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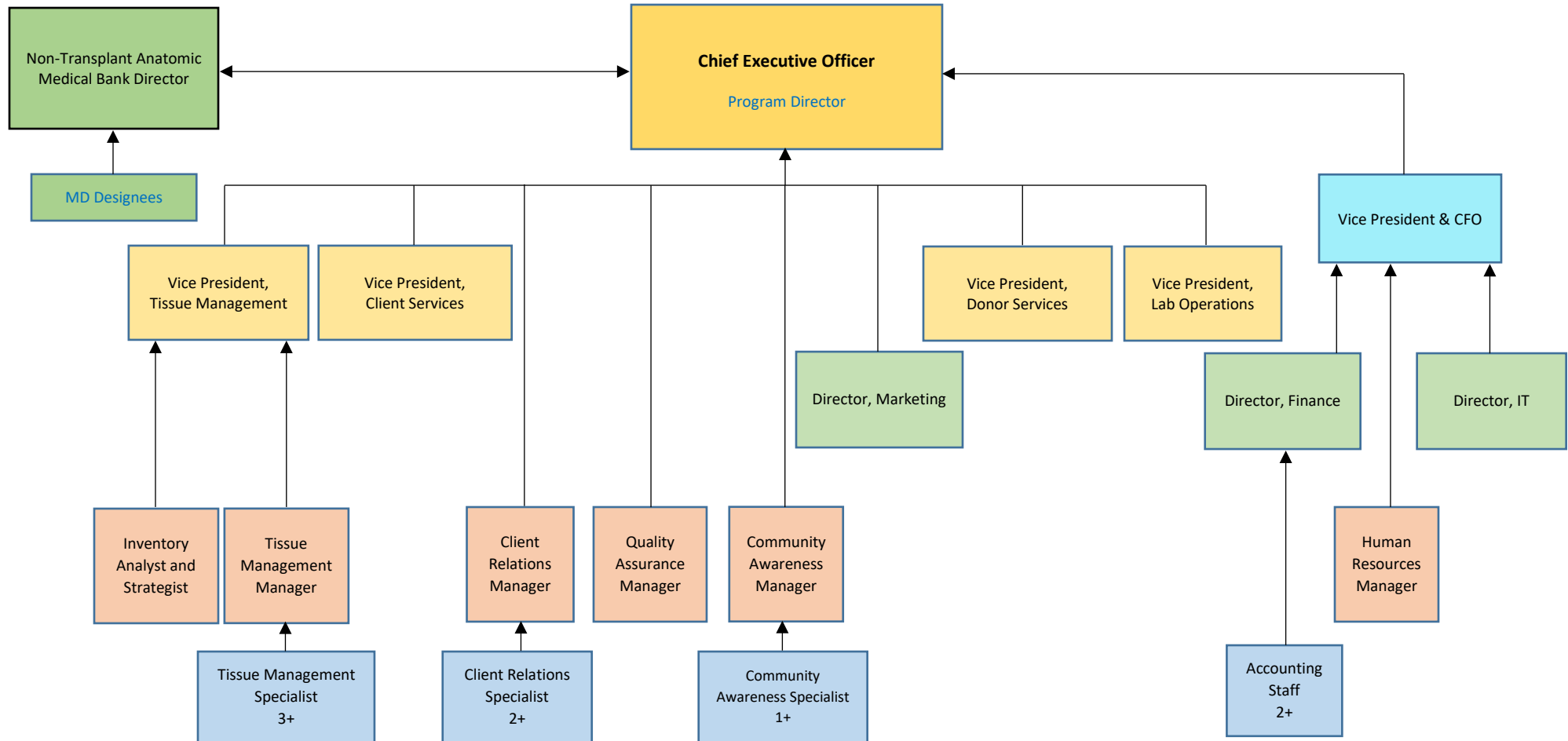
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# Science Care Organizational Chart

## Organizational Operations

To locate internal contact information, navigate to *Quick Links*, *Find People* on the CARE site



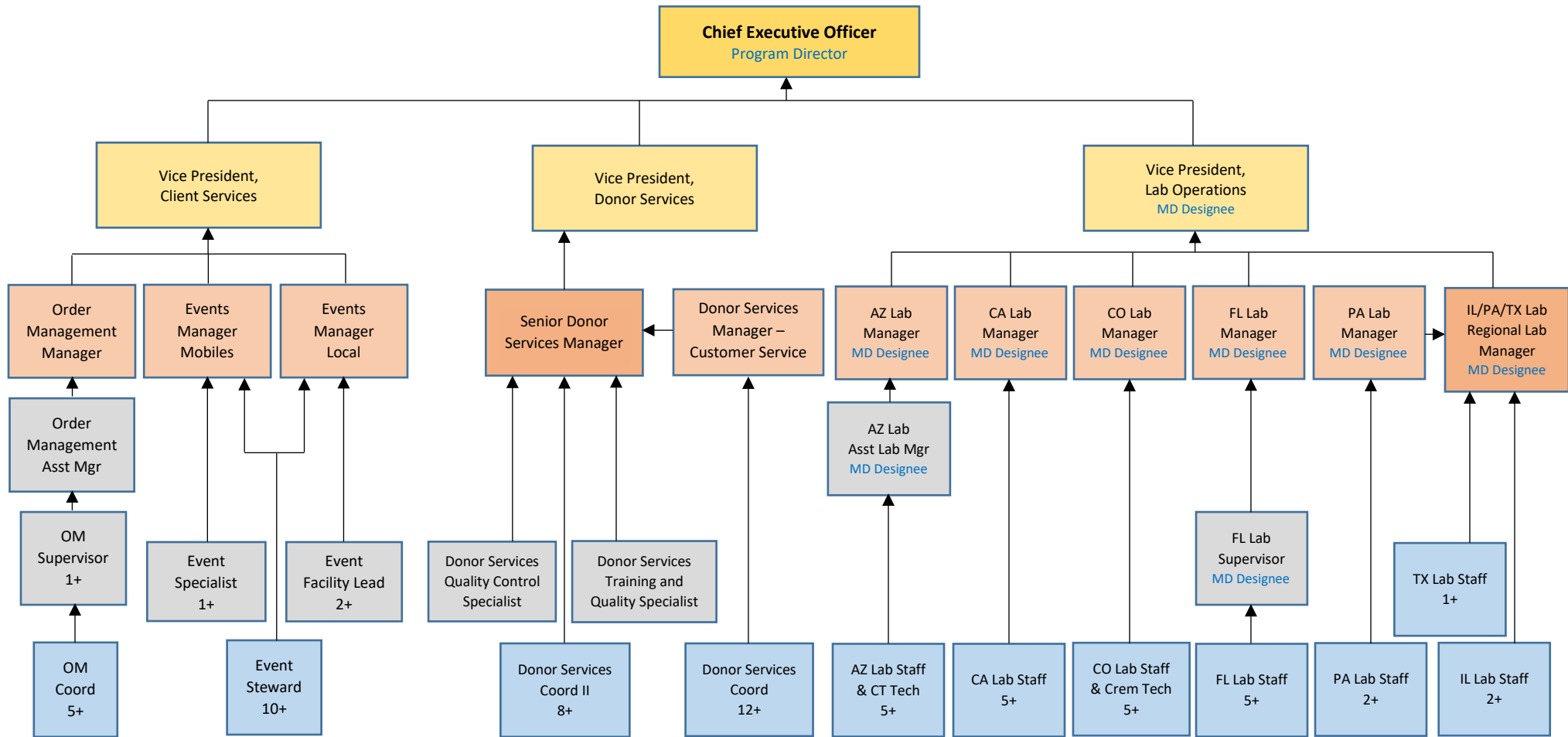
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# Science Care Organizational Chart

