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Consent For Heart Valve(s) /Tissue Donation

MMUH Donor No (inserted by MMUH)			
PATIENT DETAILS			
Surname		DOB	
Forename		Hospital No	
Address		Gender	
Age (If under 2 years record months)	Years	Months	

Section A – Neonatal Donor			
I		the	of
Give Consent to the donation of heart valve(s) / tissue for transplantation via the MMUH Heart Valve / Tissue Bank			
Would you like the Heart Valve Bank at the Mater Misericordiae University Hospital to contact you when the heart valves have been implanted.			
YES		NO	

Section B –Living Donor			
I			
Give Consent to the donation of heart valve(s) / tissue for transplantation via the MMUH Heart Valve / Tissue Bank			
Would you like the Heart Valve Bank at the Mater Misericordiae University Hospital to contact you when the heart valves have been implanted.			
YES		NO	



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MMUH Donor No: (inserted by MMUH)	
I have been informed of and consent to the following	Please Tick
That blood and tissue samples will be taken from the patient (and the patient's mother where the patient is under 19 months old and / or the child has been breast fed in the last 12 months) for testing, including virology. In the event of a confirmed positive result of the blood tests you will be informed	
That blood and tissue samples that have been taken for testing will be subsequently stored for future testing as necessary	
I will be asked to complete a Confidential Medical History Questionnaire to the best of my knowledge. For living Donors only (I have completed the HLQ in the last six months)	
My contact details / consent details will be stored in the strictest confidence by the MMUH Heart Valve / Tissue Bank	
Heart valve(s) / tissue may be stored for a period of five years	
Heart valve(s) / tissue removed and subsequently found to be unsuitable for transplantation will be disposed of in a safe and lawful way as per hospital policy or may be used for research	
I have been informed that I can contact the Heart Valve / Tissue Bank to enquire about the use of the donated heart valve(s) / tissue	



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MMUH Donor No (inserted by MMUH)			
CONFIRMATION OF CONSENT			
I have read and understand this consent form and I have had the opportunity to ask and have my questions answered			
Name (please print)			
Signature			
Date		Time	
Address			
Details of Healthcare Professional (witness consent)			
Title / Name (please print)			
Signature			
Date		Time	