Exhibit A
Collaborative Organ & Tissue Recovery Procedure
for Medical Examiner/Coroner Cases
(to be completed by the Gift of Hope team)

1. Coroner/Pathologist Information
   Coroner: ___________________ Contact Info: ______________
   Pathologist: _______________ Contact Info: ______________

2. Decedent Information
   Name: ___________________ Date of Birth: ___________ Age: _____ Gender: ______

3. Decedent Next of Kin or Legal Representative
   Name: ___________________ Relationship: ___________ Contact Info: ______

4. Hospital Information
   Hospital: _________________ Attending Physician: _______________ Contact Info: ______________
   Primary Nurse: ______________ Contact Info: ______________

5. Gift of Hope Information
   Donation Coordinator: ______________ Contact Info: ______________
   ME/C Liaison: _______________ Contact Info: ______________

6. Law Enforcement Information please provide name of law enforcement officer handling the case (if known and available):
   Investigating Agency (if known): _______________ Location of Incident (city and county, if known): ______________
   Name: ___________________ Contact: ___________

7. Initial Clinical Information (brief summary)

8. Initial Release for Recovery
   The GOH Donation Coordinator and the ME/C will discuss the initial release planning. Any release restrictions and the reasons for
   the restriction are documented below. An ME/Cs release may consist of:
   - Release of all organs and tissues.
   - Release of selected organs and/or tissues prior to autopsy.
   - Release of selected tissues after autopsy.
   - Or any combination thereof.

<table>
<thead>
<tr>
<th>Organ</th>
<th>Release Restriction</th>
<th>Reason</th>
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<tbody>
<tr>
<td>Heart</td>
<td></td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Kidneys</td>
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<tr>
<td>Pancreas</td>
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<tr>
<td>Liver</td>
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9. **External Examination**
   The GOH Donation Coordinator and the ME/C will discuss the external examination. The GOH Donation Coordinator will facilitate any request by the ME/C or forensic pathologist to perform an external examination prior to organ or tissue recovery. If the ME/C is not available to perform the external examination prior to organ/tissue recovery, at the request of the ME/C, the GOH Donation Coordinator will arrange for a GOH-contracted and ME/C-approved forensic pathologist to perform the external examination prior to recovery. GOH will reimburse the contracted forensic pathologist for his/her services. If the GOH Donation Coordinator or the surgical team participating in organ or tissue recovery observe any external injuries, the GOH Donation Coordinator will ensure that the ME/C or forensic pathologist is aware and photograph and document the injuries as instructed by the ME/C.

   **Comments:**

10. **Pre-Recovery Photographs**
    The ME/C or the forensic pathologist may request photographs of the decedent in conjunction with the external examination prior to organ or tissue recovery. The Donation Coordinator will help facilitate a pre-recovery photographs upon request by the ME/C or forensic pathologist.

    **Comments:**

11. **Biological Specimens**
    The Donation Coordinator and the ME/C or forensic pathologist will discuss biological specimens requested by the ME/C. The GOH Donation Coordinator will facilitate the collection of specimens for toxicology or chemical analysis as requested.

    Yes    No
    Serological Specimens.
    Requested Specimens: __________________________

    Yes    No
    Histological Specimens.
    Requested Specimens: __________________________

    Yes    No
    Other Tissue Specimens.
    Requested Specimens: __________________________

    Yes    No
    Vitreous Fluid.
    Requested Specimens: __________________________

    Yes    No
    Urine
    Requested Specimens: __________________________

    Yes    No
    Other
    Requested Specimens: __________________________

12. **Radiographic Reports**
    The GOH Donation Coordinator will obtain copies of hospital imaging reports. The GOH Donation Coordinator will facilitate additional imaging as requested by the ME/C.