## Organizational Operations

Operations Continued from Page 1



I, \_\_\_\_\_ (“**Donor**”), as duly authorized under applicable law, hereby donate this gift of my whole body to Science Care with the understanding that Science Care will provide tissues including but not limited to bone, skin, soft tissue, organs and fluids (up to and including my whole body) (“**Donated Tissue**”), for the purpose of education and training, scientific advancement, and/or research and development (“**Permitted Purposes**”) to authorized third party organization(s) or person(s) (“**Practitioner(s)**”).

I attest that there are no known objections to an anatomical gift being made of my whole body or to the cremation of any or all of my whole body, by either myself or any member of my family, power of attorney, or member of my estate. I hereby confirm that I have provided Science Care, Inc. and its affiliates (“**Science Care**”) all information known to me regarding the identities of and contact information for all members of the consenting class should additional consent be required at the time of my passing (including, but not limited to any living relative, legal spouse, power of attorney, and/or guardian as requested).

I understand that the Donated Tissue will initially be assessed/recovered/processed at a Science Care facility and placed at Science Care’s sole discretion. I understand that in some instances, Science Care approved third parties may be engaged by Science Care to assist in the testing for communicable diseases, performance of tissue preparations including but not limited to embalming, medical imaging, logistics, and/or assessment and evaluation of the Donated Tissue. I understand that this donation of Donated Tissue is conducted under the laws applicable to the state where I live at the time of passing.

In addition, as duly authorized under applicable law, I hereby provide consent to the cremation of the Donated Tissue, up to and including my whole body, as described herein, by or on behalf of Science Care and its Practitioner(s). 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 its Practitioner(s).

Headings preceding the disclosures and paragraphs below are included solely for convenience of reference, and shall not control, modify, limit, or affect the scope or meaning of any individual or collective disclosure(s) or paragraph(s) contained herein.

I understand and acknowledge the following disclosures as a condition to donation and consent to cremation and hereby confirm I have read and understand each disclosure fully as demonstrated by my initials and signatures herein:

## Donation & Acceptance

1. **Science Care is a for-profit company.**
2. Science Care may decline the gift of Donated Tissue at any time and for any reason at its sole discretion.
3. 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 the Donated Tissue in accordance with applicable law by or on behalf of Science Care and its Practitioner(s).
4. This consent form supersedes any other agreement, contract, or correspondence between me and Science Care. Science Care may rely upon this consent unless I advise Science Care that I have modified or revoked my consent prior to any flight, transfer, processing, or recovery of the Donated Tissue by Science Care. Science Care will employ best efforts to provide me timely written acknowledgement of revocation of my consent, where possible.
5. I provide my consent voluntarily and based on 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.
6. Due to the nature and the time sensitivities of the donation, an open casket viewing for a funeral service will not be possible.
7. I understand that it is my sole responsibility to notify my family, power of attorney, or other member of the legally authorized consenting class of my intention to donate with Science Care. I understand that they are responsible for contacting Science Care upon my entry into Hospice Care, Palliative Care, when I become terminally ill, or at my time of passing should the passing happen unexpectedly.
8. Acceptance of the Donated Tissue is contingent upon the Donated Tissue meeting Science Care’s acceptance criteria and passing the Science Care Donor screening process conducted following my passing. The acceptance criteria and screening process may include but are not limited to include such considerations as medical suitability, Donor condition, logistics, and Practitioner(s) need. In the event the Donated Tissue is not accepted by Science Care or I withdraw my consent prior to my passing, I understand the member(s) of the next legal consenting class will be solely responsible for the timely coordination of alternative final arrangements, and that all financial costs associated with alternative arrangements are the sole responsibility of the member(s) of the next legal consenting class.

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9. I understand that I may revoke my consent via email at [info@sciencecare.com](mailto:info@sciencecare.com) as a preferred method or via telephone with a Science Care representative; please note our calls may be recorded for quality assurance and training purposes. Science Care will confirm any email revocations within one business day. If I do not receive written confirmation, I understand that I must call Science Care immediately to revoke. While Science Care will make all efforts to honor a withdrawal of consent, due to timing, there may be situations where the withdrawal of consent cannot be effectuated before tissue is procured. If the Donated Tissue is already in the care and possession of Science Care or any third party Science Care has engaged to assist in processing of the Donated Tissue, I understand that once the member(s) of the next legal consenting class have secured alternate final arrangements, they must contact Science Care. They must provide any necessary release for an authorized party to complete the removal of the Donated Tissue to the designated place of disposition. I understand that the member(s) of the next legal consenting class may be required to sign a release form authorizing the transfer.
10. Excluding any and all costs associated with generation and/or delivery of death certificate(s), in the event Science Care accepts the Donated Tissue and begins the process of recovering Designated Tissue (as defined in disclosure 13), there will be no cost to my estate, my next of kin, or legal representatives associated with donation and cremation, including transportation and the return of cremated Initial Remains (as defined in disclosure 21).

