

# NYS Donate Life Registry Enrollment Form

Please Print (\*Required Information)

Prefix \_\_\_\_\_ (Mr., Mrs., Ms., Dr., Fr., etc.) Middle Initial \_\_\_\_\_

\*First Name \_\_\_\_\_

\*Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ (Jr., Sr., II, etc.)

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender  Male  Female

\*Height \_\_\_\_ feet \_\_\_\_ inches \*Eye Color \_\_\_\_\_

\*9-digit driver license or non-driver identification (ID) number \_\_\_\_\_

### \*I offer the donation of:

- All Organs, Tissues and Eyes
- Limited Organs, Tissues and Eyes as Specified Below  
*(Please check the box of the organs and tissues that you wish to donate):*
- Bone and Connective Tissue  Liver/Iliac Vessels
- Corneas  Lungs
- Eyes  Pancreas (with Iliac Vessel)
- Heart (for Valves)  Skin
- Heart with Connective Tissue  Small Intestine
- Kidneys  Veins

\*I wish to donate the organs and or tissues specified above for:

- Transplantation and Research
- Transplantation Only
- Research Only

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the State Department of Health. I understand that by enrolling in the registry I am giving legal consent to the donation of my organs tissues and eyes (as specified above) in the event of my death. I authorize the State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State licensed tissue and eye banks and entities formally approved by the Commissioner.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail to: New York Organ Donor Network  
460 West 34th Street, 15th Floor  
New York, NY 10001



### For More Information

Call an organ procurement organization listed below:

Albany Area  
**1-800-256-7811**

Buffalo Area  
**1-800-227-4771**

New York City Area  
**1-800-GIFT-4-NY**  
(1-800-443-8469)

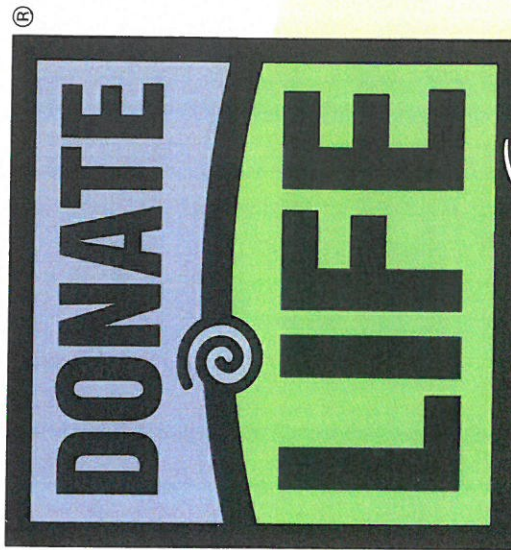
Rochester/Syracuse Area  
**1-800-810-5494**

OR

New York State Organ and Tissue Donor Registry  
**1-866-NYDONOR**  
(1-866-693-6667)

To register online, visit:

[www.nyhealth.gov/donatelife](http://www.nyhealth.gov/donatelife)



# New York State

## Be an organ, eye and tissue donor.

## Enroll in the New York State Donate Life Registry.



STATE OF NEW YORK  
DEPARTMENT OF HEALTH



**Q. Why are organ, tissue and eye donations needed?**

A. There is a severe shortage of organs for life-saving transplants. In addition to those New Yorkers awaiting organ transplants, thousands more benefit from tissue donation such as skin for burn victims or eye donations for sight-restoring cornea transplants. Without these surgeries, they will die or remain disabled. Transplants give people a chance to resume full, productive lives.

**Q. Who can become a donor?**

A. Anyone can decide to become a donor. A person's medical history or age does not automatically exclude him or her from being a donor. Do not rule yourself out. Medical professionals will determine your suitability for donation at the time of your death.

**Q. How do I become an organ, tissue and eye donor?**

A. Enroll in the New York State Donate Life Registry by signing the donor box on your driver license or non-driver identification (ID) card application or renewal form. You can also enroll through the New York State Health Department's web site, [www.nyhealth.gov](http://www.nyhealth.gov)

**Q. What happens when I enroll in the Donate Life Registry?**

A. By enrolling in the Donate Life Registry, you are giving legal consent for the recovery of your organs, tissues and eyes for the purposes of transplantation and research at the time of your death. Registry information is kept strictly confidential and can only be accessed by (a) Department of Health employees when required for the performance of their official duties, (b) federally regulated organ procurement organizations, (c) New York State licensed tissue and eye banks and (d) other entities formally approved by the Commissioner. Such access can only be for the purpose of identifying potential organ and tissue donors at or near the time of death.

