calgary health region

PILOT FORM

DEATH NOTE: Must be completed for all deaths

Patient Deceased DATE _____/_____/_____
y m d
TIME _____hrs

Medical Examiner Notified? Y☐ Name_____ N☐

Autopsy Requested? Y☐ N☐

Consented to? Y☐ N☐

Tissue/Eye Donation

Is the patient a candidate for tissue and or eye donation? Y☐ N☐
If no, why not? _____

Request made to family for tissue/eye donation? Y☐ N☐
If no, why not? _____

Consent obtained? Y☐ N☐

HOPE contacted? Y☐ N☐

Organ Donation

Was this patient potentially brain dead? Y☐ N☐

Was testing for neurologic death performed? Y☐ N☐

If so, did patient meet criteria for neurologic death? Y☐ N☐

Request made to family for organ donation? Y☐ N☐
If no, why not? _____

Consent obtained? Y☐ N☐

HOPE contacted? Y☐ N☐

Who requested consent? MD☐ RN☐ SW☐ HOPE☐

_____ _____
Printed Name Signature

Date/time of notation: _____

Return Form to Medical Records

HOPE -Contact number: 944-8700 Website: http://www.calgaryhealthregion.ca/hope