### Processing & Facilitation Prior to Transport

11. Science Care requests that any personal items are removed from the Donated Tissue prior to allowing transport. My estate, my next of kin, or legal representatives must notify Science Care of any personal items that were not removed from the Donated Tissue. Science Care will employ best efforts to remove any personal items accompanying the Donated Tissue that are signed into our care. Such personal items may be retrieved by my estate, my next of kin, or legal representatives or may be shipped together with the return of the cremated Initial Remains. If the personal items are not collected within a reasonable period or are returned undeliverable, Science Care has the right to discard such items. I hereby release Science Care, its officers, employees, agents, affiliates, and third-party vendors of any and all liability arising out of any failure to retrieve or return any personal property not removed from the Donated Tissue prior to transport of the Donated Tissue. Clothing and implanted items, such as dental gold, will be destroyed in the cremation process and not returned. Any personal items returned to Science Care after initial shipment will be held for one year from the receipt of the returned mail and then properly discarded. I acknowledge that Science Care will only ship within the Continental United States and that there is always a risk items could be delayed, misplaced, damaged, lost, or destroyed within the shipping process. I agree to release and hold harmless Science Care from any and all claims arising out of or relating in any way to the direction I provide concerning release and shipment of any personal items. Shipment of any and all personal items is subject to the "Release of Liability from Mailing Cremated Remains with the United States Postal Service" as set forth below.
12. 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 complete the Science Care Medical Social History Questionnaire, in which I must notify Science Care of any implanted devices in the Donated Tissue of which I have knowledge.

### Processing & Facilitation Post Transport

13. Science Care, in its sole discretion, will designate tissue for use by its Practitioner(s) and provide any part or all the Donated Tissue ("Designated Tissue") to its Practitioner(s). Science Care may be compensated by its Practitioner(s) for providing the Designated Tissue. These Practitioner(s) may be for-profit or non-profit and may use the Designated Tissue for Permitted Purposes. Practitioner(s) may be within or located outside of the United States.
14. As part of the Science Care screening process to determine use for Designated Tissue, the Donated Tissue may be screened upon arrival to a Science Care facility 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 its Practitioner(s) or other entities that may come into direct contact with the Donated and/or Designated Tissue. I understand that, unless required to do so by law, Science Care will not inform me, any next of kin, or legal representative of the screening results.
15. Science Care and/or its Practitioner(s) may perform extensive preparation of the Designated Tissue, including but not limited to surgical preparation(s), 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.
16. Science Care may provide all Designated Tissue to a single Practitioner or may provide portions of the Designated Tissue to multiple Practitioner(s), at different locations and times, based on the needs of the Practitioner(s) with respect to Permitted Purposes. I understand that I cannot select the Practitioner(s) to which and/or the specific Permitted Uses for which the Designated Tissue is assigned or provided and that, for confidentiality reasons, Science Care will not inform me, any of my next of kin, or legal representatives of the specific Practitioner/ Practitioner(s) to which any Designated Tissue is provided unless required to do so by law.

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17. Science Care may share Donor information, including but not limited to the Donor's medical history, medical records, autopsy reports, death certificate, burial/transit permits, or any other documentation, that I may be asked to provide, or that I may have provided prior to passing with its Practitioner(s) and other entities involved throughout the process of donation and placement of Designated Tissue. Other entities may include but are not limited to funeral homes, mortuary transport services, and governmental agencies (both foreign and domestic).
18. I understand that its Practitioner(s) may make derivative products and other discoveries informed by what they learn from the Designated Tissue and that these derivative products and discoveries may result in commercialized products. I understand that while the Designated Tissue itself will not be used for transplantation or therapy, the Designated 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, the Donor's estate, nor any other next of kin or legal representative of the Donor, 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 its Practitioner(s) for any Designated Tissue.
19. Designated Tissue may be used indefinitely into the future for Permitted Purposes. Practitioner(s) may capture and display photographs, Live Streaming Presentations, or video imaging of the Designated Tissue for limited purposes including scientific publication or presentation, and the promotion of medical advances brought about through research, training, and education. Science Care and its Practitioner(s) will make reasonable efforts to protect the identity and anonymity of the Donor where the use of such media is employed.
20. Exposure of the Designated Tissue to destructive forces may be involved in the Permitted Use(s) to further research, scientific advancement and/or education, and may include simulated injury, trauma, impact, crash, ballistic, or blast exposure carried out in scientifically controlled settings. Additional Permitted Uses of Designated Tissue may include but are not limited to training in forensic pathology or search and rescue/recovery operations, vehicle safety testing, or development of protective equipment for transportation, military, sports, or law enforcement purposes, or research and development, scientific advancement, and/or education and training in the performance of procedures intended to improve or correct superficial, aesthetic, or cosmetic anatomical deficiencies.

