

Veterinary Tissue Donation

When the owner of a pet raises the issue of tissue donation or a potential donor is identified following death (by euthanasia or by other causes)

1. Check the medical history in accordance with the Donor Exclusion Criteria (INF/VTB/01).
2. Complete Veterinary Tissue Donor Information form (FRM/VTB/01).
3. Ask the owner to sign Donation Consent form (FRM/VTB/07).
4. Take a blood sample (immediately after death) from the donor pet (**only for cats**). Place this in a plain tube, spin the blood, collect serum, label the serum and store at 4°C or frozen until collected.
5. Attach a name tag to the donor pet and store it in the normal way (frozen).
6. Telephone Veterinary Tissue Bank (Tel. 01691 778769) to arrange for collection.

Thank you for your help.

Further copies can be downloaded from the website www.vtbank.org

VETERINARY TISSUE DONOR EXCLUSION CRITERIA

Any dog or cat which is found to have any of the following criteria is **excluded** from tissue donation.

DOGS

1. Absence of vaccination history
2. Not vaccinated for canine distemper virus (CDV), canine parvovirus type 2 (CPV-2), and canine adenovirus-2 (CAV-2) within the **last three years**
3. Presence or previous history of malignant disease
4. Systemic infection which is not controlled at the time of donation, including bacterial diseases, systemic viral, fungal or parasitic infections, or significant local infection in the tissue to be procured
5. History of chronic systemic autoimmune disease
6. Recent (within 28 days) history of vaccination with a live attenuated virus where a risk of transmission is considered to exist.

CATS

1. Absence of vaccination history
2. Not vaccinated against feline parvovirus (FPV), calicivirus (FCV) and herpes virus type I (FHV-1) within the **last three years**.
3. Presence of previous history of malignant disease
4. Systemic infection which is not controlled at the time of donation, including bacterial diseases, systemic viral, fungal or parasitic infections, or significant local infection in the tissue to be procured
5. History of chronic, systemic autoimmune disease
6. Recent history (within 28 days) of vaccination with a live attenuated virus where a risk of transmission is considered to exist.

NOTE:

- Physical examination of the body must be performed to detect signs that may be sufficient in themselves to exclude the donor
- The complete donor record must be reviewed and assessed for suitability, and signed by a qualified veterinarian
- For cat donors, a blood sample is necessary to test for FeLV and FIV.

VETERINARY TISSUE DONATION CONSENT

Owner's Name		Pet's Name	
	Title:		Dog */ Cat
Address		Pet's Breed	
			Donor ID:
Post code		Pet's DOB or age	
Telephone No		Date of Death	

✓ Please tick

- I confirm that I have had the opportunity to discuss and understand the process of veterinary tissue donation, and that any questions I had regarding tissue donation have been answered to my satisfaction.
- I voluntarily agree for bone and tendon to be removed from the deceased pet, and for it to be used for the benefit of other animals.
- If the donated tissue is unsuitable for transplant I **agree */ do not agree** that it may be used for ethically sound veterinary research and development. *(delete as appropriate)*
- I understand that the above details will be held on the Veterinary Tissue Bank data-base and a small blood sample will be taken from my pet and stored as an archived sample for medical screening purposes, if needed.
- I agree that after the tissues have been removed the remains will be disposed in a **Joint cremation */ Individual cremation and ashes returned to me.** *(Delete as appropriate)*
- I can confirm that I am the owner of the above animal, or have the authority to make this decision, and I am not aware that anyone objects to this.

Owner's signature:

Date:

Consent obtained by (print):

Date:

VETERINARY TISSUE DONOR INFORMATION

OWNER

NAME	Title: Mr / Mrs / Ms	First Name:	Family Name:
ADDRESS			
POST CODE			
PHONE NO			

PET DONOR

SPECIES	Dog / Cat (delete as appropriate)	DONOR I.D (hospital no. or tattoo if available)	
NAME		BREED	
DATE OF BIRTH		WEIGHT (if known)	
CAUSE OF DEATH (if euthanasia please give reasons)			
DATE OF DEATH			

MEDICAL & CLINICAL EVALUATION		YES	NO
Any history of disease of unknown etiology			
Presence or previous history of malignant disease			
Presence of systemic infection			
Presence or history of autoimmune disease			
Regular vaccination history (please indicate date of last vaccination in YES column)			
Any signs of contraindications during physical examination			
Post mortem blood sample (plain tube) collected and labelled (FOR CATS ONLY)			
Any relevant information:			
Veterinarian's Name:		Sign:	Date:
Practice name & address			

Office use only:

Date received	
Authorised by Veterinary Medical Director for processing:	Date: