

INSTRUCTION FOR COMPLETING FORM 800

It is important that you read and understand all elements of the donation process prior to completing this form. This form does not need to be notarized. Consenter and witnesses must be at least 18 years old. Two witnesses are required to make this a valid consent. The witnesses must be disinterested parties. Instruction for areas designated by numbers is as follows:

- (1). Print your full legal name.***
- (2). Print the address of where you currently reside. Please note that your residing address may be different from your mailing address. Please include your ZIP Code.***
- (3). Consenter must initial that they have read all of the elements of the consent, which includes “I understand that,” “I state and affirm,” and “I consent to.” (If you did not download this consent from our website, the “I understand that” section is printed on the back of the canary-colored copy).***
- (4). This is the signature line requiring your signature.***
- (5). Date your signature. The date must include day, month and year.***
- (6). Print your complete mailing address including ZIP Code. This may be different than your residing address.***
- (7). Telephone number. This allows us to quickly communicate with you if something is missing from your consent.***
- (8). Witness #1 must sign and print their name. Witness #1 must be present when consenter signs.***
- (9). Witness #1 must date their signature. The date must include the day, month and year.***
- (10). Witness #2 must sign and print their name. Witness #2 must be present when consenter signs.***
- (11). Witness #2 must date their signature. The date must include the day, month and year.***

The signature page must be returned to BioGift Anatomical. This document may be delivered and returned by way of facsimile, and the signatures shall be considered original and binding on the party signing as conclusive evidence of his or her signature, as if such signatures were original signatures. The canary colored copy (if you did not download this consent from our website) is yours to keep. If this consent was downloaded from our website, please make a copy of the completed form. It is recommended that the copy be kept with your important papers or given to the individual(s) who will oversee your estate.

I understand that:

- 1. In order for BioGift Anatomical to maximize the use of my body, extensive surgical dissections and disarticulations must occur. Cells, fluids, specimens, organs, tissues, and connected tissues both large and small, will be obtained from my body from these surgical procedures. The nature of these procedures will reduce my body from its original size and/or shape.**
- 2. There is no guarantee that my body will be acceptable for BioGift Anatomical's service as certain diseases, risk of diseases, or circumstances may occur to make my body unsuitable for this purpose.**
- 3. Both not-for-profit and for-profit medical research and education entities compensate BioGift Anatomical for recovery, preparation, testing, storage, distribution and recordkeeping services using my body, cells, fluids, specimens, organs, tissues, connected tissues to facilitate the process.**
- 4. In order for BioGift Anatomical to maximize the use of my body, it may be necessary to make available cells, fluids, specimens, organs, and tissues to researchers and educators in other countries if they cannot be placed in the United States.**
- 5. In strictest confidence, BioGift Anatomical will obtain and review copies of my medical record. Someone from BioGift Anatomical will talk to my family or decision maker about my medical history.**
- 6. There will be no cost to my estate for any necessary actions or procedures involved to implement this consent for the use of my body.**
- 7. BioGift Anatomical will not be obligated to pay or compensate myself or any member of my family for the use of my body.**
- 8. To help BioGift Anatomical better serve the family and seamlessly coordinate the arrangements upon my death, BioGift Anatomical must be called immediately. We are available 24 hours a day, 7 days a week, 365 days a year and respond within minutes of being contacted.**
- 9. Financial charges unrelated to facilitating the use of my body will be the responsibility of my estate.**
- 10. I have the right to rescind my consent to BioGift Anatomical at any time and for any reason.**

BioGift Anatomical Inc., 17819 NE Riverside Parkway – Suite C, PO Box 30086, Portland, Oregon 97294
Tel. 503-670-1799 Fax 503-670-1834

Printed Name and Signature of Witness 2

Date