

Neonatal Donation

Preliminary Information Document



Parent name(s) _____ Date _____

Relation to baby (circle) Mother / Father / Other _____

Name of baby _____

Diagnosis / diagnoses _____

Life expectancy / prognosis outside the womb _____

Due date _____ Current weeks gestation _____

Current estimated weight Approximately _____ lbs/oz at _____ weeks gestation

Type of delivery planned (circle) Natural / scheduled induction / scheduled C-Section

Date of induction or C-section _____ at _____ weeks gestation

What type of donation are you interested in? (check all that apply)

- Organ / Eye / Tissue Donation for Transplant
- Organ / Eye / Tissue Donation for Research/Education
- We are interested in speaking to someone about options available to us

Will you be seeking any medical interventions once your baby is born? (Check all that apply)

- Oxygen cannula or bag
- Intubation/Medical Ventilation
- Feeding tube
- Surgery
- Any and all life saving measures
- Palliative care / comfort care
- No intervention
- No plans have been made yet

If a surgery to recover organs and/or tissues is able to take place... (check one)

- I would like to have my baby brought back to me for extended bonding time.
- I will have transportation arrangements made with a funeral home.

Chosen hospital _____

Does the Organ Procurement Organization have permission to contact your medical provider directly? Yes/ No Initials _____

If yes, medical provider's name(s) and contact information

Parent Signature(s) _____

Primary phone(s) _____

Primary email(s) _____

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