Somatic Explorations
Knowledge through discovery

DONOR INFORMED CONSENT
WILLED BODY RELEASE

I hereby offer my body after death for educational or scientific purposes to *Somatic Explorations Inc*. I understand that these gifts are to be used by *Somatic Explorations Inc*, their agents or associates, for use in teaching and scientific research. It will be up to *Somatic Explorations Inc's* sole discretion as to how to maximize the benefits of my donation within accepted medical and ethical standards. *Somatic Explorations Inc* has represented to me that it will treat my body with the utmost dignity and respect within the confines of the above stated use.

After my death, I authorize *Somatic Explorations Inc* to obtain complete medical history, autopsy findings, and blood samples, as it may deem necessary to ensure the safety of the donation. I understand that such testing may include but not be limited to HIV & AIDS, Hepatitis B and C, and tuberculosis, which may preclude the donation. I understand that this donation may be refused at *Somatic Explorations Inc.'s* sole discretion at the time of my death due to unsuitability which may include but not be limited to positive results of the above noted testing, recent surgery, severe trauma, and delayed notification of death. If my donation is refused, I understand that my disposition will be the sole responsibility of my family/estate. I understand that all donor information is coded and that the donation will remain anonymous to all participants with the exception of employees of *Somatic Explorations Inc* that are charged with maintaining donor records. I am making this gift freely and voluntarily, without obligation of any kind on the part of the recipient organization and there will be no reward or compensation to my family or me. This gift is motivated by humanitarian instincts.

I understand that *Somatic Explorations Inc* will be responsible for costs directly associated with this donation including: transport of the donor to *Somatic Explorations Inc* recovery facilities, donor suitability testing, cremation, and return of remains (if requested). *Somatic Explorations Inc* will NOT be responsible for any other costs including but not limited to a memorial service, individual internment site, or grave marker. *Somatic Explorations Inc* will return my cremated remains (if requested) to the next of kin in a standard urn once they have completed use of my donation. I understand that this usage may be up to twenty four months in length. *Somatic Explorations Inc* will submit and file necessary legal documents in accordance with local regulations and provide the next of kin three copies of the death certificate when it becomes available. Additional copies will be the responsibility of the next of kin.

I understand that this is a legal document being signed by me (or at my direction by another) in accordance with local, provincial, and federal laws. I understand that this gift may be revoked or amended by : (1) a signed statement; (2) an oral statement made by me in the presence of two witnesses; (3) any form of communication during a terminal illness or injury that is addressed to a physician; or (4) delivery of a signed statement to *Somatic Explorations Inc*. I understand that this gift is irrevocable upon my death and that no other consent or concurrence by anyone else is required.

X _____ . _____ _____

Donor's Signature | Donor's Printed Name | Date Signed

Donor's Mailing Address: _____

_____

Donor's Telephone Number: _____

Witness Certification – Two Required

The undersigned acknowledges that the donor either: (1) signed this document; or (2) requested another to sign for him/her since he/she was unable to do so. If signed by another person, we certify that we signed it at the donor's request and in his/her presence and the presence of each other. The donor's acts in signing this document or directing another to sign for him/her appeared to us to be his/her free and voluntary act.

X _____ . _____ _____

Witness Signature | Witness Printed Name | Date Signed

X _____ . _____ _____

Witness Signature | Witness Printed Name | Date Signed

Document Disposition: Your gift is important to those who study or practice medical care or research. To help make this gift effective it is recommended that this document be filed with other important papers or given to a family member, legal guardian, or close friend. Please return one copy to *Somatic Explorations Inc*. Keep one copy for your records or for distribution to persons likely to be involved in completing your final arrangement.