



PLEASE NOTE

This document, prepared by the [Legislative Counsel Office](#), is an office consolidation of this regulation, current to February 1, 2004. It is intended for information and reference purposes only.

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](#).

If you find any errors or omissions in this consolidation, please contact:

Legislative Counsel Office
Tel: (902) 368-4291
Email: legislation@gov.pe.ca

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 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 Viral Infection
Peripheral Vascular Disease (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)