



Form 2

Acknowledgement and Agreement by Donor's Next of Kin (optional)

Deceased Donor's Name: _____		
Donor's Date of Birth: _____	Donor's Date of Death: _____	
Donor's Last Residence: _____		
Street		

City/Town	State	Zip Code

I am the spouse or other next-of-kin or am an individual legally authorized to take custody and make disposition of the body and to release of the protected health information of the individual named above (the Donor). I hereby acknowledge that the Donor, while living, signed an Instrument of Anatomical Gift to donate his/her brain and other selected body specimens as an unrestricted gift to the Boston University [PI lab/research center] for the purposes of research, education and the advancement of science or therapy. I have read the Donor's Antemortem Anatomical Gift by Donor.

I acknowledge that my approval is not necessary to make this gift legally effective and enforceable in accordance with the Massachusetts Anatomical Gift Act, M.G. L. ch. 113A §§1-25, and the Uniform Anatomical Gift Act. I am signing this document in order to assist Boston University to carry out the Donor's wishes as set forth in the Instrument of Anatomical Gift.

I certify that my relationship to the Donor is as follows:

Please select one:

- Donor's spouse
- Donor's adult child
- Donor's parent
- Donor's adult sibling
- Donor's adult grandchild
- Donor's grandparent
- Adult who exhibited special care and concern for the Donor
- Donor's legal guardian



- Other person having the authority to dispose of the Donor's body

I certify that, to the best of my knowledge, the Donor did not revoke the donation of his/her brain or other body specimens prior to death.

I agree to provide such additional information, documentation and assistance as I can, upon reasonable request, for purposes of assisting the Boston University [PI lab/research center] in determining the suitability of the [fill in the blank] for the intended purposes and otherwise to carry out the donation.

The Donor's estate or I will be responsible for any other fees and costs incurred in connection with the Donor's death.

RELEASE

To the maximum extent permitted by law, I hereby release and hold harmless Trustees of Boston University and its current, former, and future officers, trustees, employees, agents, and representatives from any liability whatsoever arising from or related to the donation and disposition of the Donor's brain and other body specimens. The foregoing shall be binding on the Donor's estate and all who may claim under or through the Donor or his/her estate.

DECLARATION

Boston University shall have the power and authority to sign, seal, execute, acknowledge and deliver any and all documents or instruments of any kind, nature, or description as it deems necessary or appropriate in order to carry out and facilitate the donation, including but not limited to any and all statements, forms, or authorizations concerning the donation and to do all other things necessary or appropriate to accept the donation and carry out the purposes of the donation.

I understand that this is a legal document being signed by me in accordance with the Massachusetts Anatomical Gift Act, M.G. L. ch. 113A §§1-25, and the Uniform Anatomical Gift Act. A facsimile or PDF copy of this document will be enforceable as an original. This document may be executed electronically/digitally in compliance with the Massachusetts Uniform Electronic Transactions Act (MUETA), M.G.L. ch 110G and/or the Electronic Signatures in Global and National Commerce Act, 15 U.S.C. §7001 et seq. Persons signing this document agree that, if used, electronic/digital signatures are intended to authenticate this writing and to have the same force and effect as the use of manual signatures.

Having read this document and the Donor's Antemortem Anatomical Gift by Donor in full and understanding the content and legal effect and having had the opportunity to ask questions that have been answered to my satisfaction, I hereby sign this document knowingly and voluntarily, intending it to be fully and legally valid and enforceable in accordance with its terms.



Printed Name

Signature

Home Address

____/____/____
Date of Birth

City/Town

State

Zip Code

(____) _____

Telephone

____/____/____

Today's Date