

SUPPLEMENTAL AUTHORIZATION FOR VASCULARIZED COMPOSITE ALLOGRAFT DONATION

The following authorization is made in conjunction with the attached Authorization or Disclosure for Organ and/or Tissue Donation form and incorporates all authorizations and disclosures made therein.

I _____, being the _____ and authorized Next of Kin of _____, authorize the
(Printed name of Next of Kin) (Relationship) (Printed Name of Donor)

donation of the following Vascularized Composite Allograft(s) (VCA) to Gift of Life Donor Program (GLDP) for the purposes of transplantation.

Right Hand and Arm Yes No N/A **Left Hand and Arm** Yes No N/A

Facial and Forearm Yes No N/A **Uterus** Yes No N/A **Penis** Yes No N/A

I understand that the recovery of the facial graft will involve the removal of the face which may include skin/mucosa, underlying muscles, nerves and bone, blood vessels and fat tissue of the nose, lips and surrounding cheek. The facial graft may be small or may be a significant portion of the donor's facial tissue depending on the need of the individual recipient.

I understand that the forearm graft will include skin, the radial artery and vein and some fat tissue located under the skin. This graft will be recovered from the palm side of the forearm just above the crease of the wrist. This will be used as a biopsy site to test for rejection of the facial graft.

I understand that the recovery of the hand and arm grafts will involve the removal of the hand and arm above or below the elbow and below the shoulder and include skin, underlying muscles and nerves, blood vessels and bone. The length of the graft will vary depending on the need of the individual recipient.

I understand that the recovery of the uterus graft will include the recovery of associated blood vessels as well as the cervix and portion of the vagina. The ovaries may be recovered for the purposes of included vasculature to support the transplantation but will not be transplanted into the recipient with the uterus graft.

I understand that the penis graft will include the penis shaft, blood vessels, nerves and surrounding skin and muscle tissue from the pelvic area surrounding the penis. Skin from the scrotum may also be recovered. The reproductive tissue, ie. the testes and sperm, will not be removed.

I understand that this donation will alter the appearance of the affected area on the donor and that reconstruction will occur with the use of surrounding skin tissue for wound closure. When applicable, prosthetics will be attached for the purposes of minimizing changes to the outward appearance of the donor's body. I understand that despite this, there will be changes to the donor's appearance.

I understand that this gift may be found unsuitable for transplantation after recovery and in such an event I consent to its use for research, training, and/or educational purposes.

I understand GLDP and/or other involved agencies may record and use images (e.g. pictures and/or video) of the gifts and the recovery process which do not disclose the donor's identity. I consent to the use of such images by GLDP and/or other involved agencies to support transplantation, research, training, and/or educational purposes.

I understand that GLDP will not make public any information concerning the identity of the donor or donor family without my consent. However, I understand that due to the unique nature of vascular composite allograft transplantation, the recipient may receive significant media attention and that despite the best efforts of GLDP, the identities of the donor, donor family and/or recipient may become known.

I acknowledge that I have read (or had read to me) this document in its entirety, that I have had the opportunity to ask and have answered any questions and that I fully understand this document.

I consent to the donation as described above.

Signature of the Next of Kin: _____ Initials: _____

Completed by: _____ Signature: _____
(Printed name of GLDP representative)

Witnessed by: _____ Signature: _____
(Printed name & title of hospital representative)

Date & Time of Authorization: _____

Check Box if telephonic authorization completed and recording of authorization obtained; Print name(s) of Next-of-Kin

