

Chain of Custody

Donor Name _____

Birthdate _____ Date of Legal Death _____

This section must contain the name, address, and phone number of each person who had possession of the donor's anatomical material before Oregon Cryonics took possession of the anatomical material.

Check this box if Oregon Cryonics was the initial recovery organization. In this case, no other people need to be listed in this section

Name _____

Address _____

Phone _____

Dates of possession _____

Name _____

Address _____

Phone _____

Dates of possession _____

Documentation of Disposition

This section must contain the name, address, and phone number of each person to whom Oregon Cryonics has provided anatomical material from the donor. Since Oregon Cryonics does not, by policy, provide anatomical material to others, this section should always be blank except in very unusual situations. Do not list next of kin here when returning cremated remains.

Name _____

Address _____

Phone _____

Dates of possession _____

Name _____

Address _____

Phone _____

Dates of possession _____

Name _____

Address _____

Phone _____

Dates of possession _____