

INSTRUCTIONS ARE ON THE BACK OF THIS FORM
CONSENT FOR USE OF MY WHOLE BODY UPON DEATH

I, _____ (1) residing at _____ (2), upon my death, authorize LifeQuest Anatomical, LLC to freely direct or perform all of the necessary steps, procedures and preparatory requirements to enable my body to be used for supporting medical education/research and/or medical scientific purposes.

I state and affirm:

1. I am at least 18 years old.
2. I am of sound mind.
3. I want my body to be used for medical education/research and/or medical scientific purposes to benefit humanity.
4. My initial signifies that I have read the previous "I understand that" section [_____] ←Initial (3).
5. I agree that the part of my body not procured or used for medical education/research and/or medical scientific purposes to be deemed my body and cremated as its final disposition by any state-licensed or authorized crematory.
6. I agree that all procured cells, bodily fluids, specimens, organs, tissues, and connected tissues both large and small be deemed as such and to be medically cremated in any authorized facility after their medical use as required/authorized by applicable state or federal law, and returned to no one.

I consent to:

1. LifeQuest Anatomical, LLC directing the preparation and transfer of my body upon my death to LifeQuest Anatomical, LLC or any designated facility/location and by any means necessary in their sole discretion within the confines of applicable state and federal law.
2. The release of my vital statistics information which is necessary to have a death certificate and transit permit filed with the county or state where my death occurs as required by law.
3. A blood draw from my body so that infectious communicable disease testing may take place to include HIV and Hepatitis B/C, or the release of serological test results for infectious communicable disease testing from a third party to LifeQuest Anatomical, LLC.
4. The release of any/all of my medical information and my medical record including autopsy results (if performed) to LifeQuest Anatomical, LLC to be held in strictest confidence.
5. The surgical dissection and disarticulation of my whole body as LifeQuest Anatomical, LLC sees fit in their sole discretion, to maximize and facilitate the use of my body for medical education and/or medical scientific purposes.
6. The distribution of cells, fluids, specimens, organs, tissues, and connected tissues large and small originating from my body for medical research/education and/or medical scientific purposes as accepted by LifeQuest Anatomical, LLC for such medical purposes (Both domestically and internationally) at LifeQuest Anatomical, LLC's sole discretion.
7. LifeQuest Anatomical, LLC managing both the authorized cremation, and the return of my cremated remains to the executor of my estate using the services of any state-licensed or legally authorized crematory.
8. The medical cremation of cells, fluids, specimens, organs, tissues and connected tissues large and small originating from my body after its intended medical research/educational use, following all state and/or federal applicable regulations/laws established for medical cremation, and returned to no one.

_____/_____/_____ (4) _____ (5)
Signature of Consenting Individual Date

_____/_____/_____ (6) (_____) _____ (7)
Complete Mailing Address of Consenter Daytime Phone Number

_____/_____/_____ (8) _____ (9)
Printed Name and Signature of Witness 1 Date

_____/_____/_____ (10) _____ (11)
Printed Name and Signature of Witness 2 Date

INSTRUCTIONS FOR COMPLETING FORM 900

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 LifeQuest Anatomical, LLC. This document may be delivered and returned by way of facsimile or e-mail 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. It is recommended that you make a copy and keep it with your important papers or given to the individual(s) who will oversee your estate.

I understand that:

- 1. In order for LifeQuest Anatomical, LLC 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 LifeQuest Anatomical, LLC's program 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 LifeQuest Anatomical, LLC for recovery, preparation, testing, storage, distribution and recordkeeping services using my body, cells, fluids, specimens, organs, tissues, and connected tissues to facilitate the process.**
- 4. In order for LifeQuest Anatomical, LLC 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, LifeQuest Anatomical, LLC will obtain and review copies of my medical record. Someone from LifeQuest Anatomical, LLC 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. LifeQuest Anatomical, LLC will not be obligated to pay or compensate myself or any member of my family for the use of my body.**
- 8. To help LifeQuest Anatomical, LLC better serve the family and seamlessly coordinate the arrangements upon my death, LifeQuest Anatomical, LLC must be called immediately. We are available 24 hours a day, 7 days a week, 365 days a year.**
- 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 LifeQuest Anatomical, LLC at any time and for any reason.**