INSTRUMENT OF ANATOMICAL GIFT

CONSENT AND AUTHORIZATION, DISPOSITION AND DECLARATION AS TO REMAINS FOR AN ANATOMICAL GIFT DONATION

1. Consent and Authorization

I, 

BEING OF THE AGE OF EIGHTEEN YEARS OR OVER AND OF SOUND MIND, HEREBY OFFER AS AN UNRESTRICTED GIFT MY BODY, AFTER DEATH, FOR EDUCATION AND/OR RESEARCH.

I understand that upon my death, my decision to donate my body to Tufts University School of Medicine ("TUSM") will become irrevocable. However, I may revoke my offer to donate at any time before my death by informing TUSM in writing. By signing this consent and authorization I intend for TUSM to have the exclusive right to (i) control the use of my body for medical/dental education, research, science or therapy; and (ii) authorize the disposition of my body upon death.

The approval of my next-of-kin is not necessary to make this gift legally effective and enforceable however, I do hereby direct my next-of-kin and any other person legally responsible for my remains to cooperate with TUSM to carry out my wishes as set forth herein.

I understand that NO AUTOPSY should be performed and NO EMBALMING should be done upon my death, however after acceptance of the donation TUSM may embalm and/or perform dissection for the purposes of education and/or research. I further understand that TUSM reserves the right, at any time, to decline a particular anatomical gift and that acceptance of my body is contingent upon the decision of TUSM at the time of my death. For this reason, I understand that I should have alternative arrangements for private interment or cremation if my offer to be a donor is declined. If the gift is accepted, TUSM may provide transportation or a funeral director can be notified to transport the body WITHIN 24 HOURS OF THE TIME OF DEATH and should call TUSM (617-636-0837/617-636-6610) for instructions about the transportation of my body to TUSM.

TUSM will pay the funeral director described above a stipend for the costs of transportation and for obtaining the necessary permits. I understand that my next-of-kin will be responsible for any costs charged by the funeral director that exceed the TUSM stipend.

I authorize any and all health care providers holding my health information at the time of my death to release my health information to TUSM for the purpose of implementing my donation. I authorize TUSM to use or disclose my health information as reasonably necessary to effectuate my donation or for the purposes of advancing education and/or research or for the disposition of my remains (e.g. funeral personnel and others). I understand that once a health care provider or TUSM discloses my health information to a recipient neither the health care provider nor TUSM can guarantee that the recipient will not disclose my health information to a third party.

After acceptance of the gift of my body by TUSM, unless you have otherwise indicated below, TUSM may in its sound judgment and sole discretion allow my body to be utilized by another medical or dental school, or another institution or entity (including nonprofit and for-profit-entities) for research and/or education. At the conclusion of the use of my body by TUSM (or by another, under TUSM's...
permission as contemplated herein), and except as otherwise provided below, TUSM will be responsible for the disposition of my remains according to my direction below, and I hereby authorize TUSM to arrange cremation of my body. If TUSM cannot carry out my instructions for any reason, I understand that TUSM will arrange for my body to be cremated, and I hereby authorize TUSM to arrange for cremation.

2. Disposition

I further direct that, after my body is no longer useful for the purposes stated above, TUSM should coordinate the disposition of my remains as I have indicated below (indicate a single choice from the following options by placing a check mark within the brackets to the left of that option):

[ ] CREMATION and return of cremains to the next-of-kin listed below by registered U.S. Mail at the expense of TUSM.

The next-of-kin relationship is defined as follows: Persons with authority to make a decision for cremation are listed here in order of priority. The order of priority is as follows: (1) spouse, (2) an adult son or daughter, (3) either parent, (4) an adult brother or sister, (5) a guardian of the person of the decedent at the time of death, (6) any other person authorized or under obligation to dispose of the body. A subsequent class of persons has authority to make the decision only if there is no person occupying the preceding class.

Send cremains to the following address:

<table>
<thead>
<tr>
<th>(Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Street Address or P.O. Box)</td>
</tr>
<tr>
<td>(Apt. Number)</td>
</tr>
<tr>
<td>(Town)</td>
</tr>
<tr>
<td>(Relationship to Donor)</td>
</tr>
</tbody>
</table>

[ ] CREMATION and hold of cremains for pick-up by next-of-kin at a site designated by TUSM. This option can be arranged only with authorization from the Anatomical Gift Program at TUSM.

[ ] Release my remains without cremation, to the funeral director/home identified below, for disposition to be arranged by my estate at the expense of my estate. I understand that after use by TUSM or by others as authorized above, my remains will not be in a condition suitable for viewing.

Funeral Director __________________________
Address __________________________________
Telephone Number __________________________

I also understand that my remains or cremains will not include tissues that have been removed for medical research or education purposes.
I understand that this is a legal document being signed by me in accordance with the Massachusetts Anatomical Gift Act, M.G.L. ch. 113A §§ 1-25, and the Uniform Anatomical Gift Act. I understand that this consent and authorization will remain in effect unless I provide a written notice of revocation to TUSM. The revocation will be effective immediately upon TUSM’s receipt of my written notice, except that the revocation will not have any effect on any action taken by TUSM in reliance on this authorization before it received my written notice of revocation.

