

# Hypertrophic Cardiomyopathy Association



## Consent For Release of Explanted Heart to the Hypertrophic Cardiomyopathy Association for the Purpose of Education

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Medical Record Number

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Date

**TO THE PATIENT:** You have been given information about your opportunity to donate your explanted heart to the HCMA for the purpose of education and awareness efforts on behalf of the HCMA. This consent form is designed to provide a written confirmation of these discussions.

1. HCMA Representative: Lisa Salberg has explained to me that the following steps will be:
  - My heart will be explanted by the transplant team.
  - No pathology will be done when the heart is removed
  - The heart will be shipped whole and intact to Baylor University c/o Dr. William Roberts to be prepared for plastination.
  - Baylor will ship the heart to the University of Toledo for the plastination processing.
  - The heart will be returned to the HCMA for educational purposes.
  - The HCMA will retain the heart in its possession. I relinquish ownership of the organ to the HCMA, but will be offered visitation in perpetuity.
2. I am aware that there may be other risks or complications that may not make the procurement of the heart possible and that the primary concern of my surgeon and transplant team is that there is a successful transplant.
3. I acknowledge that no guarantees or promises have been made to me concerning the success of this procurement process and that I hold harmless the HCMA in matters in shipping transport of my organ when not in direct control of the HCMA.
4. I understand what has been discussed with me as well as the contents of this form. I have been given the opportunity to ask questions and have received satisfactory answers. If you have not had all of your questions answered to your satisfaction, do not sign this form until you have. Lisa Salberg may be reached at (973)727-2450 if there are any urgent questions.
5. I hold harmless my institution for anything that happens to this heart once it is out of their possession and control.

\_\_\_\_\_  
HCMA CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

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