

CONSENT TO RECOVER ORGANS AND TISSUES

- **Carefully read over the instructions before completing the form.**
- **Use a ballpoint pen only.**

Additional instructions and information to complete the form

- In the box in the top right corner: Use the deceased person's hospital card to identify the potential donor.
- For statistical purposes only, if an approach was made but the donation was turned down, check the box in the top right corner below the name of the deceased person.
- **Death***: The first paragraph in the box at the bottom of the page provides a specific definition for the word "death" in the context of organ donations.
- **Status of the signatory****: The second paragraph in the box at the bottom of the page indicates, **by order of priority**, the persons authorized by the Québec Civil Code to sign the consent form. De facto spouses are now considered the same as any other type of spouse and, as such, have equal authority to sign the consent form.
- **Unrestricted consent**: If family members have formulated no restrictions with regard to the organs and tissues that can be recovered, all they have to do is place their initials after the sentence "I consent to the recovery of organs and tissues without restrictions."
- **Restricted consent**: If family members have formulated restrictions with regard to the organs and tissues that can be recovered, they must **place their initials next to each organ and tissue that can be recovered**.
- Since these are detachable sheets, it is important to write the name of the deceased person and their hospital record number on each sheet.
- Section 2 addresses consent to organ or tissue recovery for research and education purposes. It also refers to studies carried out by Héma-Québec designed to improve the quality of the human-tissue supply. Owing to the eligibility requirements set to ensure the safety of recipients, some potential donors may not meet these requirements and, some or all of their organs and tissues may not qualify for transplantation or grafts. In such cases, organs and tissues may still be recovered for research, education, or studies carried out by Héma-Québec. Also, certain tissues which are never used for grafts, such as the spinal column and the adrenal glands, can also be recovered exclusively for research, education, and studies. Family members of the deceased person must indicate their choice by placing their initials next to their choice (YES or NO). They may also indicate restrictions, if any.
- The person who obtained the consent must sign it, print their name on it, and indicate whether or not the consent was obtained by phone.

Management of your personal information

- With respect to organ donations, your personal information will be kept by Transplant Québec, located at 4100, rue Molson bureau 200, Montréal, Québec, H1Y 3N1. To exercise your right to access and rectify your personal information, please contact us at vieprivee@transplantquebec.ca.
 - With respect to tissue donations, your personal information will be kept by Héma-Québec, located at 4045, boulevard Côte-Vertu, Montréal (Québec) H4R 2W7 and at 1070, avenue des Sciences-de-la-Vie, Québec (Québec) G1V 5C3.
 - Donor information may be communicated outside Québec to the other provinces and territories and outside Canada in the context of organ donations. »
-



DT9118

CONSENT TO RECOVER ORGANS AND TISSUES

Family approached, does not consent to the donation of organs and tissues

1) Consent to the donation of organs and tissues

Once the death* has been certified,

I, _____, _____
Name of signatory of the consent Status of the signatory***(compulsory)

on behalf of _____, authorize the various teams to recover their organs
Name of the deceased person
and tissues for transplantation or graft purposes.

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

* In the context of organ donations, the **death** of an individual means **neurological death**, which is defined as the irreversible loss of consciousness and of all functions of the brainstem, including the ability to breathe despite the fact that the heart continues to beat and that spinal reflexes may persist.

** The signatory of this form must be authorized to sign it in accordance with articles 14, 15, and 44 of the Civil Code of Québec. For a person of full age, this is, **by order of priority**, the mandatary, the tutor (guardian), the curator, the spouse (civil union or de facto spouse, or a person who particular care of the deceased person. For a minor, this is the person having parental authority or the tutor.



Name of the deceased person	
Record No.	

I authorize the institution’s director of professional services to transmit to the parties designated by the Minister (that is, either Transplant Québec or Héma-Québec, depending on whether it involves an organ donation or a tissue donation) all the necessary medical information concerning the deceased person to determine their eligibility to donate organs and tissues (Act respecting health services and social services, s. 204.1).

I also authorize the parties designated by the Minister to consult all the medical files of the deceased person in order to determine the person’s eligibility to donate organs and tissues.

I understand that samples to test for infectious agents including HIV, hepatitis B and C, syphilis, will be taken and that blood samples may be kept for future analysis. I also understand that the information related to these tests will be kept confidential according to the legislation in force. The results will therefore be transmitted to the public health authorities in the event a reportable disease is detected.

In the case of an organ donation, if the results must be transmitted to a family member or relative of the donor, please send the results to:

First and last name of the family member’s or relative’s family physician (optional) : _____

I understand that the parties designated by the Minister may contact me, if needed, to determine the medico-social history of the deceased person.

I authorize, if necessary, the transfer of the deceased person to an organ and tissue recovery centre.

I understand that the consent given allows Transplant Québec to monitor and assess the quality and internal management of organ donation activities.

2) Consent to the removal of organs or tissues for education and research

If the organs or tissues cannot be used for the purposes of transplantation or grafts, I consent to their recovery and anonymous use for:

- Research projects preapproved 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 use of the donor’s information for secondary research purposes

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

Place your initials next to your choice. YES _____ NO _____

