MINISTRY OF HEALTH

…………………………………………………………………………………….

(name of the Healing Establishment)

PROTOCOL ON PROCUREMENT OF ORGANS FOR TRANSPLANTATION

On…………from the cadaver of the deceased

 (date)

………………………………………………………………………………………………………………………

(name, surname and family name)

Personal Identification Number…………………..from town/city/village……………street…………No......

with ИЗ №............../....................year, from………………………………………………………………………

(name of the healing establishment)

and a main diagnosis………………………………………………………………………..

………………………………………………………………………………………………

The following organs were procured:

1…………………………………….. 4………………………………………

……………………………………… ……………………………………….

2…………………………………….. 5………………………………………

……………………………………… ……………………………………….

3…………………………………….. 6………………………………………

……………………………………… ………………………………………..

The death was established with Protocol No……………../…………20….and a Death Notification No………../………20…..

The organ procurement was accomplished by a surgical team including:

By Healing Establishment…………………………………………………………………………………………

1. Doctor……………………………………………, Signature…………………………………………..
2. Doctor……………………………………………, Signature…………………………………………..
3. Doctor……………………………………………, Signature…………………………………………..

By Healing Establishment…………………………………………………………………………………………

1. Doctor……………………………………………, Signature…………………………………………..
2. Doctor……………………………………………, Signature…………………………………………..
3. Doctor……………………………………………, Signature……………………………………………

By Healing Establishment…………………………………………………………………………………………

1. Doctor……………………………………………, Signature…………………………………………..
2. Doctor……………………………………………, Signature…………………………………………..

The removal operation started in: ……o’clock and…………minutes on……………………….and was completed in: ……o’clock and…………minutes on……………………………………………………………

…………………………………………………….(the name of the Healing Establishment in which the procedure was accomplished).

Place of storage of the organs:

1……………………………………………… 4……………………………………………………

2……………………………………………… 5……………………………………………………

3……………………………………………… 6……………………………………………………

Donation Coordinator:……………………………………………………………………………………………….

(name and family name and signature)