



**1-800-241-4483**

**Tissue & Eye Screening Information Sheet**  
**Please call within ONE HOUR after Asystole**

- Reason for admission/circumstances surrounding death:
  1. DNR?
  2. Comfort Measures only?
  3. If arrest not witnessed, last known time alive?
  4. ACLS drugs used and amount if given?
  5. If trauma death, what type of injuries are present?
  
- Past Medical History:
  
- Antibiotics given: \_\_\_\_\_ Date started: \_\_\_\_\_
  
- Most recent Labs, CXRs, Culture reports:
- WBC Count with Bands (if available): \_\_\_\_\_ Lab date & time: \_\_\_\_\_
  
- Current Hospital Medications: \_\_\_\_\_ Home Medications: \_\_\_\_\_
  
- IV Fluids, Crystalloids given in the last hour:
- Colloids given in the last 48 hours:
- Blood Products given in the last 48 hours:
  
- Vital Signs (HR, RR, BP, Temp):
- Height & Weight:
  
- Medical Examiner Case?
- Funeral Home?
- EMS Service Transported Patient if <48 hours?
- Next of Kin Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In order to honor the 1st Person Authorization Process,  
please DO NOT mention donation to the family.**

Please call the 800# if you or the family have questions about donation.

**Please DO NOT call the funeral home until you have  
spoken with the On Call Tissue Coordinator.**

Thank you. We appreciate your help!