

# Neonatal Donation

## Preliminary Information Document



Parent name(s) \_\_\_\_\_ Date \_\_\_\_\_

Relation to baby (circle) Mother / Father / Other \_\_\_\_\_

Name of baby \_\_\_\_\_

Diagnosis / diagnoses \_\_\_\_\_

Life expectancy / prognosis outside the womb \_\_\_\_\_

Due date \_\_\_\_\_ Current weeks gestation \_\_\_\_\_

Current estimated weight Approximately \_\_\_\_\_ lbs/oz at \_\_\_\_\_ weeks gestation

Type of delivery planned (circle) Natural / scheduled induction / scheduled C-Section

Date of induction or C-section \_\_\_\_\_ at \_\_\_\_\_ weeks gestation

What type of donation are you interested in? (check all that apply)

- Organ / Eye / Tissue Donation for Transplant
- Organ / Eye / Tissue Donation for Research/Education
- We are interested in speaking to someone about options available to us

Will you be seeking any medical interventions once your baby is born? (Check all that apply)

- Oxygen cannula or bag
- Intubation/Medical Ventilation
- Feeding tube
- Surgery
- Any and all life saving measures
- Palliative care / comfort care
- No intervention
- No plans have been made yet

If a surgery to recover organs and/or tissues is able to take place... (check one)

- I would like to have my baby brought back to me for extended bonding time.
- I will have transportation arrangements made with a funeral home.

Chosen hospital \_\_\_\_\_

Does the Organ Procurement Organization have permission to contact your OB directly? Yes/ No Initials \_\_\_\_\_

If yes, OB and/or doctor name(s) and contact information

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature(s) \_\_\_\_\_

© 2014 PurposefulGift.com

*This form does not replace legal documents required by other parties.  
It is only intended to facilitate communication between all parties.  
Permission is granted to reproduce and distribute this document unchanged.*