

AUTHORIZATION OF BODY GIFT

For assistance please contact us at +31 (20) 299 3235. Incomplete or inaccurate forms will be returned for correction.
IF BEFORE DEATH, this form must be completed by the donor or his/her Power of Attorney for Healthcare
IF AFTER DEATH, this form must be completed by the legal next of kin.

Donor's Full Legal Name: _____
(Full legal name, additions if applicable, include Jr., Sr., II, III, etc.)

Is the prospective donor currently receiving hospice care or have a life-expectancy of six months or less? YES NO

Donor's Date of Birth: Day _____ Month _____ Year _____

My Relationship with the Donor is: _____ Priority Order = 1. Self 2. Power of Attorney for Healthcare
(if Power of Attorney send full and complete document) 3. Spouse 4. Adult child 5. Parent 6. Sibling 7. Next degree of kindred 8. Donor's Estate Representative

I, _____ born on _____ in _____ authorize that this whole body donation gift is motivated exclusively by altruistic intentions without monetary compensation or valuable consideration made to me or any family member, I understand that an autopsy Will NOT be performed to determine the cause or contributing factors that led to the death of the donor. I also authorize the procurement of all necessary tissues, organs, and anatomical specimens, including whole body, for medical research and educational purposes and understand tissue/specimens may be used indefinitely into the future. I understand that the body may be subject to extensive preparation and/or long-term preservation, including but not limited to, removal of the head, arms, legs hands, feet, spine, organs, tissues, or fluids. No promise or assurance had been given that this donation will benefit a specific use, research or educational study. This gift may benefit multiple educational, scientific, organ procurement and medical research organizations, for profit or nonprofit, domestic or international, and the educational or research institution may perform final specimen disposition.

I authorize any and all medical information to be released to RISE Labs BV before or after death, including but not limited to, a complete medical history and blood samples. Blood testing will occur which may include, but is not limited to, HIV, hepatitis B, and hepatitis C. Positive blood test results for HIV will be communicated to the Ministry of Health; a positive test for HIV, hepatitis B or hepatitis C will be communicated to the next of kin. **Determination of acceptance of donation will be made at the time of passing.** Upon acceptance of donation, RISE Labs will be responsible for any costs related to the donation including transportation, cremation, return of partial cremated remains to family or a scattering of cremated remains at sea or a memorial garden. RISE Labs BV reserves the right, at their sole discretion, to decline acceptance of the donation and related charges if it appears unsafe or unsuitable for the purposes consented to herein. The donor will be transported to one of the affiliated funeral homes or a RISE Labs BV facility. All protected health information as defined by General Data Protection Regulation (AVG) will be treated confidentially and stored in a safe place.

The cremated remains returned will not include body tissues, organs, or anatomical specimens procured for medical education or research purposes. An open casket viewing is not possible with whole body donation and no un-cremated remains will be returned. I agree to hold RISE Labs BV and all associated agents, including specimen end-users, harmless from loss or damage, including and consequential damage which results from the undersigned not having proper legal authority to consent. This donation will benefit medical education, research studies and training.

I have had adequate time for consideration, and all my questions have been answered. YES

In all cases, RISE Labs BV must have the signatures of two witnesses who are over 18 years of age. Witnesses cannot be the person who accepts the donation. At least one witness must also be a "disinterested party" (not a spouse, child, sibling, parent, grandchild, grandparent, or legal guardian of the prospective donor).

I understand that signing this document does not guarantee acceptance of the donation.

I hereby verify my understanding of all disclosures listed and the correctness of all data entered as indicated by my signature below:

Signature of the person granting consent: _____ **Print Name:** _____

Date: _____ Address of the person giving consent: _____ City: _____

Post code: _____ Phone Number: ____/____/---- _____ Email: _____

<p>Signature of Witness 1: _____</p> <p>Print Name: _____</p> <p>Date of Signature: _____</p> <p>Relationship to Donor: _____</p>

<p>Signature of Witness 2: _____</p> <p>Print Name: _____</p> <p>Date of Signature: _____</p> <p>Relationship to Donor: _____</p>

Send death certificate to (name): _____ Donor relationship: _____

Address: _____ Postal code: _____ City: _____

Phone Number: _____ Email: _____