



# Authorizing Person Donation and Cremation Authorization

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Phoenix, AZ | St. Petersburg, FL

I hereby represent and warrant to UTN that I am the Authorizing Person of the deceased donor, as that term is defined under the applicable state adopted version of the Uniform Anatomical Gifts Act and as such have full and proper authority to authorize this anatomical donation. I hereby request that United Tissue Network, Inc. (UTN), an Oklahoma not-for-profit corporation, accept the donation of the whole body of the deceased for medical research, training and education as described herein. I understand that UTN will, after screening and processing as described herein, provide the donated tissue to third party users chosen by UTN (Clients) for medical research, training and education. I confirm that I have no knowledge that the deceased had any previous objections to whole-body donation. I am making this gift freely and voluntarily and understand there will be no reward or compensation to me or to any family member. I understand that, if this donation is accepted by UTN, I will not be financially responsible for costs directly related to this donation. This Consent supersedes any other agreement, verbal representation or writing between me and UTN. I understand that my gift will be treated with dignity and respect at all times.

I understand that once recovery has commenced this gift cannot be revoked.

I understand that the donated gift will be transported to a UTN facility and that a viewing will not be possible during a funeral or remembrance ceremony. I authorize UTN to obtain any and all medical records including but not limited to a complete medical history, physician records, serology results, and autopsy findings. I understand that blood samples will be taken at the time of death and tested for conditions including, but not limited to, HIV/AIDS, Hepatitis B & C. UTN is required by state law to report communicable diseases. UTN, in its sole and absolute discretion, may decline this gift for any reason.

To support Clients' use of the donated tissue for the uses and purposes described herein, UTN may share with Clients the deceased's medical history, including but not limited to medical records, autopsy reports and serological test results, and that I hereby waive any applicable HIPAA privacy provisions related to those records.

I understand that UTN is a non-profit, whole body donation organization accredited by the American Association of Tissue Banks ("AATB") that procures, processes, preserves and distributes human cadaveric tissues for advancement of biomedical research, development, training and education. I understand that this donated gift will be used for educational, training, scientific and/or research purposes both domestically and internationally with academic institutions, teaching hospitals, medical training providers and medical researchers, and this includes both non-profit and for-profit organizations and that pictures and/or videos may be used for those purposes. This gift may be used in multiple research programs and in multiple venues that UTN, in its sole discretion, deems necessary to facilitate the gift and may be sent to an intermediary for placement. This gift may require embalming and/or preservation, segmentation and/or disarticulation including the surgical procurement (removal) of the arms, legs, head, spine and other tissues from their body. I understand that UTN may be compensated, or otherwise reimbursed, by Clients for its costs incurred in administering its whole-body donor program.

I acknowledge understand and agree that UTN has relied on my representations as the Authorizing Person in accepting this anatomical donation and agree to indemnify and hold UTN harmless based on its reliance on my representations concerning my authority as the Authorizing Person. In consideration of UTN's acceptance of the deceased donor to which this consent applies into its' whole-body donor program, I hereby agree to hold harmless and release UTN, it's directors, officers, employees, and agents, from any and all claims and liabilities, both known and unknown, including, without limitation claims of negligence, as well as waive any right to sue UTN that may accrue from a third party Clients' use and disposition of donated tissues, including return of any cremated human remains to UTN. This release also includes claims due to the failure to disclose the existence of implanted devices or personal effects. I confirm that no guarantee or assurance has been made as to the results that may be obtained from the educational or medical uses or research performed with this gift. I may request that this gift be used for a specific research or educational purpose; however, UTN cannot guarantee that this request will be granted at the time of donation.

I authorize UTN to cremate the remains of the deceased donor. I authorize UTN and/or its designee to arrange for the final disposition of the donated tissues in any manner compliant with local, state, or federal laws. I understand that cremation is required as part of the donation process. I understand that cremated remains may not include tissues that have been recovered for medical research, training or educational purposes. I understand that the Crematory will make every effort to avoid inadvertent commingling of minute particles. Partially cremated remains will be placed in a container designed for the shipping of cremated remains. If requested, I understand that partially cremated remains will be returned to me, or my designee, within as reasonable a period of time as possible.

