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SCHEDULE

Regulation 2

Certificate of Incapacity for the purposes of section 18(1) of the Human Tissue (Scotland) Act 2006 (Removal of Regenerative Tissue from an Adult with Incapacity)*Opinion of the Scottish Ministers as to incapacity of adult*

We, the Scottish Ministers, hereby certify that we are of the opinion that—

..... (name)

of.....(address)/...../..... (date of birth)

is incapable within the meaning of section 1(6) of the Adults with Incapacity (Scotland) Act 2000 in relation to a decision about the removal from *him/her of the following regenerative tissue for transplantation

.....
.....

Note on nature of incapacity

.....
.....

This certificate of incapacity in relation to the removal of the regenerative tissue described above shall remain in force until/...../....., being a date which does not exceed one year, or until such earlier date as this certificate is revoked.

Authorised to sign by the Scottish Ministers

Date

*delete as appropriate