

INTERNATIONAL INSTITUTE FOR THE ADVANCEMENT OF MEDICINE

Corporate office Jessup, PA 888-496-7033 / AZ, NV, Western region 800-486-IIAM

CONSENT/AUTHORIZATION FOR ANATOMICAL RESEARCH DONATION

Date _____ Donor Name _____ Donor # _____

Authorizing Party _____ Relationship _____

I grant consent for donation and authorize IIAM to perform the needed recovery of tissues/specimens to facilitate this donation as specified below. The procedures have been explained to me and I understand the nature and purpose of this donation. Specifically, I hereby donate: (initial below)

_____ Entire body for use in research, education and/or therapeutic development, all tissues not utilized will be cremated
(Please see below for details concerning return of cremains)

_____ Restrictions/Comments _____

YES | NO I authorize the distribution of these tissues/specimens for biomedical research, education and training and understand donated tissues/specimens could be used by more than one organization, which may include both not for profit and/or for-profit entities or studies. Initial here: _____

YES | NO I authorize the use of this donation for educational display. Initial here: _____

YES | NO I authorize IIAM to cremate any or all used or unused tissues/specimens. Initial here: _____

Disposition of Cremated Remains: return do not return If returned, specify recipient: _____ Initial here: _____

I authorize the release of medical records, autopsy reports or other information pertinent to the evaluation of the donated tissues/specimens. I understand that laboratory and diagnostic tests will be performed using blood, lymph nodes or other tissues. These tests include but are not limited to HIV (AIDS) and Hepatitis. I understand that based on test results or information obtained from the Medical/Social questionnaire any or all of these tissues/specimens may be deemed unsuitable for research use and may be disposed of in accordance with local regulations governing the handling of biomedical materials. Initial here: _____

I understand that IIAM will assume all costs related to this donation including; transport of the donor to IIAM recovery facilities, donor suitability testing, cremation and return of remains(if requested). IIAM (or designated agent) will submit and file necessary legal documents in accordance with local regulations and provide the next of kin three copies of the death certificate when it becomes available. Additional copies will be the responsibility of the next of kin. IIAM will return cremated remains to the next of kin in a standard urn. Private funeral/memorial services are the responsibility of the next of kin. IIAM does not compensate the donor family/authorizing party for donated tissues. Initial here: _____

I understand that these gifts are made to IIAM and that the recovery, distribution and determination of the use of these tissues will be coordinated by IIAM in accordance with accepted medical and ethical standards and all applicable laws. I also understand the nature and purpose of this donation and that by consenting to gift of body donation I consent to the extensive surgical dissection of the body including but not limited to the surgical removal of extremities and head. I also acknowledge that no guarantee or assurance has been made as to the results that may be obtained from the research or study of these donated tissues. I authorize this donation without obligation of any kind on the part of the recipient or any individual or organization authorized by law to receive this donation. This gift is motivated exclusively by humanitarian instincts. Initial here: _____

I have been offered a copy of this consent. [consent will be mailed along with family follow-up information] Initial here: _____

Authorizing Party _____ Witness _____

Signature _____ Date _____ Signature _____ Date _____

Address _____ IIAM Representative _____

_____ Signature _____

Date _____

Phone # _____

Recorded Telephonic Consent yes no Date _____ Time _____ Initials _____

Research.....the heart of medical breakthroughs

