

***Division of Institutions  
Policy and Procedure***

**I. PURPOSE**

To provide guidelines for organ donations or tissue donations by offenders.

**II. POLICY**

Offenders may request to be organ donors involving facilities outside of the Division of Institutions (DOI) at their own expense. Under the provisions of NC Gen. Stat. § 148-4, the Secretary of Adult Correction or designee may extend the limits of confinement of an offender, if the level of custody permits, in the process of an approved organ donation.

**III. PROCEDURES**

A. To qualify as an organ donor the following conditions must be met:

1. The applicant may be in any custody level.
2. The applicant will provide a statement indicating the type of donation requested and the source of funding.
3. The clinician who will provide the service must indicate to the Warden the approximate cost and certify that the North Carolina Department of Adult Correction (DAC) is excused from any fiscal liability incurred as a result of the donation including the cost of custody supervision and transportation.
4. The Warden/designee will determine that the Department of Adult Correction will not incur any expense as a result of the donation and that security considerations have been considered.
5. The organ donation must be a life saving measure.

B. Any offender requesting to be an organ donor must complete a request to undergo medical testing for organ donation and submit to the Warden. A copy of the written request will be submitted to the Facility Nurse Supervisor, Regional Assistant Director of Nursing (ADON), and the Chief Medical Director. Final approval of organ donations by offenders will be a joint decision of the Warden and Deputy Secretary of Comprehensive Health Services.

- C. Comprehensive Health Services, in coordination with custody, will provide the procurement program with all pertinent information related to incarcerated offender for them to make final determination regarding eligibility for donation.

#### IV. REFERENCES

NC Gen. Stat. § [148-4](#)

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**REQUEST TO UNDERGO MEDICAL TESTING FOR ORGAN DONATION****Waiver of Claims**

I hereby authorize the North Carolina Department of Adult Correction to permit me to undergo necessary testing to determine if I can successfully donate \_\_\_\_\_ (specify organ) for transplantation to my \_\_\_\_\_ (relationship).

I acknowledge that I will be given the opportunity to discuss this procedure with the responsible physicians at \_\_\_\_\_ (hospital/facility) and I acknowledge that I will be made aware that there are risks, complications, and consequences known and unknown, associated with all surgery, medical treatment, and administration of anesthetics recommended. I acknowledge that no guarantee or promise, oral or written, has been given by anyone in the North Carolina Department of Adult Correction, either as to the results that may be obtained or to the risks, consequences and complications which may follow surgery, medical treatment and/or administration of anesthetics.

I further acknowledge and understand that the operation, medical services, anesthesia and post operative care and all associated cost will not be the responsibility of the North Carolina Department of Adult Correction. I understand that \_\_\_\_\_ (hospital/facility) will be responsible for all evaluations of me as a potential \_\_\_\_\_ (specify organ) donor for all operations, medical services, anesthesia and post operative care which may be performed on me.

In consideration for the agreement to allow me to be evaluated and to possibly donate \_\_\_\_\_ (specify organ) to my \_\_\_\_\_ (relationship)

I hereby waive any and all claims which I have or may have in any state, federal, or other forum against the North Carolina Department of Adult Correction, its employees, and agents, or

**REQUEST TO UNDERGO MEDICAL TESTING FOR ORGAN DONATION**

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former employees and agents for any injuries or other damages I may sustain which arise from or are in any way connected with the testing, surgery, or other procedures associated with evaluation to be done or actual donation.

I also understand and agree that charges for the treatment and/or evaluations of events after the surgery which can be attributed to the surgery itself will not be paid by the North Carolina Department of Adult Correction. I understand and agree that the North Carolina Department of Adult Correction, its agents, and employees shall have no responsibility in paying any such costs.

I have read the forgoing information and fully understand it. Therefore, I am knowingly and voluntarily signing this consent and waiver on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the County of \_\_\_\_\_, North Carolina.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

We the undersigned hereby acknowledge that \_\_\_\_\_  
(Offenders' Name) appeared before us this date and signed the foregoing document after being provided with sufficient opportunity to read the document.

(Witness) \_\_\_\_\_ (Witness) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

*File: Outpatient Health Record*

*Original: Warden*