Having read this instrument in full and understanding its content and effect, and having had the opportunity to ask questions about this authorization, I hereby sign it and, knowingly and voluntarily consent to and authorize the actions described herein, in the presence of the witnesses whose signatures appear on page four (4) of this document:

Full Name of Donor (Please Print)  Signature of Donor

Mailing Address  Date of Birth

City, State  Zip Code  Date

Telephone Number

3. Declaration As To Remains

I,__________________________, do hereby make, constitute and designate Tufts University School of Medicine’s Health Sciences Anatomical Gift Program located at 136 Harrison Avenue, Boston, Massachusetts 02111, as the legally authorized party to control my bodily remains. Control over my remains includes authority to take any and all actions necessary to effectuate the donation of my body in furtherance of medical and dental education, research, science or therapy at the time of my death and the disposition of my remains at the time that my body may no longer be used in furtherance of medical and dental education, research, science or therapy. TUSM’s Health Sciences Anatomical Gift Program shall have the power and authority to authorize my cremation or my burial with or without cremation and to sign, seal, execute, acknowledge and deliver any and all documents or instruments of any kind, nature or description required by law or practice as it deems necessary and appropriate in order to effectuate and facilitate my donation and the disposition of my remains, including but not limited to, any and all statements, forms or authorizations concerning my donation or disposition and to do all other things necessary or appropriate to accept my donation and accomplish disposition of my remains.

WITNESS the execution of this Declaration this _____ day of ______________ 20_____.

DONOR:
Signature:__________________________

Name (Printed):____________________

Date:____________________________

Please check to be certain that you have completed this page above with the information in each of the underlined spaces provided.
WITNESSES' ATTESTATION

This consent and authorization to donate must be witnessed by two other parties.

If the donor has living next-of-kin at the time this form is signed and they can be contacted, TUSM requests that the form be witnessed by one of the donor's next-of-kin as indicated below and a disinterested witness. TUSM also requests that, to the extent possible, one of the witnesses is the donor's highest priority next-of-kin.

IMPORTANT: The order of next-of-kin priority is as follows: (1) current spouse; (2) an adult son or daughter; (3) either parent; (4) an adult brother or sister; (5) an adult grandchild; (6) a grandparent; (7) an adult who exhibited special care and concern; and (8) a guardian of the person of the decedent at the time of death. Disinterested witness is defined as a witness other than the spouse, child, parent, sibling, grandchild, grandparent or guardian of the individual who makes, amends, revokes or refuses to make an anatomical gift or another adult who exhibited special care and concern for the donor.

We hereby sign our names as witnesses:

_____________________________  ______________________________
Signature of Witness  Signature of Witness

_____________________________  ______________________________
Name of Witness (Please Print)  Name of Witness (Please Print)

_____________________________
Address

_____________________________
City  State  Zip Code

_____________________________
City  State  Zip Code

_____________________________
Telephone Number

_____________________________
Telephone Number

_____________________________
Relationship to Donor

_____________________________
Relationship to Donor
DONOR INFORMATION FORM

To ensure registration in the Anatomical Gift Program at Tufts University School of Medicine, the following information MUST be completed and returned along with your completed Instrument of Anatomical Gift. This information is necessary for the completion of legal documents required at the time of death of a donor.

Donor's Full Name ___________________________________________ Male ___ Female ___

First Middle Last

Legal Address _________________________________________________________________

Street City State Zip Code

County of Residence ___________________________ Telephone Number ________________________

Donor's Race: White ___ Black ___ Hispanic ___ American Indian ___

Date of Birth __________ Place of Birth ___________________________ Social Security Number __________

(City & State or Foreign Country)

Full Name of Father ___________________________________ Birthplace of Father __________

(State)

Full Maiden Name of Mother ____________________________ Birthplace of Mother __________

(State)

Marital Status (circle one): Never Married, Married, Widowed, Divorced, State Reg. Domestic Partner

Name of Spouse (if wife, enter maiden name) _________________________________________

First Middle Last

Usual Occupation (Prior if Retired) __________________________________ Education __________

(Highest Grade Completed)

Kind of Business or Industry ________________________________________________________

If U.S. War Veteran: Specify War ___________________________ Rank __________

Dates of Service __________ Service Number __________________________

Organization and Outfit ____________________________________________________________

Next of Kin Name ____________________________ (First) (Middle) (Last)

Next of Kin Address ____________________________ (Street) (City/Town) (State) (Zip Code)

Next of Kin Telephone Number __________________________

Next of Kin Email Address __________________________

Next of Kin Relationship __________________________

Disease History: Hepatitis A, B, or C, HIV/AIDS, Tuberculosis, Others (MRSA, etc.)

________________________________________________________________________

________________________________________________________________________