HUMAN TISSUE DONATION ACT
REGULATIONS
PLEASE NOTE
This document, prepared by the Legislative Counsel Office, is an office consolidation of this regulation, current to March 28, 2015. 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 on the Prince Edward Island Government web site to determine the authoritative text of these regulations.
For more information concerning the history of these regulations, please see the Table of Regulations on the Prince Edward Island Government web site (www.princeedwardisland.ca).
If you find any errors or omissions in this consolidation, please contact:

Legislative Counsel Office
Tel: (902) 368-4292
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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. **Form**
   
The form set out in the Schedule is prescribed for the purposes of section 4 of the Act. *(EC249/93)*
SCHEDULE

ORGAN AND TISSUE DONATION - RECORD OF DISCUSSION

<table>
<thead>
<tr>
<th>Place</th>
<th>Patient ID Label Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name: ____________________</td>
<td>DOB: __________ PHN#: __________</td>
</tr>
</tbody>
</table>

1) Identify
Does the patient meet the basic suitability criteria for organ or tissue donation?

YES
NO – specify reason(s) ____________________________________________

2) Refer
Was the Organ Donation Coordinator or Tissue Bank Specialist notified?

YES – result of conversation ________________________________________
NO – specify reason(s) ____________________________________________

3) Approach
a. Was the option of organ and tissue donation discussed with the patient?

YES
NO – specify reason(s) ____________________________________________

b. Was the option of organ and tissue donation discussed with a substitute consenter?

YES - name ____________________________________________

NO – specify reason(s) ____________________________________________

c. What was the result of organ and tissue donation discussion?

ACCEPTED
DECLINED – reason(s) ____________________________________________

Completed by:

(Please Print Name) ____________________________________________
(Signature) ____________________________________________

(Position/Title) ____________________________________________

Substituted consent may be given by any of the following classes of persons (as per the Human Tissue Donation Act):
1) Guardian; 4) Parent;
2) Spouse; 5) Sibling;
3) Child; 6) Other next of kin; or
7) Co-resident with knowledge of wishes.

In the event of a dispute between two or more persons of the classes above, the dispute shall be decided in accordance with the order in which those classes are listed.

No consent may be given by a person who:
- is under sixteen years of age;
- does not understand the nature and consequences of transplanting tissue from the body of the deceased after death; or
- has reason to believe that the deceased would have objected to the consent.

(EC249/93; 139/15)