I understand that I may remove or request the removal of personal items from the body at the time of this gift. If no request is made, all personal effects will be destroyed. I understand that medical devices including but not limited to pacemakers create a hazardous condition during the cremation process and must be identified and possibly removed prior to cremation. All prostheses, bridgework, or similar items will be discarded after the cremation is completed. Gold inlays, dental gold, rings and jewelry will lose their identity and will also be discarded.

I hereby verify my understanding of all disclosures and have allowed ample time for consideration. I understand that signing this Authorization does not guarantee acceptance of this donated gift into the UTN program. I understand that this is a binding legal document being signed by me.

**Section A: Authorizing Person Authorization - All fields are REQUIRED to be completed**

**Donor Name:** \_\_\_\_\_

**Select ONE option below:**

Cremated remains shall be returned to the designated Authorizing Person as soon as they are reasonably available unless no Authorizing Person can be identified or located in which case UTN or its designee will dispose of the cremated remains in accordance with applicable laws.

The Authorizing Person shall **NOT receive any cremated remains.** UTN or its designee is authorized to dispose of the cremated remains in accordance with applicable laws.

**Authorizing Person Information:**

Name:	_____	Address:	_____
Relationship to Donor:	_____		_____
Phone:	_____		_____
Signature:	_____	Date:	_____
UTN Only:	_____	Date:	_____

**Section B: Members of the Consenting Class**

**Fill in the following for each member of the highest consenting class (if applicable.)**

By signing below, each member of the available consenting class agrees that they consent and agree with the proposed whole-body donation and acknowledge the Authorizing Person listed above is authorized to act on behalf of all members of the required consenting class.

**Consenting Class Member #1:**

Name:				
Signature:			Date:	
<i>This person is unavailable for signature and is:</i>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unknown Whereabouts
	<input type="checkbox"/>	Estranged	<input type="checkbox"/>	Other: _____

**Consenting Class Member #2:**

Name:				
Signature:			Date:	
<i>This person is unavailable for signature and is:</i>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unknown Whereabouts
	<input type="checkbox"/>	Estranged	<input type="checkbox"/>	Other: _____

**Consenting Class Member #3:**

Name:				
Signature:			Date:	
<i>This person is unavailable for signature and is:</i>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unknown Whereabouts
	<input type="checkbox"/>	Estranged	<input type="checkbox"/>	Other: _____

**Consenting Class Member #4:**

Name:				
Signature:			Date:	
<i>This person is unavailable for signature and is:</i>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unknown Whereabouts
	<input type="checkbox"/>	Estranged	<input type="checkbox"/>	Other: _____

**Consenting Class Member #5:**

Name:				
Signature:			Date:	
<i>This person is unavailable for signature and is:</i>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unknown Whereabouts
	<input type="checkbox"/>	Estranged	<input type="checkbox"/>	Other: _____

**Consenting Class Member #6:**

Name:				
Signature:			Date:	
<i>This person is unavailable for signature and is:</i>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unknown Whereabouts
	<input type="checkbox"/>	Estranged	<input type="checkbox"/>	Other: _____

**Consenting Class Member #7:**

Name:				
Signature:			Date:	
<i>This person is unavailable for signature and is:</i>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unknown Whereabouts
	<input type="checkbox"/>	Estranged	<input type="checkbox"/>	Other: _____

**Consenting Class Member #8:**

Name:				
Signature:			Date:	
<i>This person is unavailable for signature and is:</i>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unknown Whereabouts
	<input type="checkbox"/>	Estranged	<input type="checkbox"/>	Other: _____

**Consenting Class Member #9:**

Name:				
Signature:			Date:	
<i>This person is unavailable for signature and is:</i>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unknown Whereabouts
	<input type="checkbox"/>	Estranged	<input type="checkbox"/>	Other: _____

UTN Only:			Date:	
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Support resources available 24/7 at [www.unitedtissue.org/support](http://www.unitedtissue.org/support)