



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

ORGAN DONATION - CIRCULATORY DETERMINATION OF DEATH

Under NSW law, a person has died when there is *irreversible cessation of circulation of blood in the person's body* (s33 Human Tissue Act 1983).

For the purposes of organ donation after determination of circulatory death, death will be confirmed as having occurred when the attending doctor determines that there is irreversible cessation of circulation of blood in the person's body. The doctor must certify that A has occurred and all of the signs in B are absent.*

A. Cardiorespiratory support was withdrawn at ____ hrs (24-hour clock) on ____/____/____

B. I have determined that the following signs were absent (Please mark with X):

- Spontaneous movement
- Breathing
- Circulation, as evidenced by:
 - Absence of pulsatility on the arterial line for a minimum of 5 minutes **OR**
 - Electrical asystole for a minimum of 5 minutes

Death occurred at ____ hrs (24hour clock) on ____/____/____

(Confirmed by clinical examination – absent heart sounds and/or absent central pulse)

Medical Officer (print name): _____

Designation: _____

Signature: _____

*(Based on criteria developed from the Australian and New Zealand Intensive Care Society (ANZICS): The Statement on Death and Organ Donation, edition 4.1 - 2021)



SMR010518

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

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