

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 REMOVED FOR TRANSPLANTATION, I MUST BE PRONOUNCED DEAD. AFTER DEATH, I DIRECT THAT ALL SUPPORT MEASURES BE CONTINUED TO MAINTAIN THE VIABILITY FOR TRANSPLANTATION OF MY ORGANS, TISSUES, AND EYES UNTIL ORGAN, TISSUE, AND EYE RECOVERY HAS BEEN COMPLETED.

I UNDERSTAND THAT MY ESTATE WILL NOT BE CHARGED FOR ANY COSTS ASSOCIATED WITH MY DECISION TO DONATE MY ORGANS, TISSUES, OR EYES OR THE ACTUAL DISPOSITION OF MY ORGANS, TISSUES, OR EYES.