

Wisconsin Tissue Recovery and Assessment

Pursuant to Wisconsin Statute Section 157.06 (4m) (e), the following information is to be provided to the Coroner or Medical Examiner's Office at the time of initial request to recover anatomical gifts.

Decedent information

Decedent's name (Last, First, MI): _____

Age: _____ Race: _____ Sex: _____

Medical information

Medical record number: _____

Type of donor: ☐ Brain death ☐ Cardiac death

Date of death: _____ Time of death: _____

Time last known alive if time of death is uncertain: _____

Death information

☐ Hospital death Hospital name: _____

☐ Scene Death

Briefly describe events leading to death:

Name of coroner or medical examiner contacted: _____

Coroner or medical examiner case number: _____

County of origin: _____ Date and time: _____

Name of Investigator (if known): _____ Date and time: _____

Were family members contacted for the donation?

☐ Yes ☐ No

If yes, then provide phone number: _____

Relationship to donor: _____

Address: _____

Organs requested

- ☐ Heart / Pericardium
- ☐ Intestine
- ☐ Kidneys (with adrenals)
- ☐ Liver
- ☐ Lungs
- ☐ Lymph Nodes
- ☐ Pancreas
- ☐ Spleen

Tissue requested

- ☐ Upper arm bones
- ☐ Bones of the leg and pelvis
- ☐ Connective Tissue
- ☐ Vertebral bodies
- ☐ Skin
- ☐ Heart for valves; descending thoracic aorta; pericardium
- ☐ Blood vessels (femoral, saphenous, aortic iliac graft)
- ☐ Eyes / Whole Globe
- ☐ Corneas
- ☐ Other: _____

Signature

Signature – Person completing form: _____ Date signed: _____

Print name and title: _____

Medical records review

Review of Medical Records to ensure documentation of the following.

Donor name: _____ Medical record number: _____

External injuries (including retinal hemorrhage)

If patterned injuries (including bite marks) are present, where on the body are they located?

Internal injuries

Fractures

Physical findings

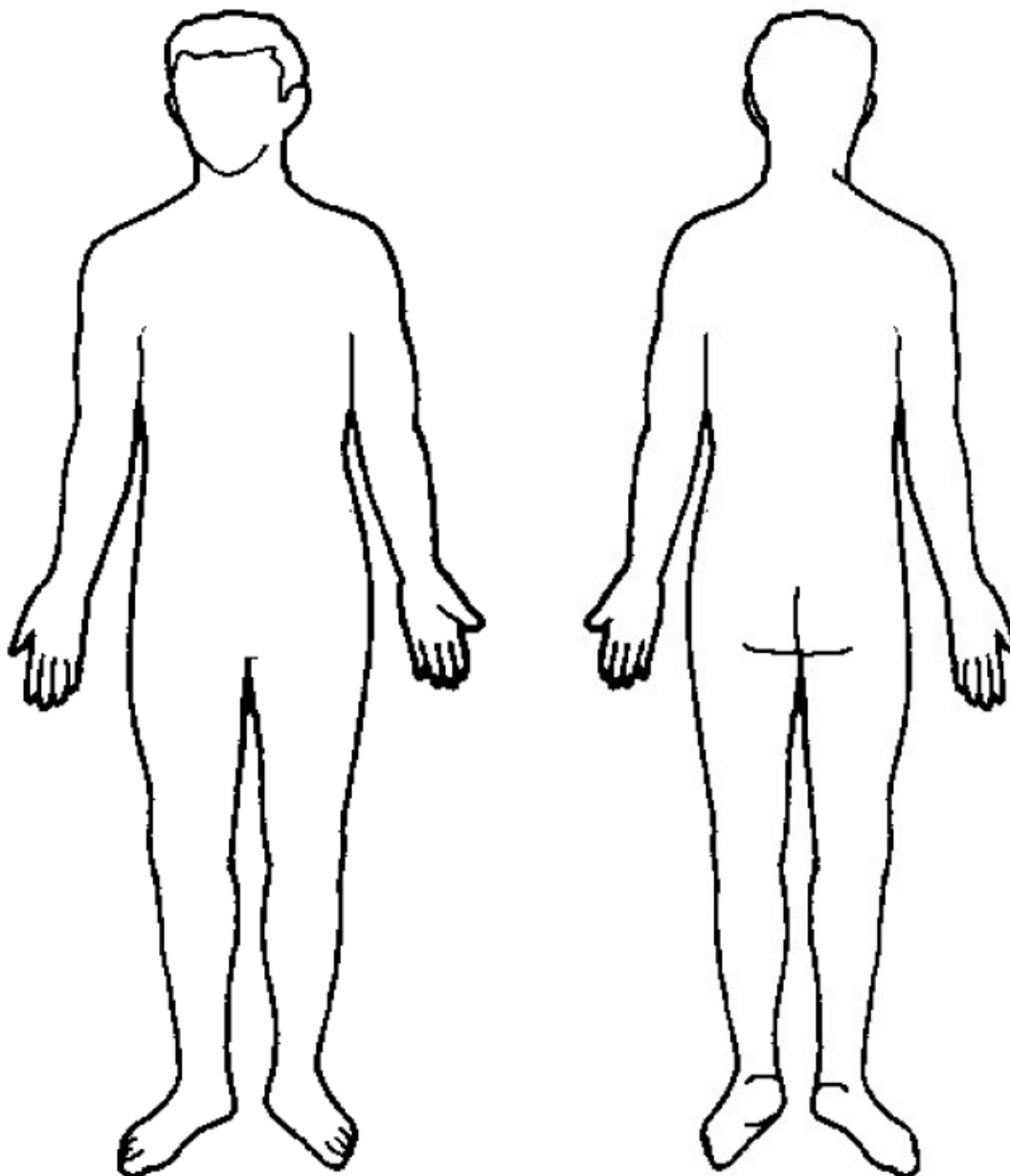
CT scan or MRI of the head? ☐ Yes ☐ No

Fresh fractures of long bones, clavicles or ribs? (Particular attention to be paid to metaphysical long bone, clavicle and rib fractures) ☐ Yes ☐ No

Retinal hemorrhage or other eye injury? ☐ Yes ☐ No

Physical assessment key

1. Tattoos
2. Non-therapeutic needle marks
3. Lesions
4. Scars
5. Deformities
6. I.V. sites or arterial line
7. Contusions
8. Abrasions
9. Surgical Incisions
10. Eye injuries (e.g. Petechiae)
11. Other (list): _____



Signature – Person completing form: _____ Date signed: _____

Print name and title: _____

Donor name: _____ Medical record number: _____

Tissue recovery and assessment

Hospital name: _____ Location of recovery: _____

Tissue bank: _____ Donor number: _____

Blood draws

	Date and time	Site	Drawn by
Admission Blood			
Anti-mortem			
Post-mortem			

Tissues recovered

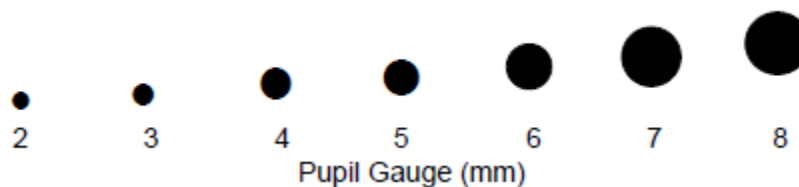
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☐ Eyes / Whole Globe
☐ Corneas
☐ Other: _____

Signature – Technician: _____ Date signed: _____

Print name: _____

Eye information

Eye bank: _____ Donor number: _____



Size of pupil, right: _____ mm

Size of pupil, left: _____ mm