

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

Address _____

Phone No. _____ Email Address _____

Grama Niladhari Division _____

Divisional Secretariat _____

District _____

Emergency Contact Details

Name _____

Address _____

Phone No. _____

Relationship _____

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

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

I am signing here, after clearly understanding the above and I give consent for organ and/or tissue in view of transplantation following my death (Brain Death).

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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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