



## 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. Family consent is no longer required and your decision will be honored. 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 the following form and send it to the address provided on the form.

**Questions:** Answers to general donation questions can be found at: [www.dhss.mo.gov/organdonor/FAQs.html](http://www.dhss.mo.gov/organdonor/FAQs.html). 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/>)

Mid-America Transplant Services (<http://www.mts-stl.org/>)

Heartland Lions Eye Banks (<http://www.mlerf.org/>)

**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 despite your revocation unless you take steps to prevent them from doing so. If you want to revoke or amend your decision, you may do so by completing a new enrollment form either on-line at [www.missouriorgandonor.com](http://www.missouriorgandonor.com) or completing another paper copy and submitting it to the address provided on the form. Your record will be updated to reflect the changes you have made.

**Refusal:** If you want to refuse to make an anatomical gift and bar others from doing so on your behalf, you will need to 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.

**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. Medical costs not related 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. I know they will review my medical records, talk with my family, and run blood and other tests after I die to make sure it is safe to use my gift for others.
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. Donors are treated with great care and dignity during the donation process that includes careful reconstruction of the donor's body. Donation as a rule does not delay funeral plans.
7. Recovered tissues may be used in different forms in order to help more people. For example, skin may be used to create a graft for burns or a sling for a bladder.
8. Typically, organs, eyes, and tissues are given to people who need it the most: a) at the local level, b) then the region, and c) finally all over the country.

[www.dhss.mo.gov](http://www.dhss.mo.gov)

**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.



**ORGAN AND TISSUE DONOR REGISTRY ENROLLMENT APPLICATION**



Much of the information on this form is required, so please be sure the form is complete. You will receive a confirmation e-mail 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. Call toll-free if you have questions: 888-497-4564

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

PARTICIPANT'S NAME (LAST) (FIRST) (MIDDLE) (SUFFIX)

ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)

COUNTY OF RESIDENCE GENDER  Male  Female

E-MAIL ADDRESS

DATE OF BIRTH SOCIAL SECURITY NO. or DRIVER LICENSE NO.  
MONTH / DAY / YEAR

PURPOSE OF DONATION I understand that my donation will be used for transplant or therapy unless specified below:  
Please use my donation for: \_\_\_\_\_  
GIFT SPECIFICATIONS (Check all that apply.)  
I understand I am donating all organs and tissues, including eyes, unless I specify any restrictions below:  
 Organs Only  Tissues Only  
 Other: \_\_\_\_\_

RACE (optional)  White  African American  Asian  Pacific Islander  American Indian or Alaska Native  Other  
ETHNICITY (optional)  Latino  Other

INITIAL THE APPROPRIATE CATEGORY (Initial or check only one.)  
 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 affirm that I am age 18 or over and am able to give full legal consent to organ/tissue donation.  
 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.) DATE

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)

NAME AND CONTACT INFORMATION FOR PARENTS/GUARDIANS (If you are 16-17 years of age.)

**Complete the following information to remove your name from the registry.**

In addition to completing the information above beginning with "Participant Name" and through "Ethnicity," complete the following to be removed from the registry. Then, mail the completed form to the address below.

Please remove my name from Missouri's Organ and Tissue Donor Registry. This is not a refusal to be a donor.

SIGNATURE (Required of applicant or parent if enrolling a child.) DATE

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)

**Fax or mail completed form to:**  
Missouri Organ Donor Program  
Missouri Department of Health and Senior Services  
PO Box 570  
Jefferson City, MO 65102-0570  
Phone (toll-free) 888-497-4564  
Fax: 573-522-2898

A confirmation will be sent to you within 30 days of receipt in the Missouri Organ and Tissue Donor Program.