

CORE ID

UNOS ID

AUTHORIZATION BY NEXT-OF-KIN FOR ORGAN, TISSUE, AND EYE DONATION

Page 4 of 4

SIGNATURE OF NEXT-OF-KIN

DATE

Street Address

City/State/Zip

Telephone

Email Address

SIGNATURE OF NEXT-OF-KIN

DATE

Street Address

City/State/Zip

Telephone

Email Address

WITNESS

DATE

WITNESS

DATE

OPO COORDINATOR

DATE



White: Return to CORE

Yellow: Patient Chart

Pink: Funeral Home

Gold: Next of Kin