



PLEASE NOTE

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This document is *not* the official version of these regulations. The regulations and the amendments printed in the [Royal Gazette](#) should be consulted to determine the authoritative text of these regulations.

For more information concerning the history of these regulations, please see the [Table of Regulations](#).

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CHAPTER H-12.1

HUMAN TISSUE DONATION ACT

REGULATIONS

Pursuant to section 17 of the *Human Tissue Donation Act* R.S.P.E.I. 1988, Cap. H-12.1, Council made the following regulations:

1. The form set out in the Schedule is prescribed for the purposes of Form section 4 of the Act. (EC249/93)

SCHEDULE

RECORD OF DISCUSSING ORGAN/TISSUE DONATION

**RECORD OF DISCUSSING
ORGAN/TISSUE DONATION**

ID Number

Patient Name

Original → patient's chart

D o B

Sex

Copy → H&HS Commission

Prov Health #

The *Human Tissue Donation Act* requires recording whether organ/tissue donation was discussed with a substitute consentor* at the time of a patient's death ... and if it was not discussed, the reason why not. The aim is that the opportunity for donation is always considered.

A

HOSPITAL..... DATE OF DEATH

B

CORONER'S CASE Did the Coroners Act (sec 5) apply? Yes No

If Yes, did the Coroner authorize pursuing donation? Yes No

C

DECISION TO DISCUSS DONATION No, did not discuss → to **D**

WITH A SUBSTITUTE CONSENTER* Yes, discussed → to **E**

D

REASON DONATION WAS NOT DISCUSSED [Check appropriate reason(s)]

ORGANS UNSUITABLE BECAUSE

TISSUES UNSUITABLE BECAUSE

Malignancy (outside CNS)

Active Sepsis

Systemic Infection

Recurrent or chronic Infection

Longstanding severe Diabetes,
Hypertension, Cardiovascular or
Peripheral Vascular Disease

Viral Infection
(HIV, Hepatitis)

Over 65 years of age

High Risk (IV drug, AIDS risk)

Give comments or reasons for not discussing donation other than above:

.....
.....

[See reverse for more detailed Guide to Determining Suitability]

E

DECISION BY CONSENTING PERSON

- Yes, willing to donate
- No, unwilling to donate



If No, write reason (if it is apparent)

.....

.....

.....

F

FOR THE HOSPITAL (Signature)

* *Possible Substitute Consenters* in order of precedence:

- 1. Guardian 2. Spouse 3. Child 4. Parent 5. Sibling 6. Other next of kin
- 7. Co-resident with knowledge of wishes 8. Coroner

(EC249/93)