

Oregon Cryonics
3311 Marietta St SE
Salem, OR 97317
503-585-2781

Document of Gift and Informed Consent

I hereby donate my brain to Oregon Cryonics for the purposes of research, education, and training.

Informed Consent

1. I understand what has been read or explained and I am granting Informed Consent for non-transplant anatomical donation acquisition.
2. My name and address, as well as records, shall be kept on file by Oregon Cryonics.
3. Tissue donation is a gift, and neither I nor my estate will receive monetary compensation or valuable consideration for it.
4. The only tissue that will be recovered will be the brain.
5. I authorize access to and disclosure of all my medical records to Oregon Cryonics.
6. I authorize testing and reporting for transmissible diseases.
7. Positive test results will be reported or disclosed if required by law or regulation (e.g., to the living donor, to the attending physician, or to appropriate health officials).
8. Risks and benefits to me, as the living donor, are not applicable since procedures are not initiated until after legal death.
9. 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. If the brain is later returned to the next of kin for some reason, those costs are covered by the Donor as part of the separate Preservation Agreement and there are no additional costs. In instances where the Donor subsequently rescinds or the organization later rejects the offer of anatomical material, the Donor will be responsible for all costs incurred.
10. Final disposition will be the responsibility of the next of kin.
11. A copy of this Document of Gift is available at any time to the Donor or to the next of kin.

Donor

Name _____ Date of Birth _____
Address _____ City, State Zip _____
Phone _____
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 _____