



**Regional Tissue Bank
TISSUE DONATION SCREENING FORM**

Print Name (Professional Completing Form)

Signature

Professional Designation

Date (YYYY/MON/DD)

When a patient has died, or death is imminent, **proceed to step 1.**

Step 1 – Identify Contraindications

	Yes	No
Age 71 or greater	<input type="checkbox"/>	<input type="checkbox"/>
Weight less than 2.7 kilograms or greater than 136 kilograms	<input type="checkbox"/>	<input type="checkbox"/>
<u>Current Lab–diagnosed infections</u> (e.g. MRSA, VRE, or C. difficile)	<input type="checkbox"/>	<input type="checkbox"/>
History of blood cancers (e.g. Lymphoma, Leukemia, Myeloma) or Malignant Melanoma	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed neurological disease <u>of unknown etiology</u> (e.g. ALS, MS, Alzheimer’s, Parkinson’s)	<input type="checkbox"/>	<input type="checkbox"/>
HIV, Hepatitis B, Hepatitis C, HTLV I/II, <u>active</u> TB	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is 'no' to all contraindications, **proceed to step 2.**

If the answer is 'yes' to any contraindications, **do not make a referral** to the Tissue Bank Specialist. Notify patient or SDM of reason for non–referral. (Medical Examiner cases and / or hospital autopsy does not preclude donation.)

Step 2 – The Referral

Before initiating a conversation with family regarding donation, call the Tissue Bank Specialist at 902–473–2220 so they can determine medical eligibility. They will ask relevant medical information such as: health card number, age, cause of death, time of death, and medical history (health record).

Is the patient eligible to donate tissue?

- Yes – Accepted by Tissue Bank Specialist, **proceed to step 3.**
- No – Declined by Tissue Bank Specialist – must provide reason: _____

Name of Tissue Bank Specialist: _____

Step 3 – Connect Tissue Bank with patient or SDM

This completed form shall be placed in the patient record.
If using a printed copy, check online for most up to date version.