**Q. I am currently enrolled in the New York State Life Pass it On Registry – should I enroll in the Donate Life Registry? What is the difference?**

A. The Life Pass It on Registry was established in 1999 and records someone's intention to be an organ and tissue donor. This is called an intent registry. Intent registries require next of kin's permission for donation to proceed in the event of the prospective donor's death.

In 2006, a new law created the Donate Life Registry: a registry that records an individual's own legal consent to organ, tissue and eye donation upon their death. If you are registered in this new registry, your family will be informed of your decision and given information regarding the donation process, but their permission is not required to proceed with donation.

If you are enrolled in the Life Pass it On intent registry, your enrollment is not automatically included in the Donate Life consent registry.

To ensure that your decision to be an organ, tissue and eye donor is honored, you must enroll in the Donate Life Registry.

**Q. Is there any age restriction on joining the registry?**

A. Yes. You must be at least 18 years of age to register.

**Q. How can I make changes to my information or withdraw from the Donate Life Registry?**

A. If you need to make changes to your enrollment information or you decide you do not want to become an organ and tissue donor and you want your name removed from the Donate Life Registry, write to: The New York State Donate Life Registry, New York State Department of Health, Division of Primary and Acute Care Services, 433 River Street, Hedley Park Place, 6th Floor, Troy, New York 12180.

**Q. If I enroll in the Donate Life Registry, will medical care be compromised?**

A. No. Donation is only considered after all efforts to save the patient have failed and the patient has died. Saving the patient's life is the health care provider's first priority.

**Q. What will happen to my donated organs and tissues?**

A. When someone dies, the local organ procurement organization, tissue bank or eye bank matches those donor's organs, tissues and eyes, as specified in the registry, with people waiting for transplants. Patients who receive your organs will be identified based upon many factors, including blood type, severity of illness and other medical criteria. Factors, such as race, gender, age and income are not considered when determining who receives a transplant.

**Q. Is there any cost to my estate or family for donating my organs, tissues and eyes?**

A. No. There are no costs to your estate or family for you to be a donor.

**Q. Can there still be a funeral service with open-casket viewing?**

A. Donation generally does not affect the funeral arrangements or viewing. However, the funeral director may need additional time to prepare the body.

**Q. What does my religion say about organ and tissue donation?**

A. Most religions approve of organ, tissue and eye donation and transplantation, and even encourage it. They believe it is the most significant gift one human being can give to another. If you have questions or concerns, you should discuss them with your religious or spiritual leader.



## TSO Participant Application

NAME(S) \_\_\_\_\_

Street Address \_\_\_\_\_

City, Town & Zip Code \_\_\_\_\_

Telephone #(s) \_\_\_\_\_

Email address \_\_\_\_\_

### CANDIDATE / RECIPIENT INFORMATION

(Please check appropriate description.)

- |  |   |
|--|---|
| <input type="checkbox"/> Transplant Candidate  | <input type="checkbox"/> Transplant Recipient |
| <input type="checkbox"/> Family Member         | <input type="checkbox"/> Donor Family Member  |
| <input type="checkbox"/> Interested Individual | <input type="checkbox"/> Professional         |

Have you already had a transplant?  Yes  No

Number of Transplants \_\_\_\_\_

Type of Transplant(s) \_\_\_\_\_

Date(s) of Transplant(s) \_\_\_\_\_

Time waited (or waiting) \_\_\_\_\_

Where did you have your transplant?  
\_\_\_\_\_

### PARTICIPANT CATEGORIES & SUGGESTED CONTRIBUTIONS:

- Individual \$25  
 Family (two members same address) \$35  
 Professional \$25

Additional contribution (at your discretion): \$ \_\_\_\_\_

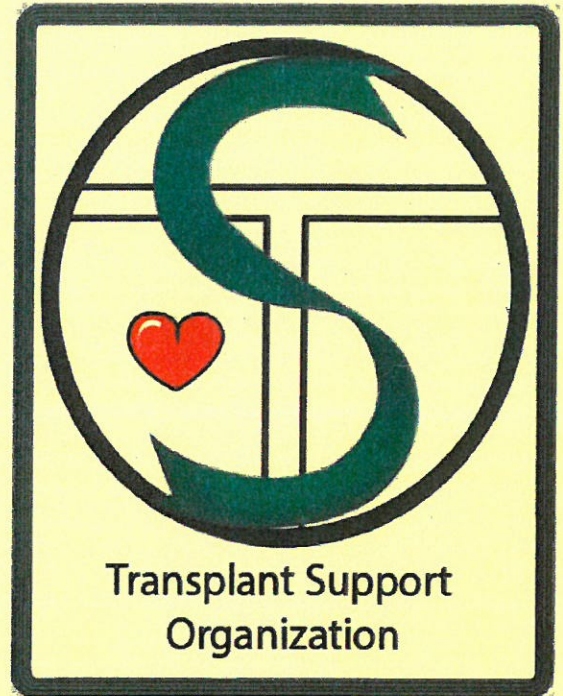
I would like to take an active role within TSO  
(Please check all areas of interest):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Speaker     | <input type="checkbox"/> Membership Drive         |
| <input type="checkbox"/> Donor Drive | <input type="checkbox"/> Newsletter               |
| <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Patient & Family Support |
| <input type="checkbox"/> Contributor | <input type="checkbox"/> Other                    |

