

UNIQUE DONOR NUMBER

## CONSENT FORM

Donation of tissue is governed by the National Health Act No. 61 of 2003, Chapter 8, including relevant regulations.

## NEXT OF KIN DETAILS

Name & Surname	<input type="text"/>
Relation to Donor	<input type="text"/>
ID Number	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
Postal Address	<input type="text"/>

I understand and agree to the following:

- The tissue is donated to Vitanova for therapeutic purposes, including transplantation into other patients; will be processed according to recognised medical and ethical standards and will be distributed on a cost-recovery basis.
- There is no cost to the donor's medical aid, estate or the donor's next of kin. The next of kin will not be compensated or incentivised for agreeing to the donation.
- Consent for donation can be withdrawn up to the point of tissue recovery.
- The tissue will be recovered by a suitably qualified medical technician in a dignified manner and the process will not interfere with any funeral arrangements. Prosthetic implants will be used to reconstruct the limbs where tissue was removed.
- Blood samples will be obtained and tested for infectious diseases such as hepatitis, syphilis and HIV/AIDS.
- If required, Vitanova may have full access to the donor's medical and/or post-mortem reports.
- In the event that donated tissue is unsuitable for transplantation, it will be cremated at Vitanova's cost.

## DONOR DETAILS

Name & Surname	<input type="text"/>	Age	<input type="text"/>		
ID Number	<input type="text"/>	Gender	<input type="radio"/> M <input type="radio"/> F	Time of Death	<input type="text"/>
Cause of Death	<input type="text"/>	Date of Death	<input type="text"/>		

I, the undersigned, hereby give consent for the removal of the following tissue (please circle to indicate):

Bone & Tendons in LOWER LIMBS	<input type="radio"/> YES <input type="radio"/> NO	Bone & Tendons in UPPER LIMBS	<input type="radio"/> YES <input type="radio"/> NO
Chest Cartilage	<input type="radio"/> YES <input type="radio"/> NO	Skin	<input type="radio"/> YES <input type="radio"/> NO
Corneas Only	<input type="radio"/> YES <input type="radio"/> NO	Whole Eyes (Both eyes)	<input type="radio"/> YES <input type="radio"/> NO
Heart Valves	<input type="radio"/> YES <input type="radio"/> NO	Other (Specify)	<input type="text"/>

I agree that my loved one's name may be displayed on Vitanova's Donor Memorial Wall.  YES  NO

Signature (Next of Kin)	<input type="text"/>	Date	<input type="text"/>	Place	<input type="text"/>
Signature (1 <sup>st</sup> Witness)	<input type="text"/>	Signature (2 <sup>nd</sup> Witness)	<input type="text"/>		

*Bone SA protects the confidentiality and integrity of donor and next of kin personal information in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and other relevant laws and regulations.*

Building B, SAMRC Delft Site, off Hindle Road, Brentwood Park, Driftsands, Cape Town, 7001 | +27 21 205 2308

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## CONSENT FOR RESEARCH ON DONATED TISSUE

### DONOR DETAILS

Name & Surname

Although it is not Vitanova's primary objective to perform research and educational functions, it is necessary from time to time to launch particular initiatives to:

- improve treatment options for patients;
- verify existing processes; and
- develop new applications for transplantation.

Please indicate that Vitanova is allowed to use some of the donated tissue (refer to page one of this document) for the purposes as stated above, by circling YES or NO.

YES

NO

Name & Surname

Signature (Next of Kin)

Date

Please note that unless consent is given for research, no donated tissue will be used for research initiatives and all the tissue will exclusively be used for transplantation.

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