

Request to Contact Organ Procurement Organization



To whom it may concern,

We have decided that we would like to pursue organ/eye/tissue donation for our son/daughter,

_____ (baby's name).

Dr. /Midwife _____ and his/her nurses

and associates have our permission to talk to the staff at our OPO regarding our baby.

We are working with _____

(our local Organ Procurement Organization).

The contact with this OPO is Mr./Mrs. _____.

He/she can be contacted at _____ (phone number)

or _____ (email address).

Any information about our pregnancy and our baby's diagnosis and growth may be discussed in an effort to pursue our donation options. Please contact our OPO about the possibilities of organ and/or tissue donation by _____ (date).

Thank you for your time and consideration.

Parent(s) signature

Date _____

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