

DONATION WITH RESTRICTIONS

(Check the box for organs and tissues THAT CAN BE DONATED for transplantation or graft purposes)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Heart (for valves) |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Blood vessels (arteries and vans) |
| <input type="checkbox"/> Pancreas | <input type="checkbox"/> Eyes |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Bones, tendons, ligaments, meniscus and fascia |

I agree that I have read and fully understood the above consent, that I had the opportunity to ask questions and receive all the necessary explanations related to this document.

_____ Name

_____ Signature

_____ Date Time

Name of the person who obtained the consent

Signature of the person who obtained the consent