



**BEXAR COUNTY MEDICAL EXAMINER'S OFFICE  
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CHIEF MEDICAL EXAMINER**

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*"Accredited by the National Association of Medical Examiners"*

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**CHECKLIST FOR ORGAN AND TISSUE DONATION APPROVAL**

**M.E. Case #** \_\_\_\_\_ **DECEDENT'S NAME** \_\_\_\_\_

**To be Completed by the Treating Physician**

*Please note that giving as much information as possible will enable us to make the best decision possible – simply listing “unknown” or “N/A” may result in disapproval of procurement request due to a lack of information to make an adequate decision.*

1. What is the presumptive cause of death?
2. Briefly summarize the case circumstances and pertinent medical history (i.e. MVA; heart attack with known CAD)
3. Briefly summarize any injuries present (include external or internal):
4. Were any surgical procedures performed (i.e. thoracotomy, chest tubes, etc.)? What were the findings of those procedures (i.e. hemothorax; internal injuries; bullet recovery)

*I am familiar with the patient in this case, and the above information is correct to the best of my knowledge.*

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Contact Phone



**Instructions to the Procuring Organization**

***By completing this form this organ / tissue procurement agency is attesting that they have obtained proper and legal consent for donation. Authorization from the BCMEO for release of these tissues should not be construed as consent to procure the organs/ tissues, and does not relinquish this responsibility from the agency. The BCMEO will act in good faith that by requesting the organs/ tissues, the requesting agency has obtained the appropriate legal consent to do so.***

For every case, please note the following:

- Should any type of external or internal trauma not specifically listed above be found during recovery, the procedure must be stopped, and the ME must be contacted;
- In every recovery case, peripheral blood must be obtained for the BCMEO, and may not be obtained from an existing intravascular access line. If blood is unable to be obtained, the procedure must be stopped and the BCMEO contacted.
  - A minimum of FIVE 7 ml tubes of blood must be obtained for the Medical Examiner to include:
    - 2 gray, 2 red, and 1 purple top tube
    - Blood should be preferentially obtained from a peripheral or femoral vessel
    - Gray top tubes are to be obtained and filled preferentially, and must be drawn before any other blood specimens are obtained.
  - If corneal procurement occurs, vitreous fluid must be obtained
  - All tubes of blood must be labeled with:
    - the ME case number;
    - the name of the decedent;
    - the time and date of the draw; and
    - the site from which the blood is drawn (i.e., femoral, subclavian, etc.).
    - Tubes must also be initialed by the individual drawing the blood.

***Per State Law, any non-approved organs or tissues may not be removed because doing so may interfere materially with proper Medical Examiner investigation under authority of the Texas Code of Criminal Procedures, Ch. 49.25. The requesting OPO is requested to so notify the individual consenting to procurement.***

*I am familiar with the patient in this case, and attest that the above information is correct to the best of my knowledge and that I understand and will comply with the instructions upon this form.*

\_\_\_\_\_  
OPO Representative

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact phone number

Original: Medical Examiner case file