I direct that if I am brain dead, an anatomical gift be offered on my behalf to a patient in need of an organ or tissue transplant. If a transplant occurs, I wan artificial heart/lung support devices to be continued on my behalf only until organ or tissue suitability of the patient is confirmed and organ or tissue recovery has taken place.]
b. If I am in a persistent vegetative state, that is if I am not conscious and am not aware of my environment nor able to interact with others, and there is no reasonable expectation of my recovery within a medically appropriate period
I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.
I direct that if I am brain dead, an anatomical gift be offered on my behalf to a patient in need of an organ or tissue transplant. If a transplant occurs, I want artificial heart/lung support devices to be continued on my behalf only until organ or tissue suitability of the patient is confirmed and organ or tissue recovery has taken place.]
I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take in food by mouth, I wish to receive nutrition and hydration artificially.
I direct that I be given all available medical treatment in accordance with accepted health care standards.
c. If I am pregnant my agent shall follow these specific instructions:
D. UPON MY DEATH, I WISH TO DONATE:
ANY NEEDED ORGANS, TISSUES, OR EYES.
ONLY THE FOLLOWING ORGANS, TISSUES, OR EYES:
I AUTHORIZE THE USE OF MY ORGANS, TISSUES, OR EYES:
FOR TRANSPLANTATION
FOR THERAPY
FOR RESEARCH
FOR MEDICAL EDUCATION
FOR ANY PURPOSE AUTHORIZED BY LAW.
I UNDERSTAND THAT BEFORE ANY VITAL ORGAN, TISSUE, OR EYE MAY BE

I UNDERSTAND THAT BEFORE ANY VITAL ORGAN, TISSUE, OR EYE MAY BE REMOVED FOR TRANSPLANTATION, I MUST BE PRONOUNCED DEAD. AFTER DEATH, I DIRECT THAT ALL SUPPORT MEASURES BE CONTINUED TO MAINTAIN THE VIABILITY