

Oregon Cryonics
1462 Commercial St SE
Salem, OR 97302
503-585-2781

Document of Authorization For Anatomical Donation

Name of Donor _____ Date of Birth _____

I hereby authorize this anatomical donation to Oregon Cryonics for the purposes of research, education, and training.

Required Disclosures

1. Body donation is a gift, and neither the donor's estate nor the Authorizing Person will receive monetary compensation or valuable consideration for it.
2. Costs to facilitate the donation, such as transportation, are the full responsibility of the Authorizing Person.
3. The only tissue that will be recovered will be the brain and possibly supporting tissues, such as the skull and soft tissues of the head.
4. Testing or analysis that facilitates the use of the tissue may be performed. Results may be reported to the public health authorities if required by law.
5. The acquisition of tissue requires the following actions, and this Document of Authorization specifically authorizes:
 - a. access to and required disclosure of the donor's medical and other relevant records;
 - b. testing and reporting for transmissible diseases;
 - c. the release to Oregon Cryonics of any and all records and reports of a Medical Examiner, Coroner or Pathologist;
 - d. the use of the body, after recovery of tissue, for education and training at the Oregon Cryonics facility, without transfer to any other organization.
6. The body may undergo extensive preparation, including removal of the head, removal of the brain, removal of blood, and dissection.
7. The body may be used for research, education, and training for as long as a few months, after which the remains will be handled as follows:

All partial remains that were not preserved will be cremated and returned to the next of kin. The cost related to transporting and disposing of the remains is covered by the Authorizing Person as part of the separate Cryopreservation Agreement and there are no additional costs. In instances where the Authorizing Person subsequently rescinds or the organization later rejects the offer of anatomical material, the Authorizing Person will be responsible for all costs incurred .
8. General description of acquisition: Immediately upon pronouncement of death and release by hospital, the donor's body will be moved to a nearby facility for initial preparation. Within a few hours, the body will be transported by ground or air to Salem, Oregon. The recovery of tissue will take place over the next week at the facility of Oregon Cryonics.
9. Costs directly related to the evaluation, acquisition, and preparation of the tissue will be charged to the Authorizing Person only as part of the Cryopreservation Agreement and will not incur any additional charge.
10. The donation process will delay burial arrangements and will prevent an open casket funeral.
11. A copy of this Document of Authorization is available at any time to the Authorizing Person or other next of kin.

Authorizing Person

The person in this section must be a person authorized to make an anatomical gift under the process set out in ORS 97.965

Name _____ Phone _____

Address _____ City, State Zip _____

Relationship to Donor _____

Signature _____ Date / Time Signed _____

Witness

A witness is not usually required, but is included here in case required by state law of a particular state. Not needed in Oregon.

Name _____

Signature _____ Date / Time Signed _____

Donation Coordinator

The Donation Coordinator must be an employee of Oregon Cryonics trained to appropriately answer the questions the the Authorizing Person may have. Neither coercion nor inaccurate information shall be used in any manner to obtain Authorization.

This form may be returned in person, by fax, or scanned. In all cases, the Donation Coordinator shall be available to respond to questions.

Name _____ Organization: Oregon Cryonics

Signature _____ Date / Time Signed _____