

INTERNATIONAL INSTITUTE FOR THE ADVANCEMENT OF MEDICINE
TITLE: IIAM Consent/Authorization for Non-Transplant Anatomic Donation

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Date _____ Donor Name _____ Donor # _____

Authorizing Party _____ Relationship _____

YES | NO I grant consent for donation and authorize IIAM to perform the needed recovery of tissues/specimens to facilitate this donation as specified below. The procedures have been explained to me and I understand the nature and purpose of this donation. Specifically, I hereby donate: (initial below)

_____ Entire body for use in research, education and/or therapeutic development.

Restrictions to donation of entire body: _____

YES | NO I authorize IIAM or its designee to cremate any or all used or unused tissues/specimens.

Disposition of Cremated Remains (approx 4 weeks): return do not return If returned, specify recipient: _____

YES | NO I authorize the distribution of these tissues/specimens for biomedical research, education and therapeutic development and understand donated tissues/specimens may be used by more than one organization, which may include not for profit and for-profit entities or studies. Donated specimens may be used for genetic research (such as examination of genes, DNA, RNA or proteins) and may be made available to researchers within the U.S. and in other countries. Priority will be given to U.S. researchers.

Restrictions: _____

YES | NO I authorize the use of this donation for cosmetic purposes (research/ training for plastic surgery related to improving an individual's appearance, the development of skin care products , etc.)

YES | NO I authorize the use of this donation for educational display (e.g., public health education or science displays,)

YES | NO I authorize the use of this donation for Non-medical special projects (see below)

IIAM works with non-medical researchers. Each non-medical research project has been rigorously screened to insure that the research has the intention of furthering knowledge and benefiting mankind. These projects may include crime scene investigation, search, rescue and recovery, forensic pathology, weapons testing and personal protective gear (military), automobile safety (restraining devices). In some cases, such research may involve destruction of the body, or body part or tissue.

I authorize the release of medical records, autopsy reports or other information pertinent to the evaluation of the donated tissues/specimens. I understand that laboratory and diagnostic tests will be performed using blood, lymph nodes or other tissues. These tests include but are not limited to HIV (AIDS) and Hepatitis. I understand that based on test results or information obtained from the Medical/Social questionnaire any or all of these tissues/specimens may be deemed unsuitable for research use and may be disposed of in accordance with local regulations governing the handling of biomedical materials. Information relevant to the research being conducted may be released to organizations conducting the research. Auditing of the complete donor record may be performed (insures adherence to policies and regulations).

I understand that IIAM will assume all costs related to this donation including; transport of the donor to IIAM recovery facilities, donor suitability testing, cremation and return of remains(if requested). IIAM (or designated agent) 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, (approx. 4 weeks). Additional copies will be the responsibility of the next of kin. IIAM will return cremated remains to the next of kin in a standard urn (approx. 4 weeks). Private funeral/memorial services are the responsibility of the next of kin. IIAM does not compensate the next of kin for recovered tissues.

I understand that these gifts are made to IIAM and that the recovery, distribution and determination of the use of these tissues will be coordinated by IIAM in accordance with accepted medical and ethical standards and all applicable laws. I also understand the nature and purpose of this donation and that by consenting to gift of body donation I consent to the extensive surgical dissection of the body including but not limited to the surgical removal of extremities and head. I also acknowledge that no guarantee or assurance has been made as to the results that may be obtained from the research or study of these donated tissues. I authorize this donation without obligation of any kind on the part of the recipient or any individual or organization authorized by law to receive this donation. This gift is motivated exclusively by humanitarian instincts.

Authorizing Party _____ Witness _____

Signature _____ Date _____ Signature _____ Date _____

Address _____ IIAM Representative _____

_____ Signature _____

Phone # _____
 Recorded Telephonic Consent yes no Date _____ Time _____ Initials _____

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