



Regional Tissue Bank

TISSUE DONATION SCREENING FORM

Print Name (Professional Completing Form)

Signature

Professional Designation

Date

Step 1 –

When a patient has died, or death is imminent, **proceed to step 2.**

Step 2 – Contraindications

	Yes	No
Age greater than 70 years	<input type="checkbox"/>	<input type="checkbox"/>
Weight less than 2.7 kilograms or greater than 136 kilograms	<input type="checkbox"/>	<input type="checkbox"/>
Lab diagnosed infections (e.g. MRSA, VRE, or C. difficile)	<input type="checkbox"/>	<input type="checkbox"/>
Blood cancers (e.g. Lymphoma, Leukemia, Myeloma)	<input type="checkbox"/>	<input type="checkbox"/>
Neurological diseases (e.g. ALS, MS, Alzheimer's, Parkinson's, Dementia)	<input type="checkbox"/>	<input type="checkbox"/>
HIV, Hepatitis B, Hepatitis C, HTLV I/II, active TB	<input type="checkbox"/>	<input type="checkbox"/>
Severe Sepsis (Findings must include all of the following: + blood cultures, WBC greater than 20,000 x 24 hours and T greater than 38.3 C x 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is 'no' to all contraindications, **proceed to step 3.**

If the answer is 'yes' to any contraindications, **do not make a referral** to the Tissue Bank Specialist.

Step 3 – The Referral

Before approaching the family for donation, call the Tissue Bank Specialist at (902) 473-2220 to discuss eligibility. They will ask for the following: Nova Scotia Health Card number, age, cause of death, time of death, and relevant health information (health record).

Is the patient eligible to donate tissue?

Yes Accepted by Tissue Bank Specialist, **proceed to step 4.**

No Declined by Tissue Bank Specialist – reason _____

Tissue Bank Specialist's name _____

Step 4 – Approach the Family

Accepted by next of kin Declined to donate

Notify Tissue Bank Specialist at (902) 473-2220 about the outcome of the approach and the reason for decline if known.

