

# DISCLOSURE FORM

Page 2 of 4

(Donor Name) \_\_\_\_\_ has made a gift of his/her organs and tissues. The gifts made are: Heart, lungs, liver, kidneys, pancreas, intestines (including stomach), eyes/corneas, musculoskeletal tissue, skin, vessels, and tendons of the leg, descending thoracic aorta, and vertebral bodies for the purposes of transplantation or therapy. This includes the donation of blood, blood vessels, lymph nodes, spleen, and urine necessary to support transplantation of the gifts. Transplant recipients may be participating in clinical studies.

If the gifts are not suitable for transplantation and or therapy, I authorize the following for research and education. Please place an "X" in the appropriate category below:

	Education & Research	No
Heart		
Heart Valves (heart must be yes)		
Pericardium		
Lungs		
Liver/Hepatocytes		
Kidneys		
Pancreas/Islets		
Intestine		
Testes/Prostate		
Bladder/Urethra		
Stomach		
Vertebral Bodies		
Tendons		
Saphenous Veins		
Skin: Upper Body		
Skin: Lower Body		
Bone: Lower Extremities		
Bone: Iliac Crest		
Bone: Hemipelvis		
Fascia		
Eyes/Sclera		
Corneas		

	Education & Research	No
Bone Marrow		
Costal Cartilage		
Ribs		
Sternum		
Aorto-Iliac Artery (AI)		
Achilles Tendons		
Femoral Veins and Arteries		
Skeletal Muscle		
Thymus		
Spine		
Ovaries		
Uterus		
Trachea		
Bronchus		
Esophagus		
Dorsal Root Ganglion		
Aorta		
Research Blood		
Research Urine		
Adipose		
Brain/Pituitary		
Nerve Tissue		

☐

Transplant and research only if recovered and not suitable for transplant.

Other: \_\_\_\_\_

White: Return to CORE

Yellow: Patient Chart

Pink: Funeral Home

Gold: Next of Kin