### Cremation

21. Any tissue that Science Care does not accept and/or need for Permitted Purposes ("**Initial Remains**") will be cremated and those partial Initial Remains will be returned upon request. I indicate below whether I elect to have such cremated Initial Remains returned to a designated third party ("**Remains Recipient**"). If I elect to decline the return of the cremated Initial Remains (I do not wish to have the cremated Initial Remains returned to a designated third party at any time), 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. Cremated Initial Remains are typically returned within three to five weeks from the date the death certificate is signed. I agree to notify Science Care immediately if the contact information for the Remains Recipient changes as I understand this could impact the successful delivery of the cremated Initial Remains. Science Care must receive and acknowledge the change prior to the shipment of cremated Initial Remains for it to be amended. If I do not properly notify Science Care of a change in such contact information and Science Care cannot locate the Remains Recipient after making a reasonable attempt, Science Care will hold the cremated Initial Remains for one year and then will scatter the cremated Initial Remains or inter them in an ossuary, consistent with applicable laws.
22. Upon completion of the tissue recovery process the Initial Remains will be transferred to the crematory for cremation. The cremation shall be performed in accordance with all Federal, State, and local laws and regulations, subject to periodic review.
23. The cremation authority, legal entity, or authorized representative of the legal entity which is licensed to perform cremation is authorized to proceed with cremation upon receipt of any Initial Remains. I acknowledge that cremation is an irreversible act.
24. 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 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.
25. Science Care and/or its Practitioner(s) 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, the cremation or incineration of Residual Remains as medical or pathological waste, or burial. Any Residual Remains that are cremated may be scattered at land or sea or interred in a shared ossuary. Final Disposition of Residual Remains is not limited to a single point in time, location, or method of disposition. Residual Remains will not be returned to the Remains Recipient.

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**26.** Cremated remains are bone fragments that are placed in a rigid container designed for short term use and shipment.

## Release of Liability from Mailing Cremated Remains with the United States Postal Service

Cremated Initial Remains are typically available within three to five weeks from the time the doctor signs the death certificate. These cremated Initial Remains are available for pick-up at the Science Care facility where Donated Tissues were processed for donation. If the cremated Initial Remains are not to be picked up in person, this consent authorizes Science Care to release the cremated Initial Remains, on my behalf, to the United States Postal Service Priority Mail Express, signature required, within the domestic United States. The United States Postal Service (USPS) offers the only legal method of shipping cremated remains. If I choose to release cremated Initial Remains to the USPS, I acknowledge that Science Care will only ship within the Continental United States and that there is always a risk they could be delayed, misplaced, damaged, lost, or destroyed within the shipping process. I, my estate, and all parties who have an interest in or obligation to my estate agree to release and hold harmless Science Care from any and all claims arising out of or relating in any way to the direction I provide concerning release and shipment of the cremated Initial Remains of the Donated Tissue including Science Care's reliance on the direction I provide.

The cremated Initial Remains will be shipped to the recipient at the address indicated on this consent, as listed below, and I fully understand I am responsible to notify Science Care immediately of any changes by calling Science Care and that written consent may be requested to finalize any changes to the information below. Changes must be acknowledged by Science Care prior to the initial donation. Any changes requested after initial donation may not be fulfilled. I hereby certify that I am the representative, and as the representative, I warrant and represent to Science Care that I am the person or the appointed agent of the person who by law has the paramount right to arrange and direct cremation and disposition of my remains and that no other person(s) has the superior right over the right of the representative.

I also acknowledge and understand that Science Care is not responsible for determining whether there are any modifications to the shipping address that I will write on the below form, and that Science Care is under no obligation to contact the intended recipient prior to releasing the cremated Initial Remains to the USPS or at any time thereafter.

## CREMATED REMAINS PREFERENCES

Remains Preference: ☐ Yes, Return Cremated Initial Remains ☐ No, Do Not Return Cremated Initial Remains

Preferred Method of Receipt: ☐ Pick Up at Science Care Donation Facility ☐ Ship Cremated Initial Remains via USPS

Remains Recipient Name: \_\_\_\_\_

Remains Recipient Mailing Address: \_\_\_\_\_

**They must be authorized to receive mail via USPS at this address.**

Remains Recipient City: \_\_\_\_\_

Remains Recipient State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remains Recipient Phone Number: \_\_\_\_\_

*\*Science Care will make every effort to follow the wishes as I have stated within. However, if the Remains Recipient is deceased, or refuses to receive the remains, Science Care will reach out to the appropriate responsible party for updated instructions on how to handle the cremated Initial Remains.*

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## Release of Liability Waiver

I, my estate, and all parties who have an interest in or obligation to my estate hereby release from liability Science Care, its assignees, its Practitioner(s), 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 my failure to timely disclose the existence of implanted devices or personal items on the Medical Social History Questionnaire that I may be asked to complete. My only remedy that can arise out of this Donation and Cremation Consent Form is revocation of this Donation and Cremation Consent Form.

I verify that I am over the age of 18, of sound mind, and am legally authorized to sign this form. I hereby verify that I have fully read, understand, and agree to this Donation and Cremation Consent Form, including all 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:

### CONSENTER (Donor):

Donor's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

X \_\_\_\_\_  
Donor's Signature Donor's Printed Name Donor's Date Signed

### WITNESS 1:

The witness signing below attests that the Consenter is over 18 years of age, of sound mind, able to read and understand this consent form, and free of duress when signing this Consent Form. I hereby confirm I am signing at the request of or in the presence of the Consenter.

Relationship to Donor: \_\_\_\_\_

X \_\_\_\_\_  
Witness 1 Signature Witness 1 Printed Name Witness 1 Date Signed

### WITNESS 2:

Disinterested and Impartial Witness (Cannot be one of the following relationships to the DONOR: spouse, domestic partner, child, parent, sibling, grandchild, grandparent, guardian, power of attorney, or any member of the consent legal order for the state of donation and/or cremation.) I hereby confirm I am signing at the request of or in the presence of the Consenter.

Relationship to Donor: \_\_\_\_\_

X \_\_\_\_\_  
Witness 2 Signature Witness 2 Printed Name Witness 2 Date Signed

It is important that this form is accurate. Please ensure all information has been fully reviewed prior to completion. If any questions or error corrections need to be addressed, please call Science Care prior to completing the form at **800.417.3747**.

Science Care  
Use Only

Science Care Representative Signature Printed Name Date Signed

I, \_\_\_\_\_ (“Consenter”),  
**Consenter’s Full Name**  
 am the \_\_\_\_\_ (“Consenting Class”),  
**Relationship to Donor and Consenting Class**  
 of \_\_\_\_\_ (“Donor”).  
**Donor’s Full Name**

I attest that there are no known objections to an anatomical gift being made of the Donor’s whole body or to the cremation of any or all of the Donor’s whole body, by either the Donor or any member of the donor’s family, power of attorney, or other member of the legally authorized consenting class. I hereby confirm that I have provided Science Care, Inc. and its affiliates (“**Science Care**”) all information known to me regarding the identities of and contact information for all members of the consenting class for the Donor (including, but not limited to any living relative, legal spouse, power of attorney, and/or guardian within prior classes).

