



ANATOMICAL GIFTS OF THE CAROLINAS

NEXT-OF-KIN CONSENT FOR USE OF MY 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 Anatomical Gifts of the Carolinas 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. I agree that part of the body not procured or used for medical education/research and/or medical scientific purpose to be deemed the body, and cremated as its final disposition by any state licensed or authorized crematory.
4. 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 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 Anatomical Gifts of the Carolinas.
3. The release of any/all medical information and medical record including autopsy results of the deceased (if performed) to Anatomical Gifts of the Carolinas. All information will be held in strictest confidence.
4. The Surgical dissection and disarticulation of the whole body as Anatomical Gifts of the Carolinas 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, specific organs, tissues, and connected tissues large and small originating from the deceased's body for medical research/education and/or medical scientific purposes as accepting by Anatomical Gifts of the Carolinas for such medical purposes at Anatomical Gifts of the Carolinas's sole discretion.
6. Anatomical Gifts of the Carolinas facilitating 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 deceased's body after its intended medical research/educational use, following all state and/or federal applicable regulations/laws established for medical cremation, and returned to on one.
8. Indemnify and hold harmless Anatomical Gifts of the Carolinas, employees, and funeral director or their agents, Anatomical Gifts of the Carolinas's tissue users or sources from any loss or damage, including incidental and consequential damage that it incurs, which result from the undersigned not having the proper authority to make this consent.

 Signature of Consenting Individual (4) _____ (5)
 Date

 Complete Mailing Address or Consenter (6) _____ (7)
 Daytime Phone Number

 Printed Name and Signature of Witness (8) _____ (9)
 Date

 Printed Name and Signature of Witness (10) _____ (11)
 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_____.