**Tear off and Mail to:**

**TSO**  
**1335 Mace Avenue, Bronx, NY 10469**

# Transplant Support Organization



**Providing Education,  
Outreach and Support  
to the Transplant Community**

**WWW.TRANSPLANTSUPPORT.ORG**

**To contact TSO:**

**email4tso@gmail.com or**

**Call - 917-838-4525**



**TSO** is a not for profit organization made up of volunteers who are recipients, those waiting for transplants, family, friends and professionals from the transplant community.

**TSO** was founded in 1997 by a Transplant Coordinator and Transplant Recipients.

**TSO** participation is open to all transplants, donors and donor families, and anyone interested in organ, eye, and tissue donation and transplantation.

**TSO** serves the New York counties of Westchester, Putnam, the Bronx, Southern Connecticut and surrounding counties. Participation is open to all - residency in one of these counties is not required.

**TSO** holds monthly meetings. Stay informed, learn about health issues that will impact you, share your story, gain support from others in a friendly and understanding community.

**Meetings are usually held on the 3<sup>rd</sup> Wednesday of each month at:**

**The Greenburgh Health Center  
295 Knollwood Road  
Greenburgh (White Plains), NY 10607**

**Meetings start at  
7:00 p.m. with social time and  
7:30 p.m. for the general meeting.**

## **TSO Mission**

Working with the transplant community to help save lives by:

Providing education relating to organ transplantation, maintaining your health and transplantation

Promoting organ, eye and tissue donation and increasing donor awareness

Offering support to transplant candidates, recipients, their families and friends and donor families

Effectively communicating to government agencies, leaders and the general public through advocacy, outreach and community education about the issues impacting our transplant community.

**Our goal is to make every candidate a recipient.**

**As individuals and as a group, we can and do make a difference.**



**Long Live New Yorkers. Long Live New York.**

**For more information:  
(646) 291-4444**

**Mail to:  
LiveOnNY  
460 West 34th Street, 15th Floor  
New York, NY 10001**

**LongLiveNY.org**

# Organ Donor Registry Enrollment Form

\*Denotes required information (please print)

## PERSONAL INFORMATION

Prefix \_\_\_ (Mr., Mrs., Dr., etc.)

\*First Name \_\_\_\_\_ Middle Initial \_\_\_

\*Last Name \_\_\_\_\_

Suffix \_\_\_ (Jr., Sr., II, etc.)

\*Address \_\_\_\_\_

\*City \_\_\_\_\_

\*State \_\_\_ \*Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Date of Birth \_\_\_ / \_\_\_ / \_\_\_

\*Gender  M  F

\*Height \_\_\_ Feet \_\_\_ Inches

\*Eye Color \_\_\_\_\_

9-Digit Driver's License or Non-Driver ID Number  
(not required) \_\_\_\_\_

## FORM OF DONATION

\*I offer the donation of:

All Organs, Tissues and Eyes

Limited Organs, Tissues and Eyes as specified below  
(Please check the box of the organs and tissues you wish to donate):

Bone and Connective Tissue

Corneas

Eyes

Heart (For Valves)

Heart with Connective Tissue

Kidneys

Liver, Iliac Vessels

Lungs

Pancreas (with Iliac Vessel)

Skin

Small Intestine

Veins

## USE OF DONATION

\*I wish to donate the organs and/or tissues specified above for:

Transplantation and Research

Transplantation Only

Research Only

## SIGN & DATE

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the State Department of Health. I understand that by enrolling in the registry I am giving legal consent to the donation of my organs, tissues and eyes (as specified above) in the event of my death. I authorize the State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State licensed tissue and eye banks and entities formally approved by the Commissioner.

\_\_\_\_\_  
\*Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\*Date

An incomplete form, is a wasted form - it can't be used!  
Make your generous act count. Fill out all \*required information!