The Donor’s **date of birth** was \_\_\_\_/\_\_\_\_/\_\_\_\_. The Donor’s **date of passing** was \_\_\_\_/\_\_\_\_/\_\_\_\_. The Donor’s time of passing will be listed on the finalized death certificate once approved by the physician and certified.

As duly authorized under applicable law, I hereby donate this gift of the Donor’s whole body to Science Care with the understanding that Science Care will provide tissues including but not limited to bone, skin, soft tissue, organs and fluids (up to and including the Donor’s whole body) (“**Donated Tissue**”), for the purpose of education and training, scientific advancement, and/or research and development (“**Permitted Purposes**”) to authorized third party organization(s) or person(s) (“**Practitioner(s)**”).

I understand that the Donated Tissue will initially be assessed/recovered/processed at a Science Care facility and placed at Science Care’s sole discretion. I understand that in some instances, Science Care approved third parties may be engaged by Science Care to assist in the testing for communicable diseases, performance of tissue preparations including but not limited to embalming, medical imaging, logistics, and/or assessment and evaluation of the Donated Tissue. I understand that this donation of Donated Tissue is conducted under the laws applicable to the state where the Donor lived at the time of his/her passing.

In addition, as duly authorized under applicable law, I hereby provide consent to the cremation of the Donated Tissue, up to and including the Donor’s whole body, as described herein, by or on behalf of Science Care and its Practitioner(s). 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 its Practitioner(s).

Headings preceding the disclosures and paragraphs below are included solely for convenience of reference, and shall not control, modify, limit, or affect the scope or meaning of any individual or collective disclosure(s) or paragraph(s) contained herein.

I understand and acknowledge the following disclosures as a condition to donation and consent to cremation and hereby confirm I have read and understand each disclosure fully as demonstrated by my initials and signatures herein:

### Donation & Acceptance

1. **Science Care is a for-profit company.**
2. Science Care may decline the gift of Donated Tissue at any time and for any reason at its sole discretion.
3. 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 the Donated Tissue in accordance with applicable law by or on behalf of Science Care and its Practitioner(s).
4. This consent form supersedes any other agreement, contract, or correspondence between me (“**Consenter**”) and Science Care. Science Care may rely upon this consent unless I advise Science Care that I have modified or revoked my consent prior to any flight, transfer, processing, or recovery of the Donated Tissue by Science Care. Science Care will employ best efforts to provide me timely written acknowledgement of revocation of my consent, where possible.
5. I provide my consent voluntarily and based on 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.
6. Due to the nature and the time sensitivities of the donation, an open casket viewing for a funeral service will not be possible.

**INITIAL HERE X**

7. Acceptance of the Donated Tissue is contingent upon the Donated Tissue meeting Science Care's acceptance criteria and passing the Science Care Donor screening process conducted following the Donor's passing. The acceptance criteria and screening process may include but are not limited to include such considerations as medical suitability, Donor condition, logistics, and Practitioner(s) need. In the event the Donated Tissue is not accepted by Science Care or I withdraw my consent prior to tissue recovery, I understand I will be solely responsible for timely coordination of alternative final arrangements, and that all financial costs associated with alternative arrangements are my sole responsibility.
8. I understand that I may revoke my consent via email at [info@sciencecare.com](mailto:info@sciencecare.com) as a preferred method or via telephone with a Science Care representative, please note our calls may be recorded for quality assurance and training purposes. Science Care will confirm any email revocations within one business day. If I do not receive written confirmation, I understand that I must call Science Care immediately to revoke. While Science Care will make all efforts to honor a withdrawal of consent, due to timing, there may be situations where the withdrawal of consent cannot be effectuated before tissue is procured. If the Donated Tissue is already in the care and possession of Science Care or any third party Science Care has engaged to assist in processing of the Donated Tissue, I understand that once I have secured alternate final arrangements, I will contact Science Care and provide any necessary release for an authorized party to complete the removal of the Donated Tissue to my designated place of disposition. I understand that I may be required to sign a release form authorizing the transfer.
9. Excluding any and all costs associated with generation and/or delivery of death certificate(s), in the event Science Care accepts the Donated Tissue and begins the process of recovering Designated Tissue (as defined in disclosure 12), there will be no cost to me associated with donation and cremation, including transportation and the return of cremated Initial Remains (as defined in disclosure 20).

### Processing & Facilitation Prior to Transport

10. Science Care requests that any personal items are removed from the Donated Tissue prior to allowing transport. I must notify Science Care in advance of any personal items that were not removed from the Donated Tissue. Science Care will employ best efforts to remove any personal items accompanying the Donated Tissue that are signed into our care. Such personal items may be retrieved by me or a person I designate or may be shipped together with the return of the cremated Initial Remains. If the personal items are not collected within a reasonable period or are returned undeliverable, Science Care has the right to discard such items. I hereby release Science Care, its officers, employees, agents, affiliates, and third-party vendors of any and all liability arising out of any failure to retrieve or return any personal property not removed from the Donated Tissue prior to transport of the Donated Tissue. Clothing and implanted items, such as dental gold, will be destroyed in the cremation process and not returned. Any personal items returned to Science Care after initial shipment will be held for one year from the receipt of the returned mail and then properly discarded. I acknowledge that Science Care will only ship within the Continental United States and that there is always a risk items could be delayed, misplaced, damaged, lost, or destroyed within the shipping process. I agree to release and hold harmless Science Care from any and all claims arising out of or relating in any way to the direction I provide concerning release and shipment of any personal items. Shipment of any and all personal items is subject to the "Release of Liability from Mailing Cremated Remains with the United States Postal Service" as set forth below.
11. Mechanical devices implanted in the Donated Tissue prior to the Donor's 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 complete the Science Care Medical Social History Questionnaire, in which I must notify Science Care of any implanted devices in the Donor's body of which I have knowledge.

