

Consent for Tissue Donation

NAME

DOB

MRN

Patient ID/Addressograph

University of San Francisco, California Medical Center (UCSF) is a research hospital. This means that all patients receiving care here are asked if they want to be a donor of blood and/or tissue, depending on the care they are receiving. Research with pregnancy tissue has been used to help people with diseases such as cancer, HIV, Alzheimer's and Parkinson's diseases, and diseases that women get when they are pregnant, such as preeclampsia and gestational diabetes.

It is important to us that your preferences and beliefs are respected.

If you are willing to donate pregnancy tissue, the following statements apply:

- I already have completed my consent form for the abortion.
- Tissue will be collected anonymously, which means my name will not be used.
- My decision about tissue donation will not affect how or when my abortion is done.
- Regardless of what I decide, the doctor will complete my abortion in the usual way.
- The doctor will not benefit in any way from my decision.
- I will not receive any payment or other incentives for donating tissue.
- I will not know who has benefited from my donation.
- My preferences about tissue research will not affect my care today or in the future at UCSF Medical Center.

I have had an opportunity to discuss this with my provider and my questions have been answered.

Please mark the statement that best matches your preference:

_____ I consent to donating pregnancy tissue for research.

_____ I do not want pregnancy tissue to be used for research.

Date: _____ Time: _____ Patient: _____
Print name Signature

I attest to having documented the patient's preferences and that all relevant laws and regulations will be followed in completing the abortion.

Date: _____ Time: _____ Provider: _____ CHN ID #: _____
Print name Signature/Title

Interpreter: _____ Interpreter ID #: _____