WISCONSIN ORGAN AND TISSUE RECOVERY AND ASSESSMENT

Pursuant to Wisconsin Statute Section 157.06 (4m) (e), the following information is to be provided to the Coroner or Medical Examiner's Office at the time of initial request to recover anatomical gifts.

Decedent's Name	Age	Race	Sex

Medical Record No.	Type of Donor	Date and Time of Death
	☐ Brain death ☐ Cardiac death	

☐ Hospital Death Hospital Name_____ ☐ Scene Death	Time last known alive if time of death is uncertain:

Briefly describe events leading to death:

Name of Coroner or Medical Examiner Contacted	County of Origin	Date and Time

Name of Investigator (if known)	Date and Time

Coroner or Medical Examiner Case Number

Family member contacted for donation? ☐ Yes ☐ No	Telephone No.

Relationship to donor	Address

ORGANS REQUESTED

☐ Heart / Pericardium	☐ Intestine	☐ Kidneys (with adrenals)	☐ Liver
☐ Lungs	☐ Lymph Nodes	☐ Pancreas	☐ Spleen

TISSUE REQUESTED

☐ Upper arm bones	☐ Bones of the leg and pelvis	☐ Connective Tissue	☐ Vertebral bodies	☐ Skin
☐ Heart for valves; descending thoracic aorta; pericardium	☐ Blood vessels (femoral, saphenous, aortic iliac graft)	☐ Eyes / Whole Globe	☐ Corneas	☐ Other:

SIGNATURE – Person Completing Form | Print Name and Title | Date Signed

Donor Name	Medical Record No.

MEDICAL RECORDS REVIEW

Review of Medical Records to ensure documentation of the following

External injuries (including retinal hemorrhage)

If patterned injuries (including bite marks) are present, where on the body are they located?

Internal Injuries

Fractures

PHYSICAL FINDINGS

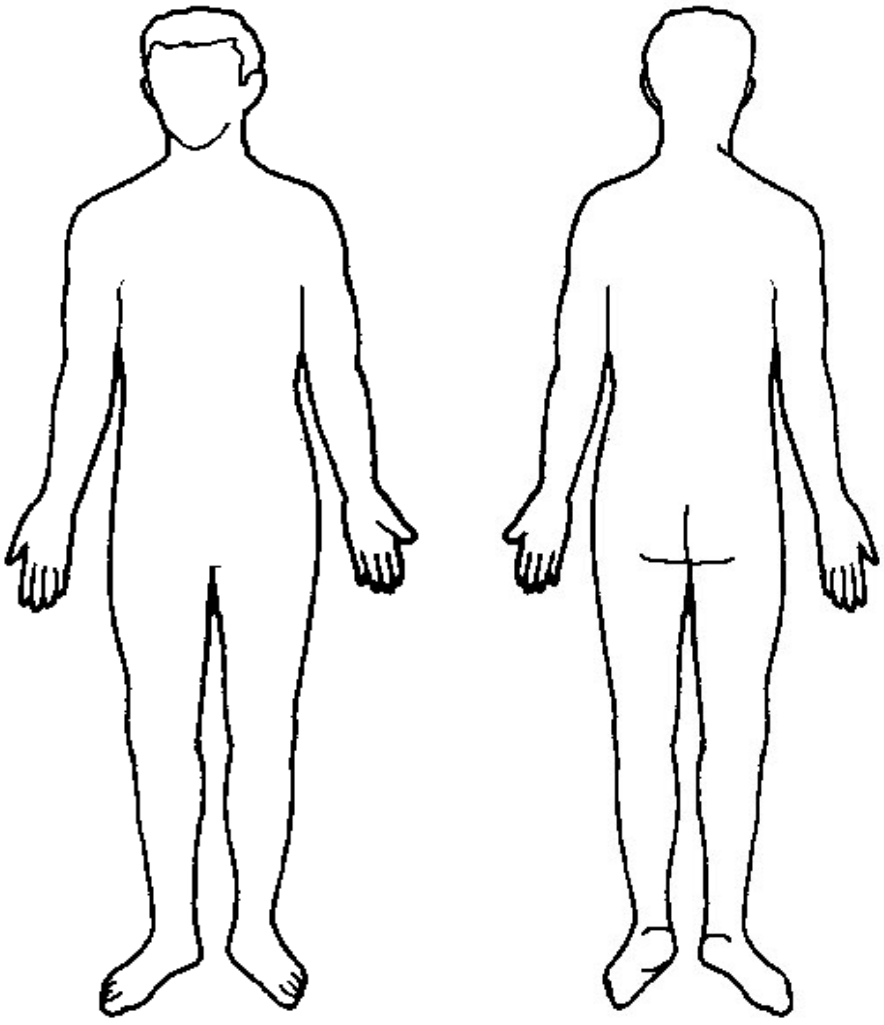
CT scan or MRI of the head?

Fresh fractures of long bones, clavicles or ribs? (Particular attention to be paid to metaphysical long bone, clavicle and rib fractures)

Retinal hemorrhage or other eye injury?

Physical Assessment Key

1. Tattoos
2. Non-therapeutic needle marks
3. Lesions
4. Scars
5. Deformities
6. I.V. Sites or arterial line
7. Contusions
8 Abrasions
9. Surgical Incisions
10. Eye injurries (e.g. Petechiae)
11. Other (List):



SIGNATURE – Person Completing Form | Print Name and Title | Date Signed

TISSUE RECOVERY AND ASSESSMENT

Donor Name	Medical Record No.
Hospital Name	Location of Recovery

Tissue Bank	Donor Number	Date and Time of Recovery

Blood Draw for County

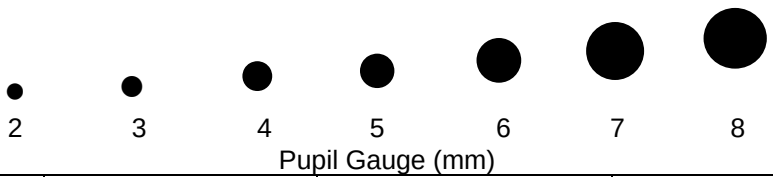
Blood Draws	Date and Time	Site	Drawn by
Admission Blood			
Anti-mortem			
Post-mortem			

TISSUES RECOVERED

☐ Upper arm bones ☐ Bones of the leg and pelvis ☐ Connective Tissue ☐ Skin

☐ Heart for valves; descending thoracic aorta; pericardium ☐ Blood vessels (femoral, saphenous, aortic iliac graft) ☐ Vertebral bodies ☐ Other

SIGNATURE – TECHNICIAN **Print Name** **Date Signed**

Eye Bank		Donor Number
Size of Pupil Right mm	Size of Pupil Left mm	 Pupil Gauge (mm)

Color of Iris	R	L	Petechiae	YES	NO
Color of Sclera	R	L			

Vitreous Collection Date and Time	Eye Tissue Recovered ☐ Eye / Whole Globe ☐ Corneas

SIGNATURE – Technician **Print Name** **Date Signed**