



Missouri Department of Health and Senior Services
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Missouri Organ and Tissue Donor Registry Enrollment Information Sheet

Missouri's Organ and Tissue Donor Registry is a confidential list of organ, tissue and eye donors maintained by the Missouri Department of Health and Senior Services. You are not required to be on the registry to be a donor and can remove your name at any time. You may also amend or revoke your decision at any time. Placing your name on the registry means you consent to have your organs and tissues given to others upon your death. First-person consent makes your decision final unless revoked in a manner provided by law. If you would like to be on Missouri's Organ and Tissue Donor Registry, please complete this form and submit as instructed on the form.

Informed Consent: By completing the enrollment form, I understand that:

1. My information will be kept confidential and will only be used for official registry use and to coordinate my gift.
2. My donation is a gift. There is no cost to me, my family or my estate for my gift. My family or estate will receive no money for my gift. It is unlawful for anyone to sell organs or tissues for any reason. All costs and expenses incurred after my death and relating to my donation through the recovery of the organs, eyes and tissues will be the donor agencies' responsibility. Medical costs not related directly to donation and funeral costs are the responsibility of my estate, family or other responsible party.
3. My gift is only valid after I am declared dead by a licensed doctor who is not part of the recovery or transplant process.
4. The hospital and the donor agency will assess my gift potential at the time of my death to make sure it is safe to use my gift for others. Please note that under Missouri law, a donor's gift can be examined, including a review of the donor's complete medical record, to determine the suitability for donation by persons involved in the organ or tissue donation process. I understand and release the donor agency to notify my family at the time of death of my decision and to ask them to participate in the process by providing information about my social and medical history. I understand it is important for me to communicate my decision to my family so they can help honor and respect my choice.
5. If blood test results are positive for any reportable condition/disease that may affect others, the results will be sent to the Department of Health and Senior Services as required by Missouri law.
6. Every donor is treated with great care and dignity during the donation process including careful reconstruction of one's body. Donation as a rule does not delay funeral plans.
7. Recovered tissues may be used in different forms to help more people. For example, skin may be used to create a skin graft for burn patients.
8. Donated organs, eyes and tissues are given to people who need them the most. Typically at the local level first, then the region, and finally all over the country. Under certain circumstances, organs, eyes and tissues may be sent out of the country to help patients in need.
9. I may limit my donation to certain portions of my body and/or for certain purposes (transplantation/therapy, research/education, or both.)
10. I understand that any person acting in accordance with sections 194.210 to 194.294, RSMo or with applicable anatomical gift law of another state that is not inconsistent with Missouri's law or any person that attempts without negligence and in good faith to do so is not liable for the act in any civil action, criminal, or administrative proceeding. I also understand that neither I nor my estate is liable for any injury or damage that results from the making or use of the gift.

Amend Consent: You may amend your registry record by going to www.missouriorgandonor.com (Update My Profile) or by completing a paper Enrollment Application (http://health.mo.gov/living/organdonor/pdf/enrollment_application.pdf). If completing a paper enrollment, please complete and submit as instructed on the form.

Revocation: You may withdraw or revoke your consent to be listed on the registry. This action does not mean a refusal to make an anatomical gift. Other authorized persons may make such a gift for you unless you take steps to prevent them from doing so. To revoke you must complete a Removal Application available at http://health.mo.gov/living/organdonor/pdf/removal_form.pdf, or call 888-497-4564. Print, sign and mail or fax the form using the information provided at the bottom of form.

Refusal: If you refuse to make an anatomical gift and want to bar others from doing so on your behalf, you may execute a refusal by completing one of the steps below. Be sure to provide copies of your documentation to family, friends, or others who may be making end-of-life decisions for you. This information will not be included in the registry or be maintained by the Department of Health and Senior Services.

- A record or writing signed by you.
- A will.
- A record or writing signed by another person at your direction, if you are physically unable to sign, and witnessed by at least two adults, one being a disinterested witness, who sign at your request and attest to such act.
- A communication made by you in any form during your terminal illness or injury, addressed to at least two adults, one of whom is a disinterested witness.

