

SELF CONSENT FORMS

Please fill out all forms.

Once completed and signed, you may send the forms back to
Science Care via:

Email: selfconsent@sciencecare.com

Fax: 866.847.1647

Mail:

Science Care, Inc.

Attn: Family Services

2001 W Pinnacle Peak Road

Suite #175

Phoenix, AZ 85027

Prior to submission please verify you have completed the following steps to avoid any delays with your authorizations being accepted.

- 1) Initialed each line that calls for an initial.
- 2) Print sign and date your signature line. DO NOT TYPE IT IN, you must hand sign.
- 3) Verify two witnesses signed, they must hand sign.
- 4) Confirm your second witness meets the criteria outlined in the document below.
- 5) Include all 4 pages when returning to Science Care.



Science Care®

I, [REDACTED] (“Donor”), hereby donate this gift of my body (“Donated Tissue”) to Science Care, Inc. and its affiliates (“Science Care”) with the understanding that Science Care will provide the Donated Tissue to third parties selected by Science Care (“Clients”) for education and training, scientific advancement, and/or research and development purposes (“Permitted Purposes”).

I understand that the Donated Tissue will initially be processed by a Science Care facility, assigned at Science Care’s sole discretion. I understand that this donation of Donated Tissue is conducted under the laws applicable to the state where I reside at the time of my execution of this Donation Consent.


In addition, I hereby provide consent to the cremation of the Donated Tissue, as described below, by or on behalf of Science Care and its Clients. I understand that cremation will be conducted under the laws applicable in the state where the cremation occurs, as performed by or on behalf of Science Care or a Client.

I understand and acknowledge the following disclosures as a condition to donation and consent to cremation:


1. This consent is not a contract for services with Science Care, but is an expression of my intention and informed consent for donation of the Donated Tissue for use for Permitted Purposes, and for the cremation of any or all of the Donated Tissue in accordance with applicable law by or on behalf of Science Care and Clients.
2. I provide my consent voluntarily and on the basis of the terms as described in this consent form. Except as described in this consent form and under applicable law, Science Care has no further obligation of any kind with respect to the donation and cremation of the Donated Tissue.
3. This consent form supersedes any other agreement, contract or correspondence between me and Science Care.
4. Science Care is a for-profit company.
5. Due to the nature and the time sensitivities of the donation process, an open casket viewing during a funeral service will not be possible.
6. Science Care, in its sole discretion, will designate and provide any part or all of the Donated Tissue (“Designated Tissue”) to Clients. Science Care may be compensated by Clients for providing the Designated Tissue. These Clients may be for-profit or non-profit and may use the Designated Tissue for Permitted Purposes. Clients may be within or located outside of the United States.
7. I understand that Clients may make derivative products and other discoveries informed by what they learn from the Donated Tissue and that these derivative products and discoveries may result in commercialized products. I understand that while the Donated Tissue itself will not be used for transplantation or therapy, the Donated Tissue may be used to develop derivative products (such as but not limited to models, artificial implants, and cell lines) that may themselves be used directly in individuals for transplantation or therapy. I understand that neither I, my estate, nor any of my next of kin or legal representatives, is entitled to any revenue or royalties from any of these or other commercialized products or any share in any of the compensation that Science Care receives from Clients for any Donated Tissue.
8. Science Care may give all of the Designated Tissue to a single Client or may provide the Designated Tissue to multiple Clients, at different locations and times, based on the needs of the Client with respect to Permitted Purposes. I understand that I cannot select the Clients and that, for confidentiality reasons, Science Care will not inform me or any of my next of kin or legal representatives of the Client/Clients who receive any Designated Tissue.
9. Acceptance of the Donated Tissue is contingent upon the Donated Tissue meeting Science Care’s criteria and passing the Science Care screening process. In the event the Donated Tissue is not accepted by Science Care, I understand my next of kin or legal representatives are solely responsible for making and covering all costs of alternative arrangements for final disposition in a timely manner and that they must take any steps necessary to secure those arrangements, contact Science Care once the arrangements are secured, and provide any necessary release for an authorized party to complete the removal of the Donated Tissue to my designated place of disposition.

INITIAL HERE X [REDACTED]

