

INSTRUCTION FOR COMPLETING FORM 810

Anyone eighteen years of age or older may authorize use of his or her deceased body. Additionally, certain relatives and guardians may consent on behalf of a deceased individual. The following individuals, listed in order of priority, may consent if the individuals in the previous class are not available: (1) the spouse, (2) an adult son or daughter, (3) either parent, (4) an adult brother or sister, (5) a guardian of the decedent at the time of death, and (6) any other person authorized under obligation to dispose of the body.

It is important that you read and understand all elements of the donation process prior to completing this form. This form does not need to be notarized. Witnesses must be at least 18 years old and a disinterested party. Instruction for areas designated by numbers is as follows:

- (1). Print your full legal name.**
- (2). Print decedent's legal name.**
- (3). Print the birth date of the decedent.**
- (4). Consenter must initial that they have read all of the elements of the consent which includes "I understand that," "I state and affirm," and "I consent to". (If you did not download this consent from our website, the "I understand that" section is printed on the back of the canary-colored copy).**
- (5). This is the signature line requiring your signature as the consenter.**
- (6). Date your signature. The date must include day, month and year.**
- (7). Print your complete mailing address including ZIP Code. This may be different than your residing address.**
- (8). Telephone number. This allows us to quickly communicate with you if something is missing from your consent.**
- (9). Witness must sign and print their name. Witness must be present when consenter signs and must be a disinterested party.**
- (10). Witness must date their signature. The date must include the day, month and year.**

The signature page must be returned to BioGift Anatomical. This document may be delivered and returned by way of facsimile, and the signatures shall be considered original and binding on the party signing as conclusive evidence of his or her signature, as if such signatures were original signatures. The canary colored copy (if you did not download this consent from our website) is yours to keep. If this consent was downloaded from our website, please make a copy of the completed form. It is recommended that the copy be kept with your important papers or given to the individual(s) who will oversee your estate.

I understand that:

- 1. In order for BioGift Anatomical to maximize the use of the body, extensive surgical dissections and disarticulations must occur. Cells, fluids, specimens, organs, tissues, and connected tissues both large and small, will be obtained from the body from these surgical procedures. The nature of these procedures will reduce the body from its original size and/or shape.**
- 2. There is no guarantee that the body will be acceptable for BioGift Anatomical's service as certain diseases, risk of diseases, or circumstances may occur to make the body unsuitable for this purpose.**
- 3. Both not-for-profit and for-profit medical research and education entities compensate BioGift Anatomical for recovery, preparation, testing, storage, distribution and recordkeeping services using the body to facilitate the process.**
- 4. In order for BioGift Anatomical to maximize the use of the body, it may be necessary to make available cells, fluids, specimens, organs, and tissues to researchers and educators in other countries if they cannot be placed in the United States.**
- 5. In strictest confidence, BioGift Anatomical will obtain and review copies of the deceased's medical record. Someone from BioGift Anatomical will talk to me or my family or decision maker about the deceased's medical history.**
- 6. There will be no cost to me or the deceased's estate for any necessary actions or procedures involved to implement this consent for the use of the body.**
- 7. BioGift Anatomical will not be obligated to pay or compensate me or any member of my family for the use of the body.**
- 8. Financial charges unrelated to facilitating the use of the body will be the responsibility of the deceased's estate.**

NEXT-OF-KIN CONSENT FOR USE OF DECEASED'S WHOLE BODY

I, _____ 1) am the legal next-of-kin of:

_____, 2) the deceased whose date
of birth is _____ 3). I hereby authorize BioGift Anatomical to freely direct or perform
all of the necessary steps, procedures and preparatory requirements to enable the body of the deceased
to be used for supporting medical education/research and/or medical scientific purposes.

I state and affirm:

1. I am at least 18 years old and of sound mind to give this consent.
2. I am the legal next-of-kin of the deceased and am authorized by law to give consent for the use of the deceased's body for medical education/research and/or medical scientific purposes.
3. My initial signifies that I have read the previous "I understand that" section [_____] ← Initial (4).
4. I agree that the part of the body not procured or used for medical education/research and/or medical scientific purposes to be deemed the body, and cremated as its final disposition by any state licensed or authorized crematory.
5. I agree that all procured cells, bodily fluids, specimens, organs, tissues, and connected tissues both large and small be deemed as such and to be medically cremated in any authorized facility after their medical use as required/authorized by applicable state or federal law and not returned to anyone.

I consent to:

1. BioGift Anatomical directing the preparation and transfer of the deceased's body to any facility/location and by any means necessary in their sole discretion within the confines of applicable state and federal law.
2. A blood draw from the deceased's body so that infectious communicable disease testing may take place, including HIV and Hepatitis B/C, or the release of serological test results for infectious communicable disease testing from a third party to BioGift Anatomical.
3. The release of any/all medical information and medical record including autopsy results of the deceased (if performed) to BioGift Anatomical, to be held in strictest confidence.
4. The surgical dissection and disarticulation of the whole body as BioGift Anatomical sees fit in their sole discretion, to maximize and facilitate the use of the deceased's body for medical education and/or medical scientific purposes.
5. The distribution of cells, fluids, specimens, organs, tissues, and connected tissues large and small originating from the body for medical research/education and/or medical scientific purposes as accepted by BioGift Anatomical for such medical purposes at BioGift Anatomical's sole discretion.
6. BioGift Anatomical managing both the authorized cremation, and the return of cremated remains to the executor of the deceased's estate using the services of any state licensed or legally authorized crematory.
7. The medical cremation of cells, fluids, specimens, organs, tissues or connected tissues large and small originating from the body after its intended medical research/educational use, following all state and/or federal applicable regulations/laws established for medical cremation, and returned to no one.
8. Indemnify and hold harmless BioGift Anatomical, employees, any funeral director or their agents, BioGift Anatomical's tissue users or sources from any loss or damage, including incidental and consequential damage, that it incurs which results from the undersigned not having the proper authority to make this consent.

Signature of Consenting Individual (5) _____ (6)
Date

Complete Mailing Address of Consenter (7) () (8)
Daytime Phone Number

/ (9) _____ (10)

BioGift Anatomical Inc., 17819 NE Riverside Parkway – Suite C, PO Box 30086, Portland, Oregon 97294
Tel. 503-670-1799 Fax 503-670-1834

Printed Name and Signature of Witness

Date