### Processing & Facilitation Post Transport

12. Science Care, in its sole discretion, will designate tissue for use by its Practitioner(s) and provide any part or all the Donated Tissue ("Designated Tissue") to its Practitioner(s). Science Care may be compensated by its Practitioner(s) for providing the Designated Tissue. These Practitioner(s) may be for-profit or non-profit and may use the Designated Tissue for Permitted Purposes. Practitioner(s) may be within or located outside of the United States.
13. As part of the Science Care screening process to determine use for Designated Tissue, the Donated Tissue may be screened upon arrival to a Science Care facility 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 its Practitioner(s) or other entities that may come into direct contact with the Donated and/or Designated Tissue. I understand that, unless required to do so by law, Science Care will not inform me, any next of kin, or legal representative of the Donor of the screening results.
14. Science Care and/or its Practitioner(s) may perform extensive preparation of the Designated Tissue, including but not limited to surgical preparation(s), 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

15. Science Care may provide all Designated Tissue to a single Practitioner or may provide portions of the Designated Tissue to multiple Practitioner(s), at different locations and times, based on the needs of the Practitioner(s) with respect to Permitted Purposes. I understand that I cannot select the Practitioner(s) which and/or the specific Permitted Uses for which the Designated Tissue is assigned or provided and that, for confidentiality reasons, Science Care will not inform me of the specific Practitioner/ Practitioner(s) to which any Designated Tissue is provided unless required to do so by law.
16. Science Care may share Donor information, including but not limited to the Donor's medical history, medical records, autopsy reports, death certificate, burial/transit permits, or any other documentation, that I may be asked to provide, or that the Donor may have provided prior to passing with its Practitioner(s) and other entities involved throughout the process of donation and placement of Designated Tissue. Other entities may include but are not limited to funeral homes, mortuary transport services, and governmental agencies (both foreign and domestic).
17. I understand that its Practitioner(s) may make derivative products and other discoveries informed by what they learn from the Designated Tissue and that these derivative products and discoveries may result in commercialized products. I understand that while the Designated Tissue itself will not be used for transplantation or therapy, the Designated 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, the Donor's estate, nor any other next of kin or legal representative of the Donor, 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 its Practitioner(s) for any Designated Tissue.
18. Designated Tissue may be used indefinitely into the future for Permitted Purposes. Practitioner(s) may capture and display photographs, Live Streaming Presentations, or video imaging of the Designated Tissue for limited purposes including scientific publication or presentation, and the promotion of medical advances brought about through research, training, and education. Science Care and its Practitioner(s) will make reasonable efforts to protect the identity and anonymity of the Donor where the use of such media is employed.
19. Exposure of the Designated Tissue to destructive forces may be involved in the Permitted Use(s) to further research, scientific advancement and/or education, and may include simulated injury, trauma, impact, crash, ballistic, or blast exposure carried out in scientifically controlled settings. Additional Permitted Uses of Designated Tissue may include but are not limited to training in forensic pathology or search and rescue/recovery operations, vehicle safety testing, or development of protective equipment for transportation, military, sports, or law enforcement purposes, or research and development, scientific advancement, and/or education and training in the performance of procedures intended to improve or correct superficial, aesthetic, or cosmetic anatomical deficiencies.

## Cremation

20. Any tissue that Science Care does not accept and/or need for Permitted Purposes ("**Initial Remains**") will be cremated and those partial Initial Remains will be returned upon request. I indicate below whether I elect to have such cremated Initial Remains returned to me or a designated third party ("**Remains Recipient**"). If I elect to decline the return of the cremated Initial Remains (I do not wish to have the cremated Initial Remains returned to me or a designated third party at any time), 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. Cremated Initial Remains are typically returned within three to five weeks from the date the death certificate is signed. I agree to notify Science Care immediately if the contact information for the Remains Recipient changes as I understand this could impact the successful delivery of the cremated Initial Remains. Science Care must receive and acknowledge the change prior to the shipment of cremated Initial Remains for it to be amended. If I do not properly notify Science Care of a change in such contact information and Science Care cannot locate the Remains Recipient after making a reasonable attempt, Science Care will hold the cremated Initial Remains for one year and then will scatter the cremated Initial Remains or inter them in an ossuary, consistent with applicable laws.
21. Upon completion of the tissue recovery process the Initial Remains will be transferred to the crematory for cremation. The cremation shall be performed in accordance with all Federal, State, and local laws and regulations, subject to periodic review.
22. The cremation authority, legal entity, or authorized representative of the legal entity which is licensed to perform cremation is authorized to proceed with cremation upon receipt of any Initial Remains. I acknowledge that cremation is an irreversible act.
23. 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 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.

INITIAL HERE X

24. Science Care and/or its Practitioner(s) 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, the cremation or incineration of Residual Remains as medical or pathological waste, or burial. Any Residual Remains that are cremated may be scattered at land or sea or interred in a shared ossuary. Final Disposition of Residual Remains is not limited to a single point in time, location, or method of disposition. Residual Remains will not be returned to me or the Remains Recipient.
25. Cremated remains are bone fragments that are placed in a rigid container designed for short term use and shipment.

### Release of Liability from Mailing Cremated Remains with the United States Postal Service

Cremated Initial Remains are typically available within three to five weeks from the time the doctor signs the death certificate. These cremated Initial Remains are available for pick-up at the Science Care facility where Donated Tissues were processed for donation. If I choose not to pick-up the cremated Initial Remains in person, this consent authorizes Science Care to release the cremated Initial Remains, on my behalf, to the United States Postal Service Priority Mail Express, signature required, within the domestic United States. The United States Postal Service (USPS) offers the only legal method of shipping cremated remains. If I choose to release cremated Initial Remains to the USPS, I acknowledge that Science Care will only ship within the Continental United States and that there is always a risk they could be delayed, misplaced, damaged, lost, or destroyed within the shipping process. I agree to release and hold harmless Science Care from any and all claims arising out of or relating in any way to the direction I provide concerning release and shipment of the cremated Initial Remains of the Donated Tissue including Science Care’s reliance on the direction I provide.

