LS ID #____________________

For humanitarian reasons, I___________________________________ make the gift of vascularized composite allograft (face and/or hand donation) from ___________________________________ after his/her death for purposes of transplantation. I am the legal next-of-kin of highest kinship to the donor authorized to act in the relationship as follows: (Check one)

<table>
<thead>
<tr>
<th>State in which death occurred:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>☐ Agent ☐ Spouse ☐ Adult child ☐ Parent ☐ Adult sibling ☐ Adult grandchild ☐ Grandparent ☐ Guardian ☐ Adult exhibiting special care/concern. ☐ Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other State (Document state)</td>
<td>☐ Agent ☐ Spouse ☐ Adult child ☐ Parent ☐ Adult sibling ☐ Adult grandchild ☐ Grandparent ☐ Adult exhibiting special care/concern ☐ Guardian ☐ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I donate the following gifts: (Circle a response for each donation.)

<table>
<thead>
<tr>
<th>Gift</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Hand/Upper Extremity (may include skin, underlying muscles and nerves, blood vessels, bone, and tendon)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right Hand/Upper Extremity (may include skin, underlying muscles and nerves, blood vessels, bone, and tendon)</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Facial Graft (may include skin/mucosa, bone, underlying muscles and nerves, blood vessels and fat tissue of the nose, lips, cheeks, ears, or neck)</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
</tr>
</tbody>
</table>

I understand that:
~ The donation of hand or face will significantly alter the appearance of the donor and may prohibit open casket funeral service.
~ In the case of a facial graft:
  o The graft may be as small as a nose or may be a significant portion of the donor’s facial tissue depending on the need of the individual recipient.
  o A skin-colored prosthetic may be used to cover the areas where the facial graft was removed from the donor’s face.
~ In the case of a hand/upper extremity graft:
  o The allograft may include the hand and arm above the elbow.
  o A skin-colored prosthetic(s) may be used to replace the hand/upper extremity.
~ LifeSource will respect your privacy and make every effort to maintain donor confidentiality. However, despite the best effort of LifeSource to keep the information confidential, it is possible that the donor’s identity will be discovered and disclosed to third parties, including the media.
~ LifeSource is not responsible for media coverage related to the recipient. The recipient’s identity may be disclosed to third parties, including the media.
~ A determination of whether the gifts can be used will be made after all medical records, laboratory results, medical/social history, and photographs of the hand or face are reviewed.
Face and Hand Authorization

LS ID #____________________

If necessary, may we transport the donor for the purposes of recovery? (Circle one)  Yes   No

May photographs of the recovery procedure be taken for the purpose of medical education or clinical care of the recipient? (The photographs will not contain images that reveal the donor’s identity). (Circle one)  Yes  No

The facial and/or hand donation process has been explained to me and I understand it. I have been provided the opportunity to ask questions, and have received satisfactory answers to any questions. If I have further questions about these gifts, I may contact LifeSource. I will receive a copy of this form.

Next-of-kin printed name

Next-of-kin signature (if obtained in person)

Address

City, State and Zip Code

Telephone

Date and Time

In my/our opinion as witness/witnesses, the person(s) authorized freely and with full knowledge and understanding. (Person obtaining authorization must sign below along with one (1) additional witness unless conducted on a recorded line.)

Person obtaining authorization printed name and title

Witness printed name

Signature

Signature

Date and Time

Date and Time

(Check one)
☐ The foregoing authorization was read and signed in the presence of person obtaining authorization and one other witness.
☐ The foregoing authorization was obtained as a recorded telephone authorization; a copy of the recording is available upon request.