



National Disease Research Interchange
8 Penn Center, 8th Floor
1628 John F. Kennedy Blvd.
Philadelphia, PA 19103
Phone: (800) 222-6374 Fax: (215) 557-7154
Website: www.ndriresource.org

Consent for Donation of Anatomical Gifts

I, John Smith, being the brother and available Next-of-Kin of Jane Doe, in order that humanity may benefit, give consent to the National Disease Research Interchange (NDRI) for the donation of his/her organs and tissues as circled below, for the purpose of medical research.

- 1. Heart yes no
2. Blood vessels/arteries yes no
3. Lungs yes no
4. Trachea yes no
5. Thyroid yes no
6. Intestine yes no
7. Stomach yes no
8. Liver yes no
9. Kidneys yes no
10. Bladder yes no
11. Adrenal Glands yes no
12. Pancreas yes no
13. Spleen/Lymph Nodes yes no
14. Skin yes no
15. Bones/associated soft tissue yes no
16. Muscle yes no
17. Eyes yes no
18. Brain/neurological tissues yes no
19. Spinal Cord yes no
20. Thymus yes no
21. Salivary Glands yes no
22. Pituitary Gland yes no
23. Breast yes no
24. Prostate yes no
25. Reproductive organs/tissues yes no
26. Blood, Urine, Saliva yes no

Additions/limitations/comments:
Please specify if funeral plans are for an open casket, closed casket, or cremation:

I understand that these gifts are made to NDRI, a non-profit organization, and that the recovery and distribution of these gifts will be coordinated by NDRI and/or other involved agencies. These other agencies may be non profit or for-profit organizations. NDRI will take efforts to minimize changes in the outward appearance of the donor. I understand that costs directly related to the evaluation, recovery, and placement of organs and tissues for medical research are the responsibility of NDRI. I also understand that funeral and burial expenses after donation are the responsibility of the next-of-kin.

I authorize the release and copy of the complete record, including medical and social history, hospital records and post-mortem examination reports, to NDRI to determine organ and tissue suitability for medical research. This information will be de-identified prior to its release. This permission for release and copy of medical records will expire ten (10) years from this date, and may be revoked before this date by submission of a written request to NDRI. I further authorize the performance of all necessary tests and procedures, including but not limited to testing for HIV and viral hepatitis, to determine medical suitability of the organs and tissues for the purposes intended.

I authorize the release of medical and contact information to original referring Voluntary Health Organization/Patient Care Advocate Group. YES NO

I acknowledge that I have read (or had read to me) this document in its entirety, and that I have had the opportunity to ask and have answered any questions and that I fully understand this document. I consent to the donation(s) described above.

John Smith
(Signature of Next-of-Kin)

John Smith
(Print name of Next-of-Kin)

1234 Main Street
(Street Address)

Anywhere, USA 00000
(City/State/Zip)

Check box if telephonic consent obtained.

Sallie Smith
(Witness #1 Signature)

Sallie Smith
(Print name of Witness #1)

Billy Bob
(Witness #2 of NDRI Coordinator Signature)

Billy Bob
(Print name of Witness #2 or NDRI Coordinator)

- 1. The Uniform Anatomical Gift Act establishes the following order for priority of "Next-of-Kin": (1) spouse, (2) adult son or daughter, (3) either parent, (4) adult brother or sister, (5) guardian, (6) any other person authorized or under obligation to dispose of the body.
2. If telephonic consent obtained: (i) print name(s) of Next-of-Kin and any witness(es) and (ii) note date and time of consent.