

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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