



Willed Body to Science Consent Form

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

I, _____
(Pre-Registered Donor's Printed Name)

hereby bequeath my body, upon confirmed death 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 my body as needed to maximize the use of my body for multiple educational or scientific research purposes. I understand that the Universities, organizations or institutions using the recovered specimens of my 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 my 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 my body, following my death, 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 my body for any infectious disease to determine the suitability of my 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 my anonymity 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 my body not used for educational or scientific research purposes using the services of a licensed crematory. I understand that a designated family member may request the cremated remains obtained from the portion of my 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 state and federal laws and not returned to anyone.

I represent and warrant to Biological Resource Center that: 1.) I have no written documentation that I objected to any type of tissue donation in writing; 2.) I will not receive compensation of any kind; 3.) I will make my appropriate family members aware of my decision to donate my body for scientific research and medical education.

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 while Biological Resource Center 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 _____
(Signature of Pre-Registered Donor)

X _____
(Signature of Witness - Must Be Age 18 or Older)

(Printed Name of Pre-Registered Donor)

(Printed Name of Witness)

(Donor's Address)

X _____
(Signature of 2nd Witness)

(City, State and Zip Code)

(Printed Name of 2nd Witness)

Donor's Phone No. () _____
(Date Consent Signed) _____ **Hours** _____
Time _____

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

N/A _____ () _____
Please print name _____ **Phone** _____