The cremated Initial Remains will be shipped to the recipient at the address indicated on this consent, as listed below, and I fully understand I am responsible to notify Science Care immediately of any changes by calling Science Care and that written consent may be requested to finalize any changes to the information below. Changes must be acknowledged by Science Care prior to the initial donation. Any changes requested after initial donation may not be fulfilled. I hereby certify that I am the representative, and as the representative, I warrant and represent to Science Care that I am the person or the appointed agent of the person who by law has the paramount right to arrange and direct cremation and disposition of the remains to the decedent and that no other person(s) has the superior right over the right of the representative.

I also acknowledge and understand that Science Care is not responsible for determining whether there are any modifications to the shipping address that I will write on the below form, and that Science Care is under no obligation to contact the intended recipient prior to releasing the cremated Initial Remains to the USPS or at any time thereafter.

### CREMATED REMAINS PREFERENCES

Remains Preference: ☐ Yes, Return Cremated Initial Remains ☐ No, I do not wish to receive remains

Preferred Method of Receipt: ☐ Pick Up at Science Care Donation Facility ☐ Ship Cremated Initial Remains via USPS

Remains Recipient Name: \_\_\_\_\_

Remains Recipient Mailing Address: \_\_\_\_\_

**You must be authorized to receive mail via USPS at this address.**

Remains Recipient City: \_\_\_\_\_

Remains Recipient State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remains Recipient Phone Number: \_\_\_\_\_

*\*Science Care will make every effort to follow the wishes as I have stated within. However, if the Remains Recipient is deceased, or refuses to receive the cremated Initial Remains, Science Care will reach out for updated instructions on how to handle the cremated Initial Remains.*

**INITIAL HERE X**

## Release of Liability Waiver

I hereby release from liability Science Care, its assignees, its Practitioner(s), 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 my failure to timely disclose the existence of implanted devices or personal items on the Medical Social History Questionnaire that I may be asked to complete. My only remedy that can arise out of this Donation and Cremation Consent Form is revocation of this Donation and Cremation Consent Form.

I verify that I am over the age of 18, of sound mind, and am legally authorized to sign this form. I hereby verify that I have fully read, understand, and agree to this Donation and Cremation Consent Form, including all 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 Consenter and the below witnesses:

### CONSENTER:

Consenter Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

X \_\_\_\_\_  
Consenter Signature Consenter Printed Name Consenter Date Signed

### WITNESS 1:

The witness signing below attests that the Consenter is over 18 years of age, of sound mind, able to read and understand this consent form, and free of duress when signing this Consent Form. I hereby confirm I am signing at the request of or in the presence of the Consenter.

Relationship to Donor/Deceased (NOT THE CONSENTER): \_\_\_\_\_

X \_\_\_\_\_  
Witness 1 Signature Witness 1 Printed Name Witness 1 Date Signed

### WITNESS 2:

**Disinterested and Impartial Witness** (*Cannot be one of the following relationships to the DONOR: spouse, domestic partner, child, parent, sibling, grandchild, grandparent, guardian, power of attorney, or any member of the consent legal order for the state of donation and/or cremation.*) I hereby confirm I am signing at the request of or in the presence of the Consenter.

Relationship to Donor/Deceased (NOT THE CONSENTER): \_\_\_\_\_

X \_\_\_\_\_  
Witness 2 Signature Witness 2 Printed Name Witness 2 Date Signed

It is important that this form is accurate. Please ensure all information has been fully reviewed prior to completion. If any questions or error corrections need to be addressed, please call Science Care prior to completing the form at **800.417.3747**.

Science Care  
Use Only

Science Care Representative Signature Printed Name Date Signed

# American Association of Tissue Banks

Herewith certifies  
that the Institution named here  
**Science Care, Inc.**  
**Phoenix, Arizona**  
has met the Association's accreditation requirements and  
is hereby accredited for

	Authorization	Donor Eligibility Assessment	Acquisition	Preparation	Storage	Distribution
Non-Transplant Anatomical (NTAM or NTAD)	√	√	√	√	√	√

In witness whereof the undersigned officers, being duly authorized, have caused this Certificate to be issued and the Corporate Seal of this Association to be affixed hereon this the 10<sup>th</sup> day of December 2020.

*Mark Pearce*

President and Chief Executive Officer

Expiration Date: 03/07/2024  
Accreditation # 00124/7





## American Association of Tissue Banks

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January 25, 2021

Dear Ms. Hammett,

This letter accompanies the accreditation certificate for Science Care, Inc. to include the accreditation of the following satellite facilities:

**Science Care of Arizona, LLC**

3836 E. Watkins St.  
Phoenix, AZ 85034

**Science Care of California, LLC**

3929 E. Conant St  
Long Beach, CA 90808

**Science Care of Colorado, LLC**

19301 E. 23<sup>rd</sup> Ave  
Aurora, CO 80011

**Science Care of Pennsylvania, LLC**

780 Primos Ave., Suite D  
Folcroft, PA 19032

**Science Care of Florida, LLC**

3902 NW 126<sup>th</sup> Ave  
Coral Springs, FL 33065

**Science Care of Texas, LLC**

820 W Sandy Lake Rd., Ste 300  
Coppell, TX 75019

**Science Care of Illinois, LLC**

895 Cambridge Drive  
Elk Grove Village, IL 60007

**Refer to:** Accreditation #00124/7, Accreditation Date: 12/10/2020

Sincerely,

A handwritten signature in black ink that reads 'Marc Pearce'.