Questions: Answers to general donation questions can be found at: www.missouriorgandonor.com. If you have questions about procedures related to transplants or donation, please contact one of the following agencies:

Midwest Transplant Network
[\(http://www.mwtn.org/\)](http://www.mwtn.org/)

Mid-America Transplant
[\(http://www.midamericatransplant.org/\)](http://www.midamericatransplant.org/)
www.health.mo.gov

Saving Sight
[\(https://saving-sight.org/\)](https://saving-sight.org/)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF COMMUNITY AND PUBLIC HEALTH
ORGAN AND TISSUE DONOR REGISTRY ENROLLMENT APPLICATION



This will serve as your document of gift. Much of the information on this form is required, so please be sure the form is complete. You will receive an email or letter confirming your enrollment, or in the event information needs to be clarified and/or verified. E-mail may also be used to send out new information about organ and tissue donation and the registry.

Complete the following information to be added to the registry or to amend a gift.

PARTICIPANT'S NAME (LAST)	(FIRST)	(MIDDLE)	(SUFFIX)
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ADDRESS (MAILING)	(CITY)	(STATE)	(ZIP CODE)
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COUNTY OF RESIDENCE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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EMAIL ADDRESS	PHONE
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DATE OF BIRTH (Month/Day/Year) _____ / _____ / _____	SOCIAL SECURITY NO. or DRIVER LICENSE NO.
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My donations are for the following purposes: (Check one) <input type="checkbox"/> Transplant/Therapy Only <input type="checkbox"/> Research/Education Only <input type="checkbox"/> Both Transplant and Research	GIFT SPECIFICATIONS (Check one) I would like to donate <input type="checkbox"/> Any needed organs and tissues, as allowed by law. <input type="checkbox"/> Any needed organs and tissues as allowed by law, with the following restrictions: Restrictions: _____
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I do not have a donor symbol on the front of my license/ID card and request a sticker to place on the back of my license/ID card.

RACE (optional) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other _____	ETHNICITY (optional) <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other _____
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How did you learn about the Missouri Donor Registry? (optional) <input type="checkbox"/> DMV <input type="checkbox"/> Newspaper <input type="checkbox"/> Mid-America Transplant <input type="checkbox"/> Family <input type="checkbox"/> Radio <input type="checkbox"/> Midwest Transplant <input type="checkbox"/> Friend <input type="checkbox"/> TV <input type="checkbox"/> Saving Sight <input type="checkbox"/> Other _____	What prompted you to register? (optional) <input type="checkbox"/> Driver's License Office <input type="checkbox"/> Event <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member Needs A Transplant <input type="checkbox"/> Friend	<input type="checkbox"/> Friend Needs A Transplant <input type="checkbox"/> Friend Was A Donor <input type="checkbox"/> Loved One Was A Donor <input type="checkbox"/> My Personal Belief System <input type="checkbox"/> Other _____
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I am participating in a Donor Registry Event (if applicable) (optional)

INITIAL THE APPROPRIATE CATEGORY
 ___ I affirm that I am age 18 or over and am able to give full legal consent to organ/tissue donation.
 ___ I affirm that I am under the age of 18, an emancipated minor and able to give full legal consent to organ/tissue donation.
 ___ I affirm that I am under the age of 18 but at least 16, I am not emancipated and therefore providing contact information for my parents/guardians below.
 ___ I am the parent/guardian of the child being enrolled in the registry. My relationship to the child is: _____
 I affirm that I am the person named above and the information provided is true and correct. I understand my registration serves as my document of gift, my gift does not require the consent of another person, I may remove my name at any time, and I may revoke a part or all of my decision to gift.

SIGNATURE (Required of applicant or parent if enrolling a child.)	ENROLLMENT DATE
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WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury)	DISINTERESTED WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury)
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NAME AND CONTACT INFORMATION FOR PARENTS/GUARDIANS (LAST)	(FIRST)	(MIDDLE)
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ADDRESS (MAILING)	(CITY)	(STATE)	(ZIP CODE)
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PHONE NUMBER

<i>Fax or mail completed form to:</i> Fax: 573-522-2898 Missouri Department of Health and Senior Services Missouri Organ and Tissue Donor Program PO Box 570 Jefferson City, MO 65102-0570	Questions? Call toll-free at 888-497-4564 A confirmation will be sent to you.
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