



Form 3

### Postmortem Anatomical Gift by Donor's Next of Kin

**Note: This form should be signed by the next-of-kin or other legally authorized person in the highest priority class listed below who is reasonably available.**

Name of Deceased Donor: _____			
Date of Birth: _____		Date of Death: _____	
Last Residence of Deceased: _____			
Street Address			
_____			
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 of the deceased individual named above (the Donor). I hereby offer his/her [fill in the blank] as an unrestricted gift for purposes of research, education, and the advancement of science or therapy to:

[contact information for PI lab/research center]

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 further certify that:

- I have the legal authority to make this donation. To the best of my knowledge, there is no reason to believe that this donation will not be effective.
- I am not aware of any donation, objection, refusal, or revocation by the Donor prior to his/her death that would be inconsistent with this donation.
- I am not aware of any objection to this donation by any person.
- I am not aware of any person in a higher class listed above who is reasonably available to make this donation.

#### INTENT AND AUTHORIZATION

By signing this document, I intend for the Boston University [PI lab/research center] to have the exclusive right to control the use of the Donor's brain and other selected body specimens for research, education, or the advancement of science or therapy.

I authorize the postmortem removal, examination, retention, use, and distribution of the Donor's brain and other body specimens for these purposes.

I authorize Boston University to notify the funeral home or other site where the Donor's body is being held and to give instructions for removal/collection of the Donor's brain and other selected body specimens and for their delivery to the Boston [PI lab/research center], at Boston University's expense. I agree to provide such notification and instructions to the funeral home or other site, upon request. **I understand that the brain and other body specimens must be removed and sent to Boston University [within 24 hours of the time of death?], except in unusual circumstances where an exception can be made by the University.**

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

I understand that:

- The Donor's brain and other selected body specimens may be held in a biorepository ("biobank" or "brain bank").
- The Boston University [PI lab/research center] reserves the right at any time to decline this anatomical gift as it may deem appropriate in light of the intended purposes. The acceptance of the donation is contingent upon the decision of the Boston University [PI lab/research center].



- 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 brain and other selected body specimens for the intended purposes and otherwise to carry out the donation.

#### SHARING WITH OTHERS; PUBLICATIONS AND PRESENTATIONS:

I authorize Boston University to share all or parts of the Donor's [fill in the blank] and information relating to the Donor with others for the advancement of research, education, science or therapy, whether for activities that are related or unrelated to the activities of the Boston University [PI lab/research center]. The recipients may include other academic, non-profit, for-profit, and governmental entities, including but not limited to hospitals, universities, other research institutions, cell/tissue storage banks, other data and biospecimen repositories, and commercial businesses engaged in research and development activities.

I understand that the analyses, examinations, findings, opinions, and other results of the research, education, and other activities may be disclosed, published, and presented. However, the Donor's name will not be disclosed. No personally identifiable information will be used or disclosed except as authorized or otherwise permitted in accordance with all applicable laws.

#### 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 parts. 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.

I further understand that this instrument contains my consent, authorization, direction, acknowledgement, and declaration of various matters. Having read this instrument in full, and understanding its content and legal effect, and having had the opportunity to ask questions about it that have been answered to my satisfaction, I hereby sign this instrument knowingly and voluntarily in the presence of the undersigned witnesses, intending it to be fully and legally valid and enforceable in accordance with its terms.

\_\_\_\_\_  
Name (Please Print) Signature

\_\_\_\_\_  
Home Address Date of Birth

\_\_\_\_\_  
City/Town State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Today's Date

[See Witness Attestation on Next Page]



**WITNESS ATTESTATION**

Witness 1: must a disinterested person.

Witness 2: If the Donor has other next-of-kin or legally authorized individuals at the time this instrument is signed and they are available, such individuals should serve as Witness 2. If possible, please have this instrument witnessed by the Donor’s two highest priority next-of-kin. The order of next-of-kin priority is: (1) current spouse; (2) an adult son or daughter; (3) either parent; (4) an adult brother or sister; (5) an adult grandchild; (6) a grandparent. Otherwise, any disinterested person may serve as Witness 2.

We hereby sign our names as witnesses:

\_\_\_\_\_  
Signature of Witness 1 (Disinterested)

\_\_\_\_\_  
Signature of Witness 2

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/Town                      State                      Zip Code

\_\_\_\_\_  
City/Town                      State                      Zip Code

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

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

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



**ACCEPTANCE**

On behalf of the Boston University [PI lab/research center], I accept the foregoing gift.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title