



CONSENT FORM FOR EYE DONATION BY NEXT OF KIN

Florida Lions Eye Bank • 900 NW 17th Street # 347, Miami, FL 33136 • Phone: 800-255-GIVE Fax: 305-326-6376 Email: info@fleb.org

Instructions: Donor Coordinator or Designee will complete this form as per **SOP-04-002- Consent Acquisition Procedure**. All sections **must** be explained to the NOK in detail.

Based on the Statute 765.101 (section 765.512.3) *Florida Statutes for Anatomical Gifts Law*, the Next of Kin hierarchy of the donor is as follows (select corresponding):

- 1) Donor's spouse 2) Donor's adult son or daughter 3) Either parent of the donor 4) An adult sibling of the donor
- 5) An adult grandchild of the donor 6) A grandparent of the donor 7) A close personal friend as defined in 765.101 8) A guardian of the donor at the time of death
- 9) A representative ad litem appointed by court.

As the person giving consent, are you the legal Next of Kin? **Yes** **No** : If no, please provide further information as to why the legal NOK is **not** reasonably available and whether or not any other NOK in a higher class of hierarchy has an objection to this authorization of donation:

Explanation: _____

NOTE: After confirming that the NOK providing consent legally complies with the assigned hierarchy, read the following statements and acknowledgements in their entirety:

- If the consent is being recorded:* Please be advised that this consent is being recorded.
- If the consent is not being recorded:* Please be advised that a representative of the Florida Lions Eye Bank will be contacting you shortly to verify this consent.

Today _____ at _____, you _____, as
(Date) (Time) (Name of Next of Kin)

_____, and legal next of kin of _____
(Relationship) (Donor's Name) Check as spelling verified (Donor's Name)

hereby give the Florida Lions Eye Bank consent to recover the following tissues to be used for the following purpose(s):

Type of tissue	Purpose (Check only one)	NOK Restrictions
<input type="checkbox"/> Whole Eyes	<input type="checkbox"/> Transplant/therapeutic use and All Medical Research and / or Education	
<input type="checkbox"/> Corneas Only	<input type="checkbox"/> Transplant/therapeutic use and Research and/or Education only if tissue is unable to be used for surgical use	
	<input type="checkbox"/> Transplant and therapeutic use ONLY	
	<input type="checkbox"/> All Medical Research and / or Education	

After providing initial consent, NOK may authorize a representative to receive information below. If this is the case, document person's name and relation to the NOK. If this is not the case mark N/A.

Name: _____ Relation to NOK: _____ N/A

Check to affirm that the following information was discussed and that the legal next of kin understands about the donation process.

- You give the Florida Lions Eye Bank permission to obtain any relevant medical information, including, but not limited to medical records, autopsy report and death certificate and you understand that all information relating to the donor will be held in strict confidence.
- You understand that the tissue donation process does not involve additional expense to you and your family and should not have an impact on funeral and burial arrangements.
- You consent to having blood collected to test for such diseases as viral hepatitis, syphilis, HIV and for any testing that becomes available to determine donor eligibility.
- You consent to having blood collected and tested for research purposes. (n/a box if transplant only)
- You understand that any tissue deemed ineligible for use may be cremated.
- You understand that multiple institutions, including non-profit and for-profit agencies may be involved in the use of this tissue and that the tissue may have a broad range of educational, therapeutic and reconstructive applications.

Next of kin address: _____ Phone Number: _____

_____ Phone Number (alt.): _____

Would you like to receive acknowledgement of this gift? **Yes** **No** Would you like to participate in the Family Services Program? **Yes** **No**

Next-kin's printed name	Requestor's printed name	Witness' printed name/ or "Recorded Line"
Next-kin's signature	Requestor's signature	Witness' signature / or "Donor Referral ID# for the Recorded Line"
Date/Time	Date/Time	Date/Time

NOTE: If telephone consent is obtained, print NOK's name and write "telephone consent" on the next-of-kin's signature line. If the consent is recorded, write "Recorded" on the line provided for the witness. If the consent is not recorded, an additional witness must sign the form.

FLEB #
