Legal Next-of-Kin Willed Body to Science Consent Form

BIOLOGICAL RESOURCE CENTER , INC.
2602 South 24th Street
Phoenix, Arizona 85034
(602) 494-4272

I,_____ am the legal next-of-kin of
(Next-of-Kin's Printed Name / Relationship to Donor)

_____
(Print Full Name of Donor)

I hereby bequeath the body of the above named deceased to Biological Resource Center, Inc. for educational and/or scientific research purposes. I understand that Biological Resource Center, Inc. will be responsible for any costs directly related to the donation. I understand the nature of the anatomical recovery procedures and authorize Biological Resource Center, Inc. to dissect and/or disarticulate the body as needed to maximize the use of the body for multiple educational or scientific research purposes. I understand that the Universities, organizations or institutions using the recovered specimens of this donated body have been screened for educational or scientific merit and that their "for profit" or "non-profit" corporate status has no bearing concerning their acceptance or denial for distribution of these specimens by Biological Resource Center, Inc. I understand that Biological Resource Center, Inc. will treat the body with dignity and respect within the confines of the above stated uses.

I authorize Biological Resource Center, Inc. to draw a blood specimen from the body for infectious disease testing. These infectious disease tests will include, but are not limited to, testing for HIV/AIDS and viral hepatitis. I authorize Biological Resource Center, Inc. to obtain pertinent medical and social history and/or serological test results whether obtained before or after the death occurred, from any physician, nurse practitioner, medical facility, hospital, or procurement organization to be used as Biological Resource Center, Inc. deems necessary to screen the body for any infectious disease to determine the suitability of the body for educational or scientific purposes. I understand that all medical information or serological test results will be held in strictest confidence and that all specimens will be digitally coded to maintain the anonymity of the donor in compliance with all state and federal laws.

I am making this gift freely and voluntarily, without obligation of any kind on the part of the recipient organization and I understand that there will be no compensation or reward given to me or to my family. I authorize Biological Resource Center, Inc. to cremate the portion of the body not used for educational or scientific research purposes using the services of a licensed crematory. I understand that I or a designated family member may request the cremated remains obtained from the portion of the body not used by designating below on this form. I understand that specimens distributed to educational or scientific institutions will be medically cremated subject to applicable to state and federal laws and not returned to anyone.

I represent and warrant to Biological Resource Center that: 1.) I have no knowledge that the designated donor above ever objected to any type of tissue donation in writing; 2.) There is no one who has higher consenting authority to make this anatomical gift; 3.) I know of no objection from any member having an equal authority to make this anatomical gift.

I hereby agree to hold harmless Biological Resource Center, Inc. Biological Resource Center's employees, any funeral director or their agent, any funeral home or crematory, Biological Resource Center's human tissue users or sources from any loss or damage, including incidental and consequential damage, that it incurs which results from the undersigned not having the proper legal authority to consent to this anatomical gift and/or while Biological Resource Center, Inc. acts in good faith.

Do you wish the return of the cremated remains obtained from the part of the body not used for educational or scientific purposes?

❑ Yes, please return them to me or designated person below ❑ _____ No, I do not wish to receive the cremated remains
Initial

X_____ **X**_____
(Signature of Legal Next-of-Kin) **(Signature of Witness - Must Be Age 18 or Older)**

_____ _____
(Printed Name of Legal Next-of-Kin) **(Printed Name of Witness)**

X_____ **X**_____
(Next of Kin's Address) **(Signature of 2nd Witness)**

_____ _____
(City, State, ZIP Code) **(Printed Name of 2nd Witness)**

Next of Kin's Phone No. ( ) _____ _____/ _____
(Date Consent Signed) **Time**

Person(s) below is/are authorized to receive the cremated remains of the deceased:

❑ N/A Print Name _____ Phone_____