

**Consent for Organ and Tissue Donation**

I hereby give my consent to donate organs and/or tissues in view of transplantation following my death (Brain Death).

(Please refer the information leaflets provided before giving consent)

Name .....

Date of Birth ..... Blood group .....  
(If you know)

National Identity Card No. ....

Male  Female

Address .....

Phone No. .... Email Address .....

Grama Niladhari Division .....

Divisional Secretariat .....

District .....

<b>Emergency Contact Details</b>	
Name	.....
Address	.....
Phone No.	.....
Relationship	.....

Consent for organ and/or tissue donation (Please mark with a ✓)

- Kidneys
- Liver
- Heart
- Lungs
- Pancreas
- Bowels
- Eyes
- Other tissues (bones, ligaments etc.)

I am signing here, after clearly understanding the above and I give consent for organ and/or tissue in view of transplantation following my death (Brain Death).

.....

Date

.....

Signature

**Witnesses**

Name	NIC No.	Signature
1. ....	.....	.....
2. ....	.....	.....

Please state whether you need the donor card (front) in English or Sinhala

In English

In Sinhala

