

California Registration Packet – Next of Kin

Welcome to Research for Life's registration. Thank you for your request for information on whole body donation and our organization. Enclosed you will find a brochure and a registration packet.

If you have any questions about our program or need help completing the registration packet, please call us Monday – Friday, between 9am and 4:30 pm

- Our Arizona office at 480.940.1310
- Our California office at 951-719-3334
- Our toll-free line at 1.800.229.3244

Once you have decided whether donation is right for your family, please complete the registration packet and mail it to **2230 E. Magnolia St. Phoenix AZ 85034** our main office.

Please follow the instructions below. It is important to be as thorough as possible. **If the registration packet is not completed properly, Research for Life will return it to you for completion. Please contact Research for Life with any questions.**

Donor Prequalification Form:

- Please complete, sign, and date. This form will be used to determine qualification.

Donation Authorization Form:

- Please write DONOR'S NAME AT THE TOP OF THE PAGE directly under the title Donation Authorization Form.
- Please complete the boxes with your information, sign, date, and designate your relationship to the donor.
- Please have 2 witnesses sign and date for verification or have a notary notarize your signature. **WHEN SIGNING: THE WITNESSES MUST BE EYEWITNESSES WITH ALL DATES MATCHING!!!! ONE OF THE WITNESSES MUST BE A DISINTERESTED PERSON, CAN NOT BE A FAMILY MEMBER.**



Cremation Authorization Form:

- Please write DONOR'S NAME AT THE TOP OF THE PAGE directly under the title Cremation Authorization Form.
- Please complete the boxes with your information, sign, date, and designate your relationship to the donor.
- Please have 1 witness sign and date for verification or have a notary notarize your signature. **WHEN SIGNING: THE WITNESS MUST BE AN EYEWITNESSES WITH BOTH DATES MATCHING!!!!**

California Donor Registration Form:

There is important information included on this form.

- Please read and complete both pages with the donor's information.
- Please determine the 1st choice NOK/Representative. This person will be our point of contact and receive the cremains. Usually this is the agent signing the authorization packet. The 2nd choice NOK/Representative will be a backup and can access information. Research For Life will only release information to the NOK/Representatives named in this section. If the 1st choice NOK/Representative is disable or deceased, the 2nd choice can become the point of contact and receive the cremains. There are additional forms that may be required when making changes to the NOK/Representatives or the return of cremains direction.

- Please sign, and date on the 2nd page in the Person Providing Information box. The person who is authorizing the donation is the person who should sign this form.

If accepted, Research for Life will mail an acceptance letter with registration number, a donor ID card, and a copy of the registration packet for your records in about 2 weeks.

Respectfully,

Research for Life



CALIFORNIA DONOR PREQUALIFICATION FORM

Thank you for your generous consideration of whole-body donation – the ultimate gift. To ensure eligibility for *Research for Life's Donor Program*, it is necessary to gather preliminary health information for qualification purposes.

Please complete, sign, and include this *Prequalification Form* with your *Donor Registration Packet*. Answer each question to the best of your ability and as thoroughly as possible. Qualifications are easy, and most applicants are accepted. Notification letters are issued within 3-4 weeks of receipt of your application. If acceptance is urgent, contact (800) 229-3244

There are certain conditions that shall result in the denial of a donor.

- **Death occurs outside Research for Life's service area (Arizona and Southern California excluding some rural areas).**
- **Failure to notify Research for Life within 48 hours of death or improper refrigeration of remains by a third party.**
- **State of emergency governmental/regulatory restrictions and/or natural disasters.**

| | |
|---|---|
| I am completing this prequalification request as the: | <input type="checkbox"/> Donor <input type="checkbox"/> Donor's Next of Kin |
|---|---|

Prospective Donor Information:

| | | |
|---|--|---|
| 1 | Current Age? | |
| 2 | Sex? | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 3 | Estimated Height? | |
| 4 | Current Estimated Weight? | |
| 5 | Ever had Spine, Hip, Knee Surgery or Hysterectomy? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <i>If YES, please check all that apply:</i> | <input type="checkbox"/> SPINE <input type="checkbox"/> HIP <input type="checkbox"/> KNEE <input type="checkbox"/> HYSTERECTOMY |
| 6 | Any untreated antibiotic resistant infections such as MRSA, Resistant C-Diff or VRE? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <i>If YES, was a full course of antibiotics completed?</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7 | Currently under hospice care? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <i>If YES, please list hospice organization:</i> | |
| 8 | What is the current diagnosis? (If healthy, please state) | |
| 9 | How did you hear about us? | |

