



Self-Donation and Cremation Authorization

Phoenix, AZ | St. Petersburg, FL

Support resources available 24/7 at www.unitedtissue.org/support | T (877)738-6111

I hereby request that United Tissue Network, Inc., (“UTN”) an Oklahoma not-for-profit corporation and non-transplant anatomical donation organization accredited by the American Association of Tissue Banks, accept, upon my death, the donation of my whole body for medical research, training and education. 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. I understand my gift will be treated with dignity and respect at all times.

I understand that I may revoke or amend this gift prior to my death. I acknowledge that it is my responsibility to inform my next-of-kin or Authorizing Person of my decision to donate my body to UTN and of their right to request my cremated remains. This Consent supersedes any other agreement, verbal representation or writing between me and UTN. I further understand that UTN may, in its sole and absolute discretion, decline this gift for any reason.

I understand that after death my body will be transported to a UTN facility and that a viewing for purposes of a funeral or remembrance ceremony will not be possible. 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. I understand that UTN is required by state law to report communicable diseases. 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 as described herein. To support Clients’ use of the donated tissue for the uses and purposes described herein, UTN may share with Clients my 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 this donated gift will be used for educational, training, scientific and/or research purposes both domestically and internationally with both non-profit and for-profit organizations, including, without limitation, academic institutions, teaching hospitals, medical training providers and medical researchers, 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 their sole discretion, deems necessary to facilitate the gift and may be sent to an intermediary for placement. I understand that this gift may require embalming and/or preservation, segmentation and disarticulation including the surgical separation/removal of the arms, legs, head, spine and other tissues from my body and I hereby expressly consent to the same. I understand that UTN may be compensated, or otherwise reimbursed, by Clients for its costs incurred in administering its whole-body donor program. I confirm that no representation, guarantee or assurance has been made to me by UTN as to the specific use(s) of my donation or 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 use; however, UTN cannot guarantee that this request will be granted at the time of donation.

I hereby authorize and direct UTN to cremate the remains of my body. 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 returned to my family, or as otherwise directed by me, will not include tissues that have been recovered and used for medical research, training or educational purposes. I understand that the Crematory will make every effort to avoid inadvertent commingling of minute particles. The available cremated remains will be placed in a container designed for the shipping of cremated remains. If I so request herein below, available cremated remains will be returned within as reasonable period of time as possible depending on their use.

I understand that my Authorizing Person 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 or donated as appropriate. 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 and confirm my understanding of all disclosures and have allowed ample time for consideration. I understand that signing this Authorization does not guarantee acceptance of my donation into the UTN program. I understand that this is a binding legal document being signed by me. In consideration of UTN’s acceptance of my body 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, as well as the Crematory and any Client, 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.

All fields are REQUIRED to be completed

Donor Information:

Name:		Address:	
Phone:			

Select ONE option below:

Cremated remains shall be returned to the designated Authorizing Person 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.

My next of kin or designated 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.

Donor Signature:		Print Name:		Date:	
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Please be sure that you and your witnesses sign and date on the same day. Both witnesses must be 18 years of age or older. The undersigned acknowledge that the donor signed this document. The donor's act in signing this document appeared to be his/her free and voluntary act. At least ONE witness must be a disinterested party (not a relative or caregiver).

Witness Signature:		Print Name:		Date:	
Witness Signature:		Print Name:		Date:	
UTN Only:				Date:	

Submit your completed form by mail, e-mail, or fax to:
Mailing Address: 3620 E. Wier Avenue, Phoenix, AZ 85040 | Fax: (877)738-5222 | e-mail: donorinfo@unitedtissue.org

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