



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

Paula F. Nickelson
Acting Director



Michael L. Parson
Governor

Missouri Organ and Tissue Donor Registry Removal Information Sheet

Missouri's Organ and Tissue Donor Registry is a confidential list of organ, tissue and eye donors maintained by the Missouri Department of Health and Senior Services. You are not required to be on the registry to be a donor and can remove your name at any time. You may also amend or revoke your decision at any time. Placing your name on the registry means you consent to have your organs and tissues given to others upon your death. First-person consent makes your decision final unless revoked in a manner provided by law. To be removed from Missouri's Registry, please complete this form and submit as instructed on the form.

Amend Consent: You may amend your registry record by going to www.DonateLifeMissouri.org (My Record: Edit) or by completing a paper Enrollment Application (<http://donatelifemissouri.org/forms>). If completing a paper enrollment, please complete and submit as instructed on the form.

Revocation: You may withdraw or revoke your consent to be listed on the registry. This action does not mean a refusal to make an anatomical gift. Other authorized persons may make such a gift for you unless you take steps to prevent them from doing so. To revoke your consent, you must complete a Removal Application available at <http://donatelifemissouri.org/forms> or call 888-497-4564. Print, sign and mail the form using the information provided at the bottom of form.

Refusal: If you refuse to make an anatomical gift and want to bar others from doing so on your behalf, you may execute a refusal by completing one of the steps below. Be sure to provide copies of your documentation to family, friends, or others who may be making end-of-life decisions for you. This information will not be included in the registry or be maintained by the Department of Health and Senior Services.

A record or writing signed by you.

- A will.
- A record or writing signed by another person at your direction, if you are physically unable to sign, and witnessed by at least two adults, one being a disinterested witness, who sign at your request and attest to such act.
- A communication made by you in any form during your terminal illness or injury, addressed to at least two adults, one of whom is a disinterested witness.

Education Information: The following is for educational information purpose only.

- The goal of Missouri's organ and tissue recovery agencies is to provide the most supportive services possible to donor families. They welcome feedback so that they can continue to improve services.
- Most major religions support donation. We encourage the public to consult their faith leader for guidance.
- Donation may still be an option if you have a health history of cancer, HIV, hepatitis, etc. The determination will be made based on a medical evaluation completed at the time of death.
- Age does not prevent people from being a donor.

Questions: Answers to general donation questions can be found at: www.DonateLifeMissouri.org. If you have questions about procedures related to transplants or donation, please contact one of the following agencies:

Midwest Transplant Network (<http://www.mwtn.org/>)

Mid-America Transplant (<http://www.midamericatransplant.org/>)

Saving Sight (<https://www.saving-sight.org/>)

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.



ORGAN AND TISSUE DONOR REGISTRY REMOVAL APPLICATION



Most of the information on this form is required, so please be sure the form is complete. You will receive an e-mail or letter confirming your removal, or in the event information needs to be clarified and/or verified. Call toll-free if you have questions: 888-497-4564

Complete the following information to be removed from the registry.

PARTICIPANT'S NAME (LAST)	(FIRST)	(MIDDLE)	(SUFFIX)
---------------------------	---------	----------	----------

ADDRESS (MAILING)	(CITY)	(STATE)	(ZIP CODE)
-------------------	--------	---------	------------

COUNTY OF RESIDENCE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
---------------------	--

E-MAIL ADDRESS

DATE OF BIRTH ____ / ____ / ____ MONTH DAY YEAR	SOCIAL SECURITY NO. or DRIVER LICENSE NO.
---	---

RACE (optional) <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other	ETHNICITY (optional) <input type="checkbox"/> Latino <input type="checkbox"/> Other
---	--

REMOVAL REASON (optional) <input type="checkbox"/> More time needed to learn/understand organ and tissue donation <input type="checkbox"/> A family/loved one's experience <input type="checkbox"/> Religious/spiritual belief <input type="checkbox"/> Medical condition <input type="checkbox"/> Age <input type="checkbox"/> Donating my body to science/research <input type="checkbox"/> Other, please briefly specify _____
--

CHECK APPROPRIATE STATEMENTS, THEN SIGN Please remove my name from Missouri's Organ and Tissue Donor Registry. This is not a refusal to be a donor. I affirm that I am the person named above, the information provided is true and correct, and that: <input type="checkbox"/> I am age 18 or over and am able to give full legal consent. <input type="checkbox"/> I am under the age of 18, an emancipated minor and able to give full legal consent. <input type="checkbox"/> I am under the age of 18 but at least 16, and I am not emancipated. <input type="checkbox"/> I am the parent/guardian of the child being removed from the registry. My relationship to the child is: _____
--

SIGNATURE (Required of applicant or parent/guardian removing a child.)	DATE
--	------

WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury)	DISINTERESTED WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury)
---	---

Mail completed form to:
Missouri Organ and Tissue Donor Program
Missouri Department of Health and Senior Services
PO Box 570
Jefferson City, MO 65102-0570
Phone (toll-free) 888-497-4564

A confirmation will be sent to you.