**Donation Inquiry Form**

Koordinacni Stredisko Transplantaci (KST) is a Competent Authority as stipulated in the Directive 2010/53/EU on standards of quality and safety of human organs intended for transplantation. In the event of a foreign subject deceased on the territory of the Czech Republic KST is authorized to seek relevant information to state whether such a person may become a donor of organs for transplantation. Please reply to the following questions:

**Part I - Registration in Donors Registry (informed consent, OPT-IN country)**

*(to be crossed out by KST if not applicable)*

**First name/names of the deceased: ...........................................................................................**

**Family name: ..............................................................................................................................**

**Date and place of birth: .............................................................................................................**

**Passport number: .......................................................................................................................**

**Permanent residence: .......................................................................................................**

**......................................................................................................**

**Please tick as appropriate:**

**REGISTERED as a post-mortem donor of organs, procurement IS POSSIBLE 🞏**

**NOT REGISTERED as a post-mortem donor, procurement NOT POSSIBLE 🞏**

**Part II - Registration in Non-Donors Registry (presumed consent, OPT-OUT country)**

*(to be crossed outby KST if not applicable)*

**First name/names of the deceased: ...........................................................................................**

**Family name: ..............................................................................................................................**

**Date and place of birth: .............................................................................................................**

**Passport number: .......................................................................................................................**

**Permanent residence: .......................................................................................................**

**......................................................................................................**

**Please tick as appropriate:**

**REGISTERED as a person NOT WILLING to donate organs for transplantation 🞏**

**NOT REGISTERED in a non-donor registry 🞏**

**Part III - Contact to relatives of a potential organ donor - EU Countries**

*(to be crossed out by KST if not applicable)*

**First name/names of the deceased: ...........................................................................................**

**Family name: ..............................................................................................................................**

**Date and place of birth: .............................................................................................................**

**Passport number: .......................................................................................................................**

**Permanent residence: .......................................................................................................**

**......................................................................................................**

**Please provide contact data of a family member or of a relative who is authorized to receive information about possible donation of organs which may be retrieved from the body of the above person.**

**First name/names: .....................................................................................................................**

**Family name: ..............................................................................................................................**

**E-mail address: ...........................................................................................................................**

**Phone number: ...........................................................................................................................**

**Part IV - Identification of requesting party**

*(to be filled in by KST)*

**Name: ....................................................... Position: ...............................................................**

**Date : ........................................................ Signature : ...........................................................**

**Part V - Identification of responding party**

*(to be filled in by responding authority )*

**Name: ....................................................... Position: ...............................................................**

**Organization, Competent Authority : .....................................................................................**

**Date : ........................................................ Signature : ...........................................................**