

Statement on information received about brain death and organ donation

I, the undersigned (name)
date and place of birth:
identity card / passport number:
citizenship:

as the next of kin of (name)
kinship:
date and place of birth:
identity card / passport number:
citizenship:

have been informed of the fact of permanent and irreversible brain death.
I have received information about the deceased organ donation process and about the legal regulation of deceased organ donation in Hungary.
I was informed that no written statement of objection to organ donation was found with the deceased, and the deceased's objection is not listed in the National Organ and Tissue Donation Opting out Registry.
I received information about the above in my native language through in-person interpretation.

Location of information (hospital / department):
.....

Dr. informed me about the organ donation with the greatest care and detail that can be expected, according to my needs. I had the opportunity to get informed orally and ask questions, to which I received satisfactory, well detailed answers.

.....,daymonth.....year

.....
sign of the deceased's next of kin

.....
sign of the witness

.....
sign of the witness

I request / do not request information about the result(s) of organ transplant(s) at the following address:

Name:

Address: