



Informed Consent for Body Donation to Oregon Body Gift

Donor's Full Legal Name*: _____

Donor's Date of Birth*: Day: _____ Month: _____ Year: _____

Has death occurred*? Yes No Date/time of death if known: _____

Please note: This form can be completed by the individual wishing to donate their body or, in cases where the individual is unable to provide their own consent, by the next of kin or designated authorizing agent, as per the hierarchy explained below. 'Authorizing agent' in this document refers to the person giving consent for the body donation.

By signing this form, I provide consent for body donation after the death of the donor to Oregon Body Gift. This donation will be used for research and education purposes. I understand that body donation is an altruistic act, and neither the donor nor their estate will receive any form of compensation.

Oregon Body Gift, as a non-profit organization, partners with research institutions to advance medical knowledge. Primarily, the use of the body will be in neuroscience medical research. The donor's body may undergo embalming, dissection, preservation, and other procedures. Images and videos may be recorded solely for the purposes of research and education, while protecting privacy and dignity.

The donor's data or tissue may be shared with partner institutions. Unless consent is given for additional data sharing, we will remove any uniquely identifying data first. Tissue may be preserved indefinitely to enable future research. To assist the donation process, I authorize access to the donor's medical records and information, which will be accessed and stored securely.

Oregon Body Gift will make every effort to accept the donation and does not have any pre-specified exclusion criteria, other than certain extremely rare infectious conditions, such as Creutzfeldt-Jakob Disease. However, I understand that in emergency situations or due to unforeseen circumstances at the time of death, Oregon Body Gift may not be able to accept the body for donation.

Should the donor's death occur within 200 miles of Salem, then all associated costs, such as transportation, cremation of unutilized tissues, and return of cremated remains if requested, will be covered by Oregon Body Gift. The donor's estate will incur no costs. If the death occurs beyond this range, Oregon Body Gift may be unable to accept the donation, or a fee may apply solely to cover the costs of transport.



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If the offer of body donation is rescinded in writing by the authorizing agent prior to the donor's death, or if Oregon Body Gift is unable to accept the donation for any reason, then the authorizing agent will be solely responsible for making alternate arrangements for the disposition of the donor's remains, including any associated costs.

I authorize the cremation of any remains not used for research by a licensed crematorium. Unless I have requested otherwise, the cremated remains will be scattered respectfully following cremation by the licensed crematorium. However, the cremated remains can and mailed to a designated recipient if requested. If this is your request, please complete the Return of Cremated Remains document as well.

By signing, I confirm that to the best of my knowledge, I am the authorizing agent with the authority to consent for body donation and cremation. If I have questions about this consent, I can contact Oregon Body Gift by phone or email. This consent is revocable at any time prior to the donation by notifying Oregon Body Gift in writing. I confirm that I have read and understood this consent information and that I am an adult able to make this decision. A copy of this will be made available to you or the next of kin at any time.

Name*: _____

Signature*: _____ Date*: _____

Mailing Address*: _____

Phone*: _____ Email*: _____

For Next of Kin Donation Cases Only

My Relationship to the Donor*: _____

As specified in ORS 97.965 and ORS 97.130, the authorizing agent has the authority to provide consent for the body donation and cremation of the donor. The order of priority starts with the living person themselves, followed by a healthcare power of attorney, a spouse, an adult child, a parent, and continues on. If there are multiple individuals at the same level of priority, and there is a known objection from one of those individuals, please fill out the Contact Information for Additional Next of Kin Document. In this case, a majority of the reasonably available individuals at that level must consent. A person at a lower level of priority cannot consent if someone higher in priority is reasonably available to consent or object. When any wishes of the donor are known, the consent must also align with those. If you have any questions, please contact us. Oregon Body Gift will make the determination of which individual has priority as the authorizing agent based on the available information.



Additional Documents

In some situations, additional documents may be required along with the main Document of Gift and Informed Consent:

- **Vital Statistics, Donor History, and Donation Process Questions** - Only required if the donor is deceased. For living donors, this is optional and can also be partial if you prefer. When the donation occurs, a next of kin or authorizing agent will assist with filling these out.

- **Return of Cremated Remains Document** - If there is a request for cremated remains to be returned to a relative after donation, please fill out this document.

- **Witnesses for Donor or Authorized Person Unable to Sign Document** - If the donor or authorized person cannot physically sign the main document, this documents witnesses signing on their behalf. Only required in this specific circumstance.

- **Contact Information for Additional Next of Kin Document** - If there are multiple individuals at the same level of priority, and there is a known objection from one of those individuals, this form provides contact information for the other decision makers.

You only need to submit these extra documents if the situation applies to you. The main Informed Consent form above contains all the core information required to proceed with the donation process in most cases.

Submitting Downloaded Forms

Once completed, you can submit the downloaded forms by email or regular mail:

Email

- Save the completed forms with an electronic signature.
- Or print, fill out, and scan or take photos of the forms.
- Then, attach the forms to an email.
- Send to: donation@oregonbodygift.org
- Subject: Donation Forms

Mail: Print the forms and mail the completed pages to:

Oregon Body Gift
3265 Marietta St SE
Salem, OR 97317

Please keep a copy of the submitted forms for your records. We will confirm receipt. If you have any questions, please contact us via email at donation@oregonbodygift.org.



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Vital Statistics Information for the Death Certificate

Please note: Please use legible writing. Write "Unknown" if unsure. Write "N/A" if not applicable. Please ensure all details are accurate and align with legal records, as any inaccuracies might require an amendment that Oregon Body Gift generally cannot assist with. If you're more comfortable, please feel free to leave any sensitive details blank here and relay them over the phone. For donors signing in advance: Pre-filling the entire form not required. Please fill as much as possible.

Donor's Legal Name: First: _____ Middle: _____ Last: _____ AKA: _____ (only needed if much different). Height: _____ Weight: _____ Sex: _____ Date of Death: _____ Time of Death: _____ (approximate, if known) County of Death: _____ Social Security Number: _____ Date of Birth: _____ Birth City: _____ Birth Country: _____ Education: 8th gr. or less 9th-12th gr., no diploma High School Grad/GED Some college/no degree Assc Degree Bach degree Masters Doctorate Race (Self-Identified): _____ Hispanic Origin: Yes No U.S. Armed Forces Service: Yes No Unknown Combat Zone: Yes No Unknown Location: _____ Decedent's street address: _____ County: _____ State or Country: _____ Inside city limits? Yes No Unk Marital Status: Never Married Married Domestic Partner Legally Separated Widowed Divorced Unknown Spouse's Full Name Before Marriage: _____ Usual Occupation (Most of Working Life): _____ Industry: _____ Parent #1: Full Legal Name: _____ Parent #2: Full Legal Name (Maiden): _____ Place of Death: Hospital inpatient Hospital ER/Outpatient Decedent's Home Licensed Nursing Facility Licensed Asst. Living Facility Licensed Res. Care Facility Licensed Adult Foster Home Hospice Facility Facility Name: _____ Location of Death: _____ Medical professional signing death certificate, if known (such as primary care provider): _____ Phone and/or email: _____

Informant Information (if not completed by the donor) OR Emergency Contact (if by donor)



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Name: _____ Relationship to Donor: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Donor History Questions

Please note: We kindly request some additional information about you or your loved one. This information will be kept confidential. This will allow us to maximize the benefits of the donation, while treating the information with the utmost respect and discretion. If you're more comfortable, please feel free to leave any sensitive details blank here and relay them over the phone.

For Living Donors: Pre-filling this form can be partial. Please fill as much as possible and update Oregon Body Gift with any changes.

Any known pacemaker? Yes No Unknown . Details: _____

Any other known implanted devices? Yes No Unknown . Details: _____

Any known history of radiation (IV or implanted)? Yes No Unknown . Details: _____

Any known positive tests for transmissible, long-term diseases like HIV, hepatitis, TB, or Creutzfeldt-Jakob Disease? Yes No Unknown . Details: _____

Any severe decline in memory that began rapidly, within just a few months prior to death:
Yes No Unknown . Details: _____

Any tremors or jerking movements that began rapidly, within just a few months prior to death:
Yes No Unknown . Details: _____

Any difficulty with walking or balance (gait) that began rapidly, within just a few months prior to death?
Yes No Unknown . Details: _____

Any known long-term neurologic or psychiatric diagnoses, which may be valuable for associating the brain tissue with specific conditions for research purposes? Yes No Unknown
Details: _____

Donation Process Questions

Is there anything else you would like us to know? _____

Do you have any suggestions for the website, these forms, or other recommendations for our organization? _____



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Return of Partial Cremated Remains Document

Please note: This document needs to be filled only if the authorizing agent requests for the cremated remains not used for research to be sent to a relative or personal representative of the donor. If this request is made, only partial cremated remains, meaning the parts of the body not used for research or education, will be returned as cremated remains. Please provide the name and address of the person to whom the partial cremated remains should be mailed, within the United States:

Name of Person to Receive Cremated Remains: _____

Phone Number of Person to Receive Cremated Remains: _____

Alternative Phone Number (if available): _____

Relationship to Donor: _____

Address to Mail Cremated Remains:

If you complete this form, once the body donation process concludes, we will arrange to return the partial cremated remains to the address provided. Before dispatching the remains, we will try to reach out to the designated individual via the provided phone number(s) for notification. Regardless of whether contact is made, the cremated remains will be mailed to the specified address, typically within 4-6 weeks from the date of donation. If the designated recipient cannot be reached or if the remains are returned undeliverable, they will be held safely at our facility for up to 1 year. After 1 year, if no alternative arrangements are made, the remains will be respectfully scattered by our staff.

Please note that if you prefer for the cremated remains to be respectfully scattered instead of being returned, then there is no need to fill out this document.



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Witnesses for Donor or Authorized Person Unable to Sign

Per ORS 97.957, if the donor or other person authorized to make an anatomical gift is physically unable to sign this consent form, but is mentally competent, it may be signed at their direction by another individual and witnessed as follow.

This consent form has been signed at the direction of the donor/authorized person because they are physically unable to sign:

Donor/Authorized Person's Name: _____

We hereby witness this consent at their request:

Witness 1 Name: _____

Witness 1 Signature: _____ Date: _____

Witness 2 Name: _____

Witness 2 Signature: _____ Date: _____

By signing, we verify:

- This consent form was signed at the direction and request of the donor or authorized person, who is mentally competent.
- The donor/authorized person is physically unable to sign this consent form themselves.
- We are both adults and at least one of us is a "disinterested witness."

Note that as per ORS 97.953:

- (a) "Disinterested witness" means a witness other than:
 - o (A) A spouse, child, parent, sibling, grandchild, grandparent or guardian of the individual who makes, amends, revokes or refuses to make an anatomical gift; or
 - o (B) An adult who exhibited special care and concern for the individual.
- (b) "Disinterested witness" does not include a person to whom an anatomical gift could pass under ORS 97.969.



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If Needed – Contact Information for Additional Next of Kin

Per ORS 97.965, if there are multiple members in the same priority class for authorizing donation who are reasonably available, please provide any contact information. This is only required if there is a known objection by one member of the class to make an anatomical gift. If an aspect of the information is not available, please write “Unknown.” If you have any questions about this document, please contact us.

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship to Donor: _____

Address: _____

Phone: _____

Email: _____



Frequently Asked Questions

What is body donation?

Body donation is when a person consents to donate their body after death for medical research and education. It is a selfless act that helps advance science and medicine.

Who can choose to donate their body?

Any adult can choose to donate their body. The consent needs to be given by the person themselves or their next of kin who is authorized to provide consent according to state law. In Oregon, the relevant statute for determining next of kin authorization is ORS 97.965.

If I donate my body to Oregon Body Gift, will there any cost to me or my family?

No. If a body is donated to Oregon Body Gift, then the entire process, including transport, cremation, and return of partial cremated remains if requested, is entirely free of charge.

Are there any pre-specified exclusion criteria for body donation to Oregon Body Gift?

Oregon Body Gift will make every effort to accept the donation and does not have any pre-specified exclusion criteria. However, in emergency situations or due to unforeseen circumstances at the time of death, Oregon Body Gift may not be able to accept the body for donation.

Can I change my mind after I have consented to body donation?

Yes, you maintain the right to rescind this consent at any time by notifying Oregon Body Gift in writing.

How does Oregon Body Gift maintain confidentiality?

We strictly adhere to confidentiality guidelines for all protected health information. We remove any individually identifying data before sharing any biomedical data or tissue with research institutions, unless specific consent is given in a separate document.

What is the role of Oregon Body Gift in determining the cause of death?

Oregon Body Gift does not perform any clinical examinations with the goal of determining the cause of death. We recommend for families to consult with medical professionals to ascertain this information.

How does the body donation process contribute to scientific research?

Your generous gift supports scientific studies that can lead to medical advancements. Primarily, the tissue will be used in neuroscience medical research, to help develop better methods for studying the brain and identifying the causes of neurobiological disorders. The ultimate goal of this research is to develop better medical treatments and aid future generations.

Will my body be treated with respect?

Yes, all donors receive the utmost respect, in strict adherence to the highest ethical principles.

Who can I contact with questions?

Please email donation@oregonbodygift.org or call 503-581-1942 with any questions about the donation process. We are happy to explain further.



Letter of Appreciation

Dear Anatomical Donation Program Participant,

On behalf of the entire team at Oregon Body Gift, we extend our heartfelt thanks for your consideration in joining our anatomical donation program. Your choice represents a deeply valued act of kindness that we believe will greatly aid in the advancement of medical research.

This act of generosity will enable research that aims to enhance understanding, help develop better treatments, and improve our ability to address to medical challenges, especially in the study of the brain. Your altruism embodies the highest form of giving, with enduring benefits to medical research and the betterment of human health. You have our utmost respect and gratitude.

Sincerely,

A handwritten signature in black ink that reads "Andrew McKenzie". The signature is written in a cursive style and is enclosed within a large, horizontal oval shape.

Andrew McKenzie, MD, PhD
Research Scientist, Oregon Body Gift