

## Conemaugh Health System Donor Recognition Wall Kiosk Participation

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### About the Kiosk

The interactive kiosk was installed in April 2015 as the final implementation phase of Conemaugh Health System's Donor Recognition Wall. It is located at Conemaugh Memorial Medical Center on the third floor of the Clinical Pavilion near the glass elevators.

The kiosk allows the general public to view photos of living and deceased donors, stories of recipients, and learn more about organ, tissue, and eye donation.

The Donor Recognition Wall is coordinated by Conemaugh Health System's Donor Advisory Committee.



### Participation in Kiosk

Living donor participation in the Conemaugh Health System kiosk is voluntary. Information can be removed from the kiosk at any time per written request by the donor.

### Submit Information

Items to be submitted for inclusion in the Donor Recognition Wall Kiosk:

- 1) Completed "Participation" form (second page of this document)
- 2) Completed "Authorization to Use or Disclose Information" form
- 3) Photo (portrait) of living donor (electronic or print photo; print photo will be returned)

#### To submit via postal mail:

Stacy Roberts, Marketing Communications  
Donor Recognition Wall  
c/o Conemaugh Health System  
1086 Franklin Street □ Johnstown, PA 15905

#### To submit via email:

Send to Stacy Roberts  
SRoberts4@conemaugh.org  
Subject line: Donor Recognition Wall

For questions, please call Stacy at (814) 534-9333.



### Contact Information

Please provide the following contact information. If form is submitted by a family member or friend, living donors will be contacted for written permission to use his/her information in the kiosk.

First and Last Name of Individual Submitting Information: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Living Donor Information

Living Donor First Name: \_\_\_\_\_

Living Donor Last Name: \_\_\_\_\_

Living Donor Nickname (if applicable): \_\_\_\_\_

Living Donor Primary Phone Number: \_\_\_\_\_

\* Phone number will not be included in kiosk. It will only be used to contact living donor if this form is submitted by another individual on behalf of living donor.

Living Donor Hometown: \_\_\_\_\_

Living Donor Gift (What was donated?): \_\_\_\_\_

Date of Birth:            Month: \_\_\_\_\_            Date: \_\_\_\_\_            Year: \_\_\_\_\_

Donation Date:            Month: \_\_\_\_\_            Date: \_\_\_\_\_            Year: \_\_\_\_\_

Living Donor hobbies, interests, and additional information to include in kiosk: \_\_\_\_\_

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**Please see page 1 of this document to ensure all paperwork is complete prior to submission of information.**