Has the Prospective Donor ever tested positive for any of the communicable diseases listed below?

| | | | |
|-----------------------------------|--|-------------------------|--|
| Hepatitis B or C: | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: | |
| Tuberculosis: | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: | |
| HIV / AIDS: | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: | |
| COVID-19 within the last 2 weeks? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: | |
| Other infectious disease(s)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Date / Explain: | |

| | |
|--|----------------------|
| Donor's Name (Please Print): | Phone Number: |
| Name of Person Submitting Information (Please Print): | Phone Number: |
| Signature of Person Submitting information: X | Date Signed: |



DONATION AUTHORIZATION FORM

This Gift of the whole body of **(Printed Donor's Name):** _____

to Research For Life, LLC. (RFL) will be donated as per the conditions and disclosures contained within this document.

I Understand And Agree That:

- The donation is being made voluntarily without any compensation and neither the donor's estate nor the next of kin will ever be charged for the costs related to this donation. **RFL does not perform research or medical education but acts as a bridge between authorized and permissible users.**
- The donation of the body may involve the dissection, disarticulation, dismemberment and/or surgical removal of organs, tissues, limbs, and head from the body. The body may be used in whole or in parts and may be embalmed or preserved using various methods. Body parts may include blood, fluids, tissues, bones, cells, organs, limbs, or head for various and multiple projects, without limitation.
- This donation is being made in accordance with all applicable aspects of each state's *Revised Uniform Anatomical Gift Act*.
- RFL cannot guarantee that this donation will be used for any medical education or research activity, or in a manner as requested by the donor or next of kin. RFL will not accept donors with known or suspected communicable diseases or unresolved antibiotic-resistant bacteria at any time before or after death. In such cases the authorizing agent of the donor will be required to make other arrangements with a funeral provider.
- The body will be treated with as much respect and dignity as the scientific, medical education or research process allows.
- RFL is a for-profit program that may use the body for multiple medical education and research activities (both domestically and internationally) by both for-profit and not-for-profit organizations which may include, but is not limited to, the following **authorized and permissible users**: universities, hospitals, medical device organizations, researchers, other tissue banks, bio-skill facilities, intermediaries, or others deemed appropriate at the sole discretion of RFL.
- Only tissues (anatomical specimens) determined by RFL as unsuitable for medical research and education will be cremated and returned to the next of kin. **Tissues (anatomical specimens) used by authorized and permissible users will not be returned** to the Next of Kin under any circumstances and may be cremated, pathologically incinerated, and/or disposed of in any legal manner.
- RFL reserves the right to make changes to, modify, suspend, discontinue, or otherwise alter its services without notice.
- This document supersedes and revokes all other previous directives regarding tissue donation for research and educational purposes.
- The body will be transported to a designated RFL facility for serological and biological screening of blood for Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV), and any other communicable diseases. All positive test results are subject to state reporting per applicable state laws.
- I state, to the best of my knowledge, donation was never declined by this individual, and that I have the legal authority to direct this donation.
- RFL and its permissible and authorized users stores, without limitation, tissues (anatomical specimens) until used and/or legally disposed.
- To hold harmless and indemnify now and forever, RFL and its employees, any funeral director / funeral home / crematory, or their agent, RFL human tissue users or sources from any and all loss or damage, including incidental and consequential damage incurred while acting in good faith.
It is further agreed that RFL shall be held harmless for any and all acts of third parties in connection with this donation.
- If any court determines that any provision of this donation authorization is invalid or unenforceable, then such invalidity or unenforceability shall have no effect on the other provisions hereof, which shall remain valid, binding, and enforceable and in full force and effect.
- To allow RFL to obtain all medical information including, but not limited to doctor, hospice, autopsy records, certified copy of death certificate in order to best determine medical suitability for this donation.
- If signing on the behalf of the donor, I am verifying that as the donor's designated signer, I understand all listed disclosures and disclaimers, and that by signing this document on the donor's behalf, my consent fulfills the donor's wishes.
- In the event of the closure or sale of the company, RFL may transfer and assign this Authorization and RFL's rights and obligations to another whole-body tissue bank organization to perform RFL's obligations under this Agreement and fulfill the wishes of the donor.