10. Science Care may decline the gift for any reason at its sole discretion.
11. If Science Care accepts the Donated Tissue, Science Care will evaluate the tissue for potential use for Permitted Purposes. Any tissue that Science Care does not accept and/or need for Permitted Purposes (“**Initial Remains**”) will be cremated. I indicate below whether I would like such cremated Initial Remains to be returned to a designated third party (“**Remains Recipient**”). If I indicate that I do not wish for the cremated Initial Remains to be returned to anyone, they will be disposed of in a manner permitted by applicable law. Science Care cannot guarantee against inadvertent or incidental commingling of the cremated Initial Remains with minute particles of cremated remains from the residue of previous cremations. Initial Remains are typically returned within one to two months after processing of the Donated Tissue, and the Remains Recipient (if applicable) will be contacted if there is an unanticipated delay. If the Initial Remains are returned undeliverable and Science Care cannot locate the Remains Recipient after making a reasonable attempt, Science Care will hold the Initial Remains for one year and then will scatter the Initial Remains or inter them in an ossuary, consistent with applicable law.
12. As part of the Science Care screening process, Donated Tissue will be screened for certain communicable diseases, including, but not limited to, HIV (AIDS) and Hepatitis B & C. Science Care will disclose the results of such testing to Clients consistent with applicable law. I understand that, unless required by law to do so, Science Care will not inform any of my next of kin or legal representatives of the screening results.
13. If I change my mind, I may revoke or modify this gift of the Donated Tissue and consent to cremation at any time.
14. Science Care may rely upon this consent unless I advise Science Care in writing that I have revoked or modified it.
15. If Science Care accepts Donated Tissue and begins the process of recovering Designated Tissue, there will be no cost to my estate or my next of kin or legal representatives associated with donation and cremation, including transportation and the return of Initial Remains.
16. Science Care will remove any personal items accompanying the Donated Tissue that it receives. Such personal items may be retrieved by my next of kin or legal representatives or may be shipped together with the return of the Initial Remains. If the personal items are not collected within a reasonable period of time or are returned undeliverable, Science Care has the right to destroy such items. Clothing and implanted items, such as dental gold, will be destroyed in the cremation process and not returned.
17. Mechanical devices implanted in the Donated Tissue prior to my passing may create a hazardous condition during the cremation process and will be identified by authorized personnel and removed prior to cremation as required under applicable law. To facilitate such removal, I may be asked by Science Care to disclose any implanted mechanical devices at the time of my execution of this consent form. In addition, my next of kin and/or legal representatives may be asked to complete the Science Care Medical/Social History Questionnaire after my passing, in which they must notify Science Care of any implanted devices in my body of which they have knowledge.
18. The crematory authority is authorized to proceed with cremation upon receipt of any Initial Remains.
19. Donated Tissue may be used indefinitely into the future for Permitted Purposes. Unless as may be permitted by me under any separate Donation Consent Addendum that may be attached to this form, Clients may only capture and display photographs or video documents of the Donated Tissue for non-commercial scientific publication or presentation purposes, and only if I cannot be identified in such materials.
20. To support Clients’ use of the Designated Tissue for Permitted Purposes, Science Care will share with Clients my medical history, including but not limited to medical records and autopsy reports, consistent with the HIPAA Authorization that I may be asked to separately provide.
21. Science Care and/or a Client may need to perform extensive surgical preparation of the Designated Tissue, including embalming, long term preservation and the surgical removal of the extremities, arms, legs, hands, feet, head, spine, and/or other organs, tissues or fluids from the body.

INITIAL HERE X 

22. Exposure of the Donated Tissue to destructive forces may be involved including simulated injury, trauma, impact, crash, ballistic or blast for Permitted Purposes such as but not limited to research, scientific advancement, and education and training in forensic pathology, vehicle safety or protective equipment development for transportation, military, sports, or law enforcement.
23. Science Care and/or any Client may arrange for the final disposition of any Designated Tissue after it has been used for or is otherwise remaining after use for Permitted Purposes (“**Residual Remains**”) in any manner subject to applicable law, which may include commingling of Residual Remains with other remains, and the cremation or incineration of Residual Remains as medical or pathological waste. Any Residual Remains that are cremated may be scattered at land or sea or interred in a shared ossuary. Residual Remains will not be returned to the Remains Recipient or any of my next of kin or legal representatives.
24. Cremated remains are bone fragments that are placed in a rigid container designed for short term use and shipment.
25. **For cremation that occurs in California, you are hereby advised:** The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property or scattered at sea.
26. **For cremation that occurs in Florida, you are hereby advised:** Cremation occurs upon completion of the tissue recovery process and within 48 hours of arrival at the crematory facility.

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Donation and Cremation Consent

Self

I hereby release from liability Science Care, its assignees, Clients, and their respective independent contractors, agents and employees (such as but not limited to the funeral home and cremation service providers that work with Science Care), against loss from any and all claims, demands, or damages which may be made by or declared against it or them (except for willful or intentional misconduct), or by reason of me or my next of kin or legal representatives' failure to timely disclose the existence of implanted devices or personal items on the Medical/Social History Questionnaire that they may be asked to complete. My only remedy prior to my passing that can arise out of this Donation and Cremation Consent Form is revocation of this Donation and Cremation Consent Form.

I verify that I understand and agree to this Donation and Cremation Consent Form, including all of the disclosures and the release above, and provide the permissions set forth herein. I verify that I have had adequate time for consideration with all questions having been answered. I have no actual knowledge that contradicts any information in this Donation and Cremation Consent Form.

Signed and initialed by the Donor and the below witnesses:

X _____
Donor Signature Donor Printed Name Date Signed

Donor Information

Name _____
Address _____
City _____
State _____ Zip Code _____
Phone _____
Date of Birth ____/____/____

Return Cremated Initial Remains

YES NO

Remains Recipient Name _____
Address _____
City _____
State _____ Zip Code _____
Phone _____

WITNESS 1: The witness signing below attests that the Donor is over 18 years of age, of sound mind, and free of duress when signing this Consent Form.

X _____
Witness Signature

WITNESS 2: Disinterested and Impartial Witness (*Cannot be one of the following to the donor: spouse, domestic partner, child, parent, sibling, grandchild, grandparent, guardian, or any member of the consent legal order for the state of donation and cremation.*)

X _____
Witness Signature

Questions? Call Science Care 24 Hours a Day at 800.417.3747

Fax: 602.331.4344 Email: familyservices@sciencecare.com

Office Use Only

Science Care Representative Signature Science Care Representative Printed Name Date Signed