

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

## Document of Authorization For Anatomical Donation of Brain

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. Tissue 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.
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;
6. The body will undergo minimal dissection as needed in order to remove the brain. This will include removal of a portion of the skull.
7. The remains will be handled as follows:

The brain will be preserved. The other remains will be turned over to the next of kin, who will be responsible for all costs related to transportation and disposition of the remains. 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 facility within the hospital or nearby for preparation. A pathologist or other person will remove the brain and will arrange shipment to Oregon Cryonics. The rest of the body will be transferred to a funeral director for traditional funeral preparations.
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 Preservation Agreement and will not incur any additional charge.
10. The donation process may delay burial arrangements and may 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 \_\_\_\_\_