

Alberta Organ and Tissue Donation Registry

Donation Consent

What you need to know:

- The first priority of health care professionals is to save lives. Your choice to be a donor does not affect the quality of life-saving medical care you receive.
- Everyone has the potential to be an organ and/or tissue donor, though you must be at least 18 to register your intent or consent to donate.
- There will be no cost to your family or estate for the donation of your organs or tissue.
- Organ and tissue recovery will only happen after every effort has been made to save your life.
- Organ and tissue donation should not affect preferred funeral arrangements.
- More than 4,400 Canadians, including more than 500 people in Alberta, are on the wait list for an organ transplant.
- It is important to share your organ donation choices with your family and friends.
- Registration to be a donor may be updated or withdrawn through the website, UltimateGiftAlberta.ca, or by calling 780-422-9657.

Your health and personal information is being collected for the purpose of tissue, organ or body donation for transplantation, scientific research and/or medical education under section 12 of the *Human Tissue and Organ Donation Act*, and other authorized purposes under section 27 of the *Health Information Act* and section 39 of the *Freedom of Information and Protection of Privacy Act*. This information is collected under the authority of section 20 of the *Health Information Act*, section 33 of the *Freedom of Information and Protection of Privacy Act*, and section 12 of the *Human Tissue and Organ Donation Act*. The confidentiality of this information is protected by the provisions of the above-noted legislation. If you have any questions about this collection, please contact the Transfusion and Transplantation Unit, Alberta Health, Phone: 780-422-9657 (Edmonton) Monday-Friday 8:15 - 4:30. Closed statutory holidays. Toll-free in Alberta, dial 310-0000 then 780-422-9657.

I choose to donate **all my organs and tissues** for (check all that apply):

Transplantation Scientific Research Medical Education

OR

I choose to donate **only these organs and/or tissues** (check all that apply):

Heart Small Bowel Eyes Kidneys Stomach Heart Valves
 Liver Bone Skin Lungs Pancreas Vascular Tissue
 Connective Tissue

To be used in (check all that apply):

Transplantation Scientific Research Medical Education

OR

I choose to donate my whole body for medical education and scientific research (excludes transplantation).

Alberta Health's receipt of your signed, dated, and witnessed form will provide evidence of your consent to be a donor. **All areas on this form must be completed.**

Healthcare Number (as it appears on your healthcare card) _____

Name (first name) _____ (last name) _____

Gender _____ Date of Birth _____

Signature Date _____ Signature **X** _____

Telephone Number _____ Postal Code (first 3 digits) _____

Witness Name (Print) _____

Signature Date _____ Witness Signature **X** _____

Thank you for registering to be a donor!