



Affix patient label here

Hospital: \_\_\_\_\_

**Determination of circulatory death in the context of organ donation**

<b>A. Cardiorespiratory support was withdrawn at:</b>		<b>Date and time (24 hour clock)</b>	
<b>B. I have determined that the following signs were absent:</b>			<b>Please ✓</b>
1. Spontaneous movement			
2. Breathing			
3. Circulation, as evidenced by absent arterial pulsatility for 5 minutes using intra-arterial pressure monitoring and confirmed by clinical examination (absent heart sounds and/or absent central pulse) OR, in cases without an arterial line, by electrical asystole for 5 minutes on the electrocardiogram and confirmed by clinical examination			
<b>C. Death occurred at:</b>		<b>Date and time (24 hour clock)</b>	
<b>Doctor</b>			
<b>Name</b>			
<b>Status</b>			
<b>Signature</b>			