I Authorize:

- And direct the medical facility, institution and/or medical examiner's office to release my or the donor's body immediately upon request in order to facilitate this gift in an expeditious manner according to state law.
- As the prospective donor or the agent legally authorized to make these decisions, after reading this authorization, careful consideration and after having all of my questions answered, I hereby direct RFL to proceed with the donation process as per all of the conditions/disclosures listed above.

| | | |
|-------------------------------|--------|--|
| Signature: X | | Date Signed: |
| Printed Name: | | Relationship to Donor (If Self, Please State): |
| Street Address: | | Phone Number: |
| City: | State: | Zip Code: |

This Donation Authorization Form is not valid until notarized OR signed by two witnesses; one witness must be non-family or a disinterested party.

| | | |
|---|----------------------|---------------------|
| Notary OR Disinterested Witness # 1 Signature: X | Printed Name: | Date Signed: |
| Witness # 2 Signature: X | Printed Name: | Date Signed: |
| RFL Staff Authorized Signature ONLY: | Title / Position: | Date Signed: |



CREMATION AUTHORIZATION FORM

This Gift of the whole body of (**Printed Donor's Name:**) to Research For Life, LLC. (RFL) will be cremated as per the conditions and disclosures contained within this document.

I Understand That:

1. The donor's body must be cremated following the donation process and that un-cremated remains will never be returned to my Next of Kin.
2. Only cremated tissues (anatomical specimens) that have not been used for medical research and education will be returned to my Next of Kin.
3. A limitation of the cremation process (for remains returned to the Next of Kin) may allow for the inadvertent or incidental mixing of minute particles of cremated remains from one person to the next. The minute mixing of cremated remains is a possibility; however, every effort will be made to minimize this by the crematory.
4. Cremated tissues (anatomical specimens) used for medical research and education will not be returned to my next of kin under any circumstances and will be cremated in a co-mingled fashion and disposed of by RFL in accordance with federal, state or local law.
5. Any unclaimed cremated remains, or personal property, may be disposed of in accordance with state and local law 30 days after actual notice, or 60 days after attempted notice, to Next of Kin.
6. I understand that the cremation process will completely destroy all material left with the body, including dental fillings and personal effects, and such items will not be recoverable. Metals recovered from the cremated remains will be processed by the crematory, or recycling company, and cannot be returned.
7. Any implanted medical devices (pacemakers or radioactive seed implants) left in the body at the time of death can pose a serious health and safety hazard during the cremation process and must be identified and removed prior to the cremation process.
8. My authorized agent may direct the removal of any medical device/personal effects accompanying my body at the time of donation. In the absence of this directive, I understand that such personal effects will be destroyed if uncollected prior to donation.
9. The cremated remains are simply bone fragments and dust that will be placed in a suitable container.

I Agree To:

10. Release from liability the crematory, its affiliates, and their agents and employees, against loss from any and all demands, damages and claims which may be made against them (except for intentional misconduct), or by reason of the donor's or Next of Kin's failure to timely disclose the existence of implanted medical devices or personal effects.
11. Hold harmless RFL and its employees, any funeral director / funeral home / crematory / disposer or their agent, RFL human tissue users or sources from any and all loss or damage, including incidental and consequential damage incurred while RFL acts in good faith.
12. Hold harmless and indemnify RFL and its employees from any and all loss or damage, including incidental and consequential damage incurred while RFL acts in good faith when being directed to mail cremated remains using the United States Postal Service.
13. If signing on the behalf of the donor, I am verifying that as the donor's designated signer, I understand all listed disclosures and disclaimers, and that by signing this document on the donor's behalf, my consent fulfills the donor's wishes.

I Authorize (choose only one):

- DO NOT RETURN REMAINS:** Cremation without the return of cremated remains. **Do not return them.**
- SPREAD AT SEA:** Cremation without the return of cremated remains. Please spread remains at sea in the Pacific Ocean.
- RETURN OF REMAINS IN APPROXIMATELY 4-6 WEEKS; TIMEFRAME CANNOT BE GUARANTEED:** Only cremated tissues (anatomical specimens) that have not been used for medical research and education will be returned.

| | | |
|-------------------------------|--------|--|
| Signature: X | | Date Signed: