



## Oregon Body Gift Donation Registration Form

Dear Donor or Authorized Agent,

Thank you so much for your interest in whole body donation. Below are the components of the registration form. Please complete the sections relevant to your situation. Once we receive this form, we may contact you with additional follow-up questions. We will let you know if we are able to accept the donation.

- **Informed Consent for Whole Body Donation to Oregon Body Gift** - This document must be reviewed and signed in all circumstances.
- **Vital Statistics, Donor History, and Donation Process Questions** - Must be completed in full if the donor is deceased. For living donors, completion is greatly appreciated, especially if death is expected soon, though some information may be unavailable. If you prefer, these questions can be answered over the phone.
- **Return of Partial Cremated Remains Document** - Required only if you would like the partial cremated remains returned to a designated recipient after donation.
- **Contact Information for Additional Next of Kin Document** - Required only if multiple agents have equal priority and there is a known objection from one individual. In that case, this provides contact information for the other decision makers.
- **Witnesses for Donor or Authorized Person Unable to Sign Document** - Required only if the donor or authorized person cannot physically sign the main informed consent document. In that case, this section documents witnesses signing on their behalf. Only required in this specific circumstance.

**Submitting Your Form:** For convenience, you may want to use our web form, which requires email confirmation to complete the submission. If you prefer to download and complete the documents, please follow the instructions below to submit your documents by email or regular mail:

### Email

- Save the completed documents with an electronic signature.
- Or print, fill out, and scan or take photos of the documents.
- Attach the documents to an email.
- Send to: [donation@oregonbodygift.org](mailto:donation@oregonbodygift.org)
- Subject: Donation Form

**Mail:** Print the form and mail the completed pages to:

Oregon Body Gift  
3265 Marietta St SE  
Salem, OR 97317

Please keep a copy of the submitted documents for your records. We will confirm receipt. If you have any questions, please contact us via email at [donation@oregonbodygift.org](mailto:donation@oregonbodygift.org).



## Informed Consent for Whole 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. I also authorize access to the donor's medical records, which will be accessed and stored securely.

Oregon Body Gift will make every effort to accept the donation. Our current exclusion criteria are to protect the safety of our staff. We are unable to accept donations from individuals with certain active infectious diseases, such as hepatitis, tuberculosis (TB), and HIV, or prion diseases like Creutzfeldt-Jakob Disease. Due to equipment limitations, we are currently unable to accept whole body donations from individuals weighing over 300 pounds. In emergency situations or due to other unforeseen circumstances at the time of death, we may not be able to accept the donation.

Should the donor's death occur within 200 miles of Salem, then all associated costs, such as transportation, cremation of unutilized tissues, and filing of the death certificate, 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. Unless I request otherwise, these partial cremated remains will be scattered respectfully. However, the partial cremated remains can also be picked up from our facility or mailed to a designated recipient, which can be requested by completing the necessary document.

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\*: \_\_\_\_\_

Relationship to the Donor (or "Self" if completing for yourself)\*: \_\_\_\_\_

### **For Next of Kin Donation Cases Only**

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.



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## Vital Statistics Information for the Death Certificate

*Please note:* Write "Unknown" if unsure. Write "N/A" if not applicable. Please use legible writing. 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:* Please fill as much as possible, but complete filling is not required.

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 State: \_\_\_\_\_ Country: \_\_\_\_\_  
Education: 8<sup>th</sup> gr. or less      9<sup>th</sup>-12<sup>th</sup> 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      Branch: \_\_\_\_\_  
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)

Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_  
Mailing Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



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### 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 entire document will not be possible. Please fill as much as possible and update Oregon Body Gift with any significant 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 history of 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: \_\_\_\_\_

Most likely cause of death if known (for example, if suspected or told by a healthcare professional):  
\_\_\_\_\_

Was the donor on life support using a ventilator/breathing machine for more than 1 hour before passing away? (This can affect brain tissue for research purposes) Yes    No    Unknown

### Donation Process Questions

Is there anything else you would like us to know? \_\_\_\_\_

Do you have any suggestions for the website, these documents, or other recommendations for our organization? \_\_\_\_\_



## Disposition of Partial Cremated Remains Document

Thank you for considering whole body donation. This document allows you to specify your wishes regarding the disposition of partial cremated remains (i.e. remains of cremated tissue not used for research or education). If you prefer, we can guide you through this document in person or over the phone. For any questions, please contact us using the information above.

### Disposition Options

Please select one of the following:

**1. Respectful Scattering (Default Option)**

If this option is selected or if no option is chosen, the partial cremated remains will be scattered respectfully.

**2. Pickup of Partial Cremated Remains**

A designated recipient can collect the remains from our Salem facility. We prefer this option as it allows us to express our gratitude in person.

**3. Mailing of Partial Cremated Remains**

We recognize that personal circumstances may prevent pickup. In this case, we offer to mail the partial cremated remains to a designated recipient in the United States. However, please be aware that this option carries potential risks, including, including but not limited to:

- Misdelivery due to a clerical error by an Oregon Body Gift staff member, postal staff, or someone else
- Loss or damage during transit
- Delays in delivery
- Tampering or theft

By choosing the mailing option, I waive all claims against Oregon Body Gift for any issues arising from mailing of partial cremated remains. I agree to indemnify and hold Oregon Body Gift harmless from any claims, damages, or expenses related to this choice. I acknowledge that I have been offered alternatives and voluntarily choose mailing.

### Recipient Information

If you selected either Pickup or Mailing, please provide the following information:

Recipient's Name: \_\_\_\_\_

Recipient's Phone: \_\_\_\_\_

Recipient's Email: \_\_\_\_\_

Recipient's Mailing Address (only necessary if choosing mailing):



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Relationship to Donor: \_\_\_\_\_

### **Additional Information**

If pickup or mailing is chosen, we will attempt to arrange this once the donation process concludes. If the recipient cannot be reached, we will hold the remains safely for up to one year. After one year, if no alternative arrangements are made, the remains will be respectfully scattered.

### **Acknowledgment**

I acknowledge that I have had the opportunity to review and ask questions about the options presented in the Disposition of Partial Cremated Remains Document. My signature indicates my informed decision regarding the disposition of partial cremated remains.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Donor (if not "Self"): \_\_\_\_\_



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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 the informed consent document, but is mentally competent, it may be signed at their direction by another individual and witnessed as followed.

This consent document 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 document 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 document 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 enroll with Oregon Body Gift prior to death, are there any steps I should take?**

Please let your loved ones know about your desire to donate your body to science, so that they can contact our organization immediately after death occurs to start the donation process.

### **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 required process, including transport, cremation, and filing of the death certificate, is entirely free of charge.

### **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](mailto:donation@oregonbodygift.org) or call 503-581-1942 with any questions about the donation process. We are happy to explain further.



## Oregon Body Gift Donation Program

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### 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 fluid and cursive, with a long horizontal flourish extending to the right.

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