---

*President and Chief Executive Officer*

# NEW YORK STATE DEPARTMENT OF HEALTH

## PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Tissue Bank ID No.: 1049*

**Director:**

**Diane K. Eklund, M.D.**

**Article 43B Responsibility:**

**Tricia Hammett**

**Program Director & Chief Executive Officer**

**Science Care of Arizona  
3836 East Watkins Street  
Phoenix, AZ 85034**

**is hereby APPROVED as a Nontransplant Anatomic Bank**

**Nontransplant Anatomic Bank**

**Whole Body Acquisition Service**

**Use of whole bodies and/or body segments for medical research and/or  
education**

**Issued: September 30, 2020**

**Owner: LLCP Sierra Equitcyco, LP**

**Expires: October 1, 2022**

**Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.**

DOH-3908 (04/2001)

# NEW YORK STATE DEPARTMENT OF HEALTH

## PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Tissue Bank ID No.: 1991*

**Director:**

**Diane K. Eklund, M.D.**

**Article 43B Responsibility:**

**Tricia Hammett**

**Program Director & Chief Executive Officer**

**Science Care of California**

**3929 East Conant Street**

**Long Beach, CA 90808**

**is hereby APPROVED as a Nontransplant Anatomic Bank**

**Nontransplant Anatomic Bank**

**Whole Body Acquisition Service**

**Use of whole bodies and/or body segments for medical research and/or  
education**

**Issued: September 30, 2020**

**Owner: LLCP Sierra Equitcyco, LP**

**Expires: October 1, 2022**

**Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.**

DOH-3908 (04/2001)

# NEW YORK STATE DEPARTMENT OF HEALTH

## PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Tissue Bank ID No.: 1302*

**Director:**

**Diane K. Eklund, M.D.**

**Article 43B Responsibility:**

**Tricia Hammett**

**Program Director & Chief Executive Officer**

**Science Care of Colorado**

**19301 East 23rd Avenue**

**Aurora, CO 80010**

**is hereby APPROVED as a Nontransplant Anatomic Bank**

**Nontransplant Anatomic Bank**

**Whole Body Acquisition Service**

**Use of whole bodies and/or body segments for medical research and education**

**Issued: September 30, 2020**

**Owner: LLCP Sierra Equitcyco, LP**

**Expires: October 1, 2022**

**Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.**

DOH-3908 (04/2001)

# NEW YORK STATE DEPARTMENT OF HEALTH

## PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Tissue Bank ID No.: 1992*

**Director:**

**Diane K. Eklund, M.D.**

**Article 43B Responsibility:**

**Tricia Hammett**

**Program Director & Chief Executive Officer**

**Science Care of Florida  
3902 NW 126th Ave  
Coral Springs, FL 33065**

**is hereby APPROVED as a Nontransplant Anatomic Bank**

**Nontransplant Anatomic Bank**

**Whole Body Acquisition Service**

**Use of whole bodies and/or body segments for medical research and/or  
education**

**Issued: September 30, 2020**

**Owner: LLCP Sierra Equitcyco, LP**

**Expires: October 1, 2022**

**Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.**

DOH-3908 (04/2001)

# NEW YORK STATE DEPARTMENT OF HEALTH

## LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Tissue Bank ID No.: 1844*

**Director:**

**Diane K. Eklund, M.D.**

**Article 43B Responsibility:**

**Tricia Hammett**

**Program Director & Chief Executive Officer**

**Science Care of Illinois  
895 Cambridge Dr.  
Elk Grove Village, IL 60007**

**is hereby APPROVED as a Nontransplant Anatomic Bank**

**Nontransplant Anatomic Bank**

**Acquisition, processing, and distribution of whole bodies and body segments**

**Issued: September 30, 2020**

**Owner: LLCP Sierra Equityco, LP**

**Expires: October 1, 2022**

**Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.**

DOH-3908 (04/2001)

# NEW YORK STATE DEPARTMENT OF HEALTH

## LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Tissue Bank ID No.: 2106*

**Director:**

**Diane K. Eklund, M.D.**

**Article 43B Responsibility:**

**Tricia Hammett**

**Program Director & Chief Executive Officer**

**Science Care of Pennsylvania**

**780 Primos Avenue, Suite D**

**Folcroft, PA 19032**

**is hereby APPROVED as a Nontransplant Anatomic Bank**

**Nontransplant Anatomic Bank**

**Acquisition, processing, and distribution of whole bodies and body segments**

**Issued: September 30, 2020**

**Owner: LLCP Sierra Equitcyco, LP**

**Expires: October 1, 2022**

**Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.**

DOH-3908 (04/2001)

# NEW YORK STATE DEPARTMENT OF HEALTH

## PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Tissue Bank ID No.: 2713*

**Director:**

**Diane K. Eklund, M.D.**

**Article 43B Responsibility:**

**Tricia Hammett**

**Program Director & Chief Executive Officer**

**Science Care of Texas  
820 W. Sandy Lake Road, Suite 300  
Coppell, TX 75019**

**is hereby APPROVED as a Nontransplant Anatomic Bank**

**Nontransplant Anatomic Bank**

**Whole Body Acquisition Service**

**Use of whole bodies and/or body segments for medical research and/or  
education**

**Issued: November 4, 2020**

**Owner: LLCP Sierra Equityco, LP**

**Expires: December 1, 2022**

**Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.**

DOH-3908 (04/2001)



## COLORADO

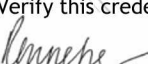

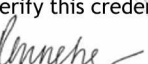

Department of  
Regulatory Agencies

Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting [www.colorado.gov/dora/DPO\\_Print\\_License](http://www.colorado.gov/dora/DPO_Print_License) and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting [www.nasbastore.org](http://www.nasbastore.org) and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at [nasbastore@nasba.org](mailto:nasbastore@nasba.org).

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or [dora\\_dpo\\_licensing@state.co.us](mailto:dora_dpo_licensing@state.co.us).

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
Office of Nontransplant Tissue Bank Registration Science Care Colorado Nontransplant Tissue Bank		Office of Nontransplant Tissue Bank Registration Science Care Colorado Nontransplant Tissue Bank	
NTTB.0000005 Number	07/01/2021 Issue Date	NTTB.0000005 Number	07/01/2021 Issue Date
Active Credential Status	06/30/2022 Expire Date	Active Credential Status	06/30/2022 Expire Date
Verify this credential at: <a href="http://dpo.colorado.gov">dpo.colorado.gov</a>		Verify this credential at: <a href="http://dpo.colorado.gov">dpo.colorado.gov</a>	
 Division Director: Ronne Hines	 Credential Holder Signature	 Division Director: Ronne Hines	 Credential Holder Signature

