Consent Form

Legacy Body Donation Program



After a family member passes, it is often difficult to understand your options. Many families like yours have chosen to help advance medicine through the Legacy Body Donation Program. It is a privilege and an honor that we hold in the highest regard.

A donated body is used in training surgeons, nurses and other medical professionals in new medical procedures and with new medical technology. They learn techniques that save lives, improve care and speed recovery.

Procedure

Prior to a donor's body being received at the Legacy Body Donation Program, authorization for donation must be given by the next of kin/authorizing person and received by the Legacy Body Donation Program.

Please complete the following pages of this form, including the **consent signature portion** in the presence of **two** witnesses.

Note: The Legacy Body Donation Program **does not** perform autopsies and **does not** release any formal report or findings pertaining to its studies.

Conditions

The Legacy Body Donation Program may accept or decline a donation depending on the needs of the program and the medical history of the potential donor. The donor must be 18 years of age or older. Remains are not suitable for whole body donation if they have been mutilated, are decomposed, have certain communicable diseases, or their condition or pathology precludes adequate preparation, storage or study.

Please contact us at:

Legacy Body Donation Program Portland, Ore.

Phone: 503-783-3387 Fax: 503-783-1736

Use restrictions

We may occasionally send a donor's remains to other educational centers. Also, if an organ or body part is especially useful, we may want to preserve and retain this part to educate more than one group.

If you want to limit the use of the donor's remains, please check one of the restrictions below.

I have checked the statement below that applies to the intended donation of:			
Name of body donor:			
□ No restrictions (If selecting this option, do not check either of the restrictions below.)			
\square The Legacy Institute for Surgical Education and Innovation may not retain any of the remains.			
☐ Donor's body may not be used at a location outside of the Legacy Institute for Surgical Education and Innovation.			

Consent Form

Legacy Body Donation Program



Final arrangement

The Legacy Body Donation Program will be responsible for the cremation and return of the cremated remains to the next of kin/authorizing person. Use of donated bodies typically does not last longer than 12 months.

Note: In the case that the donation is not accepted, the next of kin will be responsible for final arrangements. We highly recommend that a contingency plan be put in place in case donation is denied.

Consent

It is my desire that the Legacy Institute for Surgical Education and Innovation accept and use the body of the below stated donor to aid in surgical education within the restrictions (if any) that I have previously designated. I understand that my consent means that the body may undergo preservation and dissection.

I authorize the Legacy Body Donation Program to handle the final disposition of the below stated donor at the completion of educational use, consistent with my previously designated final arrangement.

I have been informed of the Legacy Body Donation Program procedures as described in this document.

I authorize the release of medical information for the below stated donor to the Legacy Body Donation Program.

I am 18 years of age or older and of sound mind to give this consent.

I am the next of kin/authorizing person with the legal authority to make a body donation decision for the below stated donor.

I have read and understand the above information.

Signature of next of kin/authorizing person:	Date: Relationship:		
Printed name:			
Street address:	Phone:		
City:	State:	Zip:	
Email:			

Consent Form

Legacy Body Donation Program



Witness signatures

Two signatures are required to complete this form. Witness signatures must be obtained from people 18 years of age or older, who can verify the competency, identity and donation intention of the next of kin/authorizing person.

Witness signature:	Relationship (if any):	Date:
Disinterested witness* signature:		Date:

*A disinterested witness is a witness other than the spouse, child, parent, sibling, grandchild, grandparent or guardian of the donor.

Procedure at the time of death

The health care institution, physician or the next of kin/authorizing person should notify the Body Donation Program at **503-783-3387**. At that time, the staff of the Body Donation program will determine whether the deceased can be accepted. If so, we will arrange for transportation of the deceased to the Legacy Institute for Surgical Education and Innovation. If the deceased is not accepted, the next of kin/authorizing person will be responsible for making final arrangements; all expenses will be the responsibility of the estate.