



# Whole Body Donation Self-Consent Form

3620 E. Wier Avenue, Phoenix, Arizona 85040 | T (877) 738-6111 | F (877) 738-5222 | www.GenLifeInstitute.com

I, \_\_\_\_\_ hereby authorize the donation of my whole body to GenLife Institute as indicated by the disclosures described in this document.

I am making this gift free and voluntarily without any obligation of any kind on the part of GenLife Institute and understand there will be no reward or compensation to me or to any family member. I understand that my next-of-kin will not be fiscally responsible for costs directly related to this donation.

I understand that after death my body will be transported to a GenLife Institute facility and that a viewing will not be possible during a funeral or remembrance ceremony. I authorize GenLife Institute to obtain any and all medical records including but not limited to a complete medical history, physician records and autopsy findings. I understand that blood samples will be taken at the time of death and tested for conditions including, but not limited to, HIV/AIDS, hepatitis B and C. I understand that GenLife Institute is required by state law to report communicable diseases.

I understand that my body will be used for educational, training, scientific and/or research purposes both domestically and internationally with both non-profit and for-profit organizations. I understand that this gift may be used in multiple research programs and in multiple venues that GenLife Institute, in their sole discretion, deems necessary to facilitate the gift. I understand that the donation of this gift may require embalming, segmentation and disarticulation including the surgical procurement of the arms, legs, head, spine and other tissues from my body.

I confirm that no guarantee or assurance has been made as to the results that may be obtained from the educational or medical uses or research performed with this gift. I may request that this gift be used for a specific research or educational purpose and the GenLife Institute will make every effort to fulfill this request; however, GenLife Institute cannot guarantee that this request will be granted at the time of donation.

I understand that I may revoke or amend this gift prior to my death. I acknowledge that it is my responsibility to inform my legal next-of-kin of my decision to donate my body to GenLife Institute and of their right to provide a written request for my cremated remains.

I hereby verify my understanding of all disclosures and have allowed ample time for consideration. I understand that signing this consent form does not guarantee acceptance of my donation. I understand that this is a legal document being signed by me or at my direction. I agree to hold harmless GenLife Institute and all associated agents from loss or damage related to this gift.

X \_\_\_\_\_  
Donor's Signature (Must be 18-years-of-age or greater.)      Donor's Printed Name      Date Signed

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*The undersigned acknowledge that the donor signed this document. The donor's act in signing this document appeared to be his/her free and voluntary act.*

X \_\_\_\_\_  
Witness Signature (Must be 18-years-of-age or greater.)      Witness Printed Name      Date Signed

X \_\_\_\_\_  
Witness Signature (Must be 18-years-of-age or greater.)      Witness Printed Name      Date Signed