



INSTRUCTIONS ARE ON THE BACK OF THIS FORM

NEXT-OF-KIN AUTHORIZATION FOR USE OF DECEASED'S WHOLE BODY

I, _____ 1) am the legal next-of-kin of:
_____ 2), the deceased whose date of birth is
_____ 3). I hereby authorize LifeQuest Anatomical, LLC to freely direct or perform all of the
necessary steps, procedures and preparatory requirements to enable the body of the deceased 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 and of sound mind to give this consent.
2. I am the legal next-of-kin of the deceased and am authorized by law to give authorization for the use of the deceased's
body for medical education/research and/or medical scientific purposes.
3. My initial signifies that I have read the previous "I understand that" section [_____] (Initial) (4).
4. I agree that the part of the body not procured or used for medical education/research and/or medical scientific
purposes to be deemed the body, and cremated as its final disposition by any state licensed or authorized crematory.
5. 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 not returned to anyone.

I authorize:

- 1. LifeQuest Anatomical, LLC directing the preparation and transfer of the deceased's body to any facility/location and by
any means necessary in their sole discretion within the confines of applicable state and federal law.
2. A blood draw from the deceased's body so that infectious communicable disease testing may take place, including
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.
3. The release of any/all medical information and medical record including autopsy results of the deceased (if performed)
to LifeQuest Anatomical, LLC, to be held in strictest confidence.
4. The surgical dissection and disarticulation of the whole body as LifeQuest Anatomical, LLC sees fit in their sole
discretion, to maximize and facilitate the use of the deceased's body for medical education and/or medical scientific
purposes.
5. The distribution of cells, fluids, specimens, organs, tissues, and connected tissues large and small originating from the
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.
6. LifeQuest Anatomical, LLC managing both the authorized cremation, and the return of cremated remains to the
executor of the deceased's estate using the services of any state licensed or legally authorized crematory.
7. The medical cremation of cells, fluids, specimens, organs, tissues or connected tissues large and small originating
from the 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.
8. Indemnify and hold harmless LifeQuest Anatomical, LLC, employees, any funeral director or their agents, LifeQuest
Anatomical, LLC's tissue users or sources from any loss or damage, including incidental and consequential damage,
that it incurs which results from the undersigned not having the proper authority to make this authorization.

_____ (5) _____ (6)
Signature of Authorizing Individual Date

_____ (7) (_____) _____ (8)
Complete Mailing Address of Authorizing Individual Daytime Phone Number

_____/_____ (9) _____ (10)
Printed Name and Signature of Witness Date

THIS FORM MUST BE SIGNED IN FRONT OF A WITNESS, AND
BOTH SIGNATURES MUST HAVE THE SAME DATE TO BE VALID

INSTRUCTIONS FOR COMPLETING FORM 910

Anyone eighteen years of age or older may authorize use of his or her deceased body. Additionally, certain relatives and guardians may authorize donation on behalf of a deceased individual. The following individuals, listed in order of priority, may authorize donation if the individuals in the previous class are not available: (1) the spouse, (2) an adult son or daughter, (3) either parent, (4) an adult brother or sister, (5) a guardian of the decedent at the time of death, and (6) any other person authorized under obligation to dispose of the body.

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. The witness must be at least 18 years old and a disinterested party. Instruction for areas designated by numbers is as follows:

- (1). Print your full legal name.***
- (2). Print decedent's legal name.***
- (3). Print the birth date of the decedent.***
- (4). Authorizing individual must initial that they have read all of the elements of the form which includes "I understand that," "I state and affirm," and "I authorize".***
- (5). This is the signature line requiring your signature as the authorizing individual.***
- (6). Date your signature. The date must include day, month and year.***
- (7). Print your complete mailing address including ZIP Code.***
- (8). Telephone number. This allows us to quickly communicate with you if something is missing from your authorization.***
- (9). Witness must sign and print their name. Witness must be present when authorizing individual signs and must be a disinterested party.***
- (10). Witness 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 email 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 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 the 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 the body from its original size and/or shape.**
- 1. There is no guarantee that the 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.**
- 2. 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 the body, cells, fluids, specimens, organs, tissues, and connected tissues to facilitate the process.**
- 3. In order for LifeQuest Anatomical, LLC to maximize the use of the 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.**
- 4. In strictest confidence, LifeQuest Anatomical, LLC will obtain and review copies of the medical record. Someone from LifeQuest Anatomical, LLC will talk to my family or decision maker about my medical history.**
- 5. All expenses related to the donation process will be covered by LifeQuest Anatomical, LLC.**
- 6. LifeQuest Anatomical, LLC will not be obligated to pay or compensate myself or any member of my family for the use of the body.**
- 7. To help LifeQuest Anatomical, LLC better serve the family and seamlessly coordinate the arrangements upon death, LifeQuest Anatomical, LLC must be called immediately. We are available by phone 24 hours a day.**
- 8. Financial charges unrelated to donation (for example, a memorial service, viewing, obituary, etc.) will be the responsibility of the estate.**