Are You Donation Savvy?

Many organs and tissues can be donated, including the heart, liver, kidneys, lungs, pancreas, intestine, skin, bone, tendons, ligaments, vessels, heart valves, middle ear bones and eyes. Transplantation is the primary objective, including lifesaving, restorative, reconstructive and cosmetic surgeries. Your donations are distributed locally, regionally, nationally and abroad for transplant based on need. An individual's suitability for donation is determined by the recovery agencies at the time of death. A thorough evaluation of a potential donor includes review and documentation of the following:

- **Your current and past medical records**
- **Laboratory testing of blood, tissue and/or cells, to check for certain transmissible diseases, including HIV and hepatitis, or to determine compatibility of the donor and recipient**
- **Your medical/social history, by interview with a close family member**

In the event your gifts were not suitable for transplantation, you can still help others through scientific research and education.

Taking the Next Step

Joining the Ohio Donor Registry is simple. It is a way to legally give consent for the donation of your organs, tissues and eyes upon your death.

Each time you go to your local Bureau of Motor Vehicles (BMV) to obtain or renew your Ohio Driver's License or State I.D. card, you will be asked, "Do you want to make an anatomical gift?" To join Ohio's Donor Registry, all you have to do is say "YES!" You can also join the Registry at any other time, or further refine your donation consent by completing and returning the tear-off form included here or by requesting a form from LifeCenter Organ Donor Network.

Donor Registry Enrollment Form

To register, please complete and mail this enrollment form to:

Ohio Bureau of Motor Vehicles
ATTN: Record Clearance Unit
P.O. Box 16784
Columbus, OH 43216-6784

☐ Yes, I want to join the Donor Registry!

☐ Please take me out of the Donor Registry.

Full Name: _____
(please print) First Middle Last

Mailing Address: _____
Street Address

_____
City State Zip

Phone: ( ) _____ Date of Birth _____

Driver License or ID Card # _____

SS# _____

☐ "Upon my death, I make an anatomical gift of my organs, tissues and eyes for any purpose authorized by law."

_____ OR _____

☐ "Upon my death, I make an anatomical gift of the following specified organs, tissues and/or eyes for any purpose authorized by law: transplantation, therapy, research, education, or advancement of medical or dental science." *(Please mark a line through any purpose(s) that are not acceptable to you.)*

_____

_____

_____

_____

_____
Signature of Donor Registrant Date

_____
Witness

_____
Witness

(One witness must be the parent or legal guardian if donor under age 18.)