

Donor Name _____
(Please print) Last Middle First

Donor (Date of Birth): _____

ANATOMICAL GIFT CONSENT

Who this form refers to.

- Donor: the person whose brain and associated tissue are being gifted.
- Signer: the person signing this form. The Signer may be (a) the Donor or (b) an Authorized Person permitted under the Louisiana Uniform Anatomical Gift Act (for example, next-of-kin, agent under a health-care power of attorney, guardian, executor/administrator).
- Pronouns: “I/me/my” refer to the Donor. If someone other than the Donor signs, “I, as Authorized Person” refers to the Signer acting on the Donor’s behalf.

Gift. At the time of the Donor’s death, I (the Donor, or I, as Authorized Person, donate the Donor’s brain and associated tissue to the Tulane University School of Medicine (“Tulane”) for education and/or research, with specific uses determined by Tulane.

Possible uses. My Donation may be used to:

- Educate current and future health-care practitioners, anatomists, forensic scientists, and mortuary technicians (including continuing education).
- Support research (biomedical, biomechanical, forensic, and other scientific work) aimed at improving knowledge, procedures, and/or products to benefit human health.

How my Donation may be handled. I understand that my Donation:

- May be used embalmed or unembalmed.
- May be dissected, examined, studied, and preserved for a long time (possibly years) or indefinitely.
- May be used for more than one purpose.
- May have parts removed and separated, and fluids/tissues analyzed and destroyed.

Who may receive my Donation. My Donation (or parts of it) may be provided to educators, students, researchers, and others:

- At any Tulane campus, and
- At other educational institutions, researchers, non-profit entities, and for-profit entities.

No special directions by me or my survivors. Neither I nor my survivors (or other responsible parties) may designate particular uses or choose the persons or entities who will use my Donation.

Cost recovery for outside users. If persons or entities not associated with Tulane use my Donation, Tulane may recover its costs (e.g., acquisition, preservation, storage, transportation, and related costs, fixed or variable). Recovery may be based on an average-cost charge per donated brain and associated tissue.

Control after acceptance. Once my Donation is accepted, Tulane has sole discretion over whether and how it will be used. If Tulane transfers my Donation (or parts of it) to others for education or research, those recipients may decide the specific projects within those purposes.

Acceptance is not guaranteed. Acceptance occurs only after my death when Tulane confirms acceptance and takes physical custody of my brain. Acceptance is case-by-case and Tulane may decline for any reason. If Tulane does not accept my Donation, my survivors are responsible for other final disposition arrangements, and the estate will be responsible for related expenses. Tulane may rely on this document whether signed by the Donor or by an Authorized Person under the Louisiana Anatomical Gift Act.

If later not used. If my Donation is accepted but later determined not to be used, custody remains with Tulane (no transfer to any other person). Tulane will cremate my brain, and the cremated remains will be handled as described below.

Cremation and final disposition. I (or, if signed by an Authorized Person, the Authorized Person on the Donor’s behalf) authorize Tulane and its agents to cremate all or any part of the Donation at no cost to me or my family. Because parts may be removed during use, they may be cremated and disposed of at different times and locations. Any cremated remains will be interred as determined by Tulane, may be commingled with others, and will not be returned to my family or other survivors.

Notification and logistics. Upon the Donor’s death, the Donor’s next of kin, the executor or administrator of the Donor’s estate, any person who handles the Donor’s affairs after death, and any health-care providers shall notify Eric Beverly, Director of Operations at Tulane University Center for Sport of my death as soon as possible by calling (504) 913-4826. If Tulane elects to receive the Donation, the Signer authorizes Tulane to arrange for removal of the Donor’s brain and associated tissue and for transport to Tulane or another location it designates.

If signed by an Authorized Person. By signing, I, as Authorized Person, certify that I am the person with legal authority to grant authorization for the recovery of such anatomical gift and know of no other person whose priority is greater than or equal to mine who objects to this donation (Check One):

- ☐ Agent authorized to make healthcare decisions
- ☐ Spouse
- ☐ Adult Child
- ☐ Parent
- ☐ Adult Sibling
- ☐ Adult Grandchild
- ☐ Grandparent
- ☐ Adult who exhibited special care/concern
- ☐ Guardian
- ☐ Person with authority to dispose of the body

BY MY SIGNATURE BELOW, I AFFIRM THAT I HAVE READ, OR HAD READ TO ME, AND CONSIDERED ALL OF THE INFORMATION CONTAINED IN THIS CONSENT, AND I AGREE TO MAKE THIS DONATION.

SIGNATURE: _____

DATE: _____

Print Signer’s Full Legal Name

Signer’s Social Security Number

Signer’s Date of Birth

Signer’s Mailing Address: _____

Street

City

State

Zip Code

Signer’s Phone Number (w/area code)

NOTARY: THE FOREGOING IS SWORN TO AND SUBSCRIBED BEFORE ME THIS_____DAY OF_____

Notary's Signature

Notary's Printed Name

Notary's Bar or License No.

Notary's Commission Expiration Date

WITNESSES: We, the undersigned, affirm that we have witnessed the signing of this document by the donor.

Signature of Witness #1

Signature of Witness #2

Printed Name of Witness #1

Printed Name of Witness #2

Mailing Address: Street, City, State,

Zip Code

Phone Number

DONOR'S NEXT OF KIN/EXECUTOR:

Name

Address

Phone Number

DONOR'S STATISTICAL INFORMATION:

Birthplace:

City

State

County

Citizenship (Country)

Usual Occupation

Kind of Business or Industry

Color or Race

Education - Circle highest level completed: School Grades 1 2 3 4 5 6 7 8 9 10 11 12
College Years 1 2 3 4 5

Male ☐ Female ☐ Ever in U.S. Armed Services: Yes ☐ No ☐ Marital Status: Married ☐

Never Married ☐ Widowed ☐ Divorced ☐

If Married, Spouse's Name (if wife, give maiden name) _____

Father's Name: _____

 Last First Middle City State

Father's Place of Birth:

Mother's Maiden Name: _____

 Last First Middle City State

Mother's Place of Birth: _____

PLEASE RETURN ORIGINAL FORM TO TULANE. KEEP SECOND COPY FOR YOUR RECORDS

(Form 2013)