initial the organ(s) that **MAY BE RETRIEVED** for the purpose of transplantation.

LUNGS: \_\_\_\_\_ LIVER (including blood vessels): \_\_\_\_\_ PANCREAS (including blood vessels): \_\_\_\_\_  
 KIDNEYS: \_\_\_\_\_ BLOOD VESSELS for transplantation: \_\_\_\_\_

I hereby authorize Transplant Québec, in collaboration with the hospital and health care professionals involved, to proceed to the medical evaluation of the patient (potential donor) in order to determine the suitability of donation after cardiocirculatory death, to coordinate and to carry out the donation process according the hospital's protocol.

Likewise, I authorize the hospital's Director of Professional Services and the health care professionals to communicate to Transplant Québec all necessary medical information concerning the patient (potential donor) and authorize Transplant Québec to consult the patient's medical file(s).

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

- The retrieval of blood samples needed to determine the patient's suitability to donation and potential recipient histocompatibility.
- The retrieval of blood samples needed to screen for infectious agents, (i.e.: HIV (or its precursor: p24), Hepatitis B and C serologies, syphilis (VDRL), certain cancers (i.e.: lymphoma and leukemia) and for future testing, if required, on banked blood.
- Any diagnostic exam, including laboratory tests and medical imagery, to determine organ suitability for transplantation.
- The administration, prior to the withdrawal of life-sustaining therapy, of Heparin or of any other medication deemed necessary to optimize organ function for transplantation purposes. Heparin cannot be administered if the patient presents or is suspected to have active bleeding.

I understand that the results concerning these tests will remain confidential according to the laws in force. However, in cases of a reportable disease, the results will be sent to Public Health Officials.

If any results must be communicated to the family, please advice the following:

[Name of family doctor or next of kin's family doctor (optional)] \_\_\_\_\_

#### 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 therapy, providing any end-of-life comfort care and determining the time of death. These procedures respect the standards set forth in the hospital's protocol for donation after cardiocirculatory death (as proposed by Transplant Québec).
- The determination of cardiocirculatory death is established by two physicians not involved in organ recovery or transplantation and this in the absence of respiration, circulation and pulses after the removal of the respirator. The option to donate must be offered BEFORE the withdrawal of life-sustaining therapy and only AFTER the family has decided to the withdrawal.
- For more information, a pamphlet entitled "Understanding Organ Donation after Death" is available in hard copy or online at <http://www.transplantquebec.ca>.

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I authorize, if required, the transfer of the patient (potential donor) to another hospital for organ retrieval.

I understand that the lapse of time between withdrawal of life-sustaining therapy and the determination of death is unpredictable and if prolonged, it may then be impossible to proceed with organ retrieval. In that case, the patient will then be transferred to a ward where end-of-life care will be provided.

I hereby certify that:

- I have read (alone or with assistance) and understand this consent form which was provided to me. If a copy of the consent form for donation after cardiocirculatory death was not provided to me upon my signature, I can request one.
- I have received pertinent information contained herein.
- I have had the opportunity to ask questions and to receive adequate or satisfactory explanations.
- All the information on this consent form was entered before I signed it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Address of person signing

\_\_\_\_\_  
Postal code

( \_\_\_\_\_ )  
Area code

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Witness's signature

\_\_\_\_\_  
Name of witness (please print)

Consent given by telephone:  YES  NO

For a consent given by telephone, the signature of a second witness is required:

\_\_\_\_\_  
First witness

\_\_\_\_\_  
Name of witness (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Address of person signing

\_\_\_\_\_  
Postal code

( \_\_\_\_\_ )  
Area code

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Second witness

\_\_\_\_\_  
Name of witness (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Address of person signing

\_\_\_\_\_  
Postal code

( \_\_\_\_\_ )  
Area code

\_\_\_\_\_  
Telephone number

### To be completed by the person obtaining consent

I, the undersigned, in the capacity of \_\_\_\_\_ have examined the option of organ donation after cardiocirculatory death with \_\_\_\_\_ and have obtained consent to organ retrieval. I acknowledge that the signatory has consented of his own free will and understands its meaning.

I have also explained the significance of the procedures and have answered all questions to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time