

Consent for Organ and Tissue Donation

I hereby give my consent to donate organs and/or tissues in view of transplantation following my death (Brain Death)

(Please refer the information leaflets provided before giving consent)

Name:

Date of Birth:

National Identity Card No:

Male: Female: Blood Group:

Address:

Phone No. Email Address:

Grama Niladhari Division:

Divisional Secretariat:

District:

Emergency Contact Details	
Name:
Address:
Phone No:
Relationship:

Consent for organ and /or donation (Please mark with a ✓)

- Kidneys
- Liver
- Heart
- Lungs
- Pancreas
- Bowels
- Eyes
- Other tissues (hones, ligaments etc.)

I am signing, after clearly understanding the above and I give consent for organ and/or tissue in view of Organ transplantation donation following my death (Brain Death), while having full capacity of my senses

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Date

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Signature

Witnesses

Name

NIC NO

Signature

1.

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2.

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