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FOR DONORCURE USE ONLY

Validated by: _____

Date: _____

DONORCURE
YOUR ANGELS GIFT FOR LIFE

AUTHORIZATION OF BODY GIFT

This form must be completed by the donor, health agent or legal next of kin. Incomplete or inaccurate forms will be returned for corrections and can delay the donor approval process.

Donor's Full Legal Name: CUCARACHA 34234234

(Legal name as reflected on the donor's Social Security records. Include Jr., Sr., II, III, etc. if applicable)

The prospective donor is: (Please check as applicable)

[X] currently receiving hospice care

[ ] has a life expectancy of six months or less

Donor's Date of Birth (mm/dd/yy): 22 / 10 / 2019

I understand that

- this whole body donation gift is motivated exclusively by altruistic intentions without financial compensation or valuable consideration made to me or any family member.
- an autopsy will NOT be performed to determine the cause or contributing factors that led to the death of the donor.
- no guarantee has been given that this donation will benefit a specific use, research, or educational study. This donation may benefit multiple educational, scientific, organ procurement and medical research organizations, for profit or nonprofit, domestic or international, and the education or research institution may perform final specimen disposition.
- determination of acceptance of donation will be made at the time of passing. DONORCURE reserves the right, at their sole discretion, to decline acceptance of the donation and related charges if it appears unsafe or unsuitable for the purposes consented to herein.
- upon acceptance of donation, DONORCURE will be responsible for any costs related to the donation including transportation, cremation, obtaining a copy of the donor's death certificate, and return of cremated remains to the family or a scattering of cremated remains at sea.
- the donor's body will be transported to a DONORCURE facility. All protected health information as defined by the Health Insurance Portability and Accountability Act (HIPAA) will remain confidential and be kept in a secure location.
- an open casket viewing is not possible with whole body donation and no un-cremated remains will be returned. The cremated remains returned will not include body tissues, organs, or anatomical specimens procured for medical education or research purposes.
- DONORCURE and all associated agents, including specimen end-users, shall not be liable from loss or damage, including incidental and consequential damage which results from the undersigned not having proper legal authority to consent
- signing this document does NOT guarantee acceptance of donation

I hereby authorize

- the procurement of all necessary tissues, organs, and anatomical specimens, including whole body, for medical research and educational purposes and understand tissue/specimens may be used indefinitely into the future. I understand that the body may be subject to extensive preparation and/or long-term preservation, including but not limited to, removal of the head, arms, fingers, legs, toes, hands, feet, spine, organs, tissues, or fluids.
- for any and all medical information to be released to DONORCURE before or after death, including but not limited to, a complete medical history and blood samples. Blood testing may occur which can include, but is not limited to, HIV, hepatitis B and hepatitis C. Positive blood test results for HIV will be communicated to the Health Department. A positive result for HIV, hepatitis B or hepatitis C will also be communicated to the next of kin.

I further authorize this whole body donation for additional education and research uses, such as weapons testing and personal protective gear (for example military); search, rescue, and recovery operations; forensic pathology and crime scene investigation; educational display; plastination (permanent plastic fixation of body tissues); or automobile safety research. In some cases such research or education may involve destruction of the body or parts of the body. [X] **Yes** [ ] **No**

Please Send Death Certificate to (name): GDGRFG Phone Number: FGFDG

Relationship to Donor: WERWER Address: EWRWERWE

City: REWR State: RWERWERW Zip Code: RWEREWR

I hereby confirm that I understand and consent to all the above-listed disclosures as indicated by my signature below:

Signature of Consenter: DocuSigned by: CUCARACHA 34234234 1752BD38EB444BE... **Print Name:** RFERER

Relationship to the donor: [X] self [ ] health agent [ ] spouse [ ] adult child [ ] parent [ ] sibling [ ] next degree of kindred [ ] estate representative

Date Signed: 16/10/2019 **Address:** EWRWERWE

City: REWR **State:** RWERWERW **Zip Code:** RWEREWR

Two witnesses must affix their signatures too. Witnesses cannot be the person consenting to donation and must be 18 years or older. At least one witness must also be a "disinterested party" (not a spouse, child, sibling, parent, grandchild, grandparent, or legal guardian of the prospective donor).

Signature of Witness #1: _____ Print Name: _____ Date Signed: _____ Relationship to Donor: _____	**Signature of Witness #2:** _____ Print Name: _____ Date Signed: _____ Relationship to Donor: _____