



ANATOMICAL GIFTS OF THE CAROLINAS

CONSENT FOR USE OF MY WHOLE BODY UPON DEATH

I, _____ (1) residing at

_____, (2), upon my death, authorize Anatomical Gifts of the Carolinas to freely direct or perform all of the necessary steps, procedures and preparatory requirements to enable my body 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.
2. I am of sound mind.
3. I want my body to be used for medical education/research and/or medical scientific purposes to benefit humanity.
4. I agree that the part of my body not procured or used for medical education/research and/or medical scientific purposes to be deemed my 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. Anatomical Gifts of the Carolinas directing the preparation and transfer of my body upon death to Anatomical Gifts of the Carolinas, or any designated facility/location and by any means necessary in their sole discretion within the confines of applicable state and federal law.
2. The release of my vital statistics information which is necessary to have a death certificate and transit permit filed with the county or state where my death occurs as required by law.
3. A blood draw from my body so that infectious communicable disease testing may take place to include HIV and Hepatitis B/C, or the release of serological test results for infectious communicable disease from a third party to Anatomical Gifts of the Carolinas.
4. The release of any/all of my medical information and my medical records including autopsy results (if performed) to Anatomical Gifts of the Carolinas. All information will be held in strictest confidence.
5. The surgical dissection and disarticulation of my whole body as Anatomical Gifts of the Carolinas sees fit in their sole discretion to maximize and facilitate the use of my body for medical education and/or medical scientific purposes.
6. The distribution of cells, fluids, specimens, organs, tissues, and connected tissues large and small originating from my body for medical research/education and/or medical scientific purposes as accepted by Anatomical Gifts of the Carolinas for such medical purposes at Anatomical Gifts of the Carolinas sole discretion.
7. Anatomical Gifts of the Carolinas facilitating both the authorized cremation, and the return of my cremated remains to the executor of my estate using the services of any state-licensed or legally authorized crematory.
8. The medical cremation of cells, fluids, specimens, organs, tissues and connected tissues large and small originating from my body after intended medical research/educational use, following all state and/or federal applicable regulations/laws established for medical cremation, and returned to no one.

_____, (3) _____ (4)
Signature of Consenting Individual Date

_____, (5) _____ (6)
Complete Mailing Address or Consenter Daytime Phone Number

_____, (7) _____ (8)
Printed Name and Signature of Witness 1 Date

_____, (9) _____ (10)
Printed Name and Signature of Witness 2 Date

Subscribed and sworn to before me, this _____ day of _____, 20_____.

Notary's signature: _____ Notary's printed name: _____

NOTARY PUBLIC for the State of _____ and I herein attest that my commission expires _____, 20_____.