    **Comments:**

    __________________________
    __________________________
    __________________________
    __________________________
    __________________________
13. **Internal Examination**

The GOH Donation Coordinator and the ME/C will discuss the internal examination. The GOH Donation Coordinator will facilitate any request by the ME/C or forensic pathologist to perform an internal examination prior to organ or tissue recovery. Upon request by the ME/C, the GOH Donation Coordinator will arrange for a GOH-contracted and ME/C approved forensic pathologist to perform the internal examination prior to recovery. GOH will reimburse the contracted forensic pathologist for his/her services. If the GOH Donation Coordinator or the surgical team participating in organ or tissue recovery observe any internal injuries, the GOH Donation Coordinator will ensure that the ME/C or forensic pathologist is aware and photograph and document the injuries as instructed by the ME/C.

14. **Preservation of Lines**

If the ME/C intends to examine the decedent after recovery, when the recovery procedure is complete, all vascular access lines and other therapeutic appliances attached to the donor should be left in place. Those lines/appliances that have been inadvertently discontinued should have the insertion site circled and marked with an "Rx," indicating the site as a therapeutic intervention.

15. **Pathological & Surgical Reports**

The GOH Donation Coordinator and the ME/C or forensic pathologist will discuss the ME/C’s requests for pathological and/or surgical reports:

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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| Organ Operative Report:  
A formal, typewritten original of the recovery of each thoracic and/or abdominal surgeon’s “Operative Report to Supplement Autopsy Report” will be forwarded to the Coroner’s office in a timely fashion. This report is intended to be filed in the permanent file of the deceased. The operative report will be signed by the recovery surgeon(s) and include the following information:  
- Identification of the donor with hospital/medical record number  
- Date, time, and name of physician pronouncing death.  
- Brief clinical history and evaluation as a suitable donor.  
- Pre-operative condition of the area of the body that is involved in or impacted by the organ recovery.  
- Names of all surgeons involved in the recovery.  
- Description of abdominal and/or thoracic conditions including any preexisting injuries within the site of dissection.  
- Description of each organ recovered as normal, or specify any abnormalities.  
- General statement of the operative procedure and the condition of the body after the organ recovery is completed. |
| Bone/Tissue Operative Report:  
A formal, typewritten report describing the bone/tissue recovery will be forwarded to the Coroner’s office in a timely fashion. This report is intended to be filed in the permanent file of the deceased. The operative report will be signed by the recovery staff and include the following information:  
- Identification of the donor with hospital/medical record number  
- Date, time, and name of physician pronouncing death.  
- Brief clinical history and evaluation as a suitable donor.  
- Pre-operative condition of the area of the body that is involved in or impacted by the recovery.  
- Names of all staff involved in the recovery.  
- Description of any preexisting injuries within the site of dissection.  
- Description of each bone/tissue recovered as normal, or specify any abnormalities.  
- General statement of the operative procedure and the condition of the body after the organ recovery is completed. |
| Eye Operative Report:  
A formal, typewritten original of the recovery of eye recovery will be forwarded to the Coroner’s office in a timely fashion. This report is intended to be filed in the permanent file of the deceased. The operative report will be signed by the recovery staff and include the following information:  
- Identification of the donor  
- Date and time of the recovery.  
- Name(s) of the recovery staff.  
- Type of eye tissue recovered, whether vitreous and/or blood samples were collected.  
- A general statement of abnormalities or noteworthy conditions existing prior to recovery. |
16.  **Post-Transplant Follow-up Information**

   It is conceivable that the health of a donated organ may be called into question during subsequent legal proceedings, despite the fact that organ function was tested by transplant personnel prior to organ recovery. If this should occur, the OPO may be requested by the coroner’s office forensic pathologist to advise as to the outcome of the transplant surgery, at least as to whether or not the organ recipient survived. There would be no necessity to know the identity of the recipient(s) of the organ(s).

17.  **Testimony**

   The GOH Donation Coordinator will prepare a report providing the names and contact information for each of the individuals who participated in the organ and/or tissue recovery. All individuals who participate in organ or tissue recovery must be willing to provide testimony regarding the recovery.

18.  **Other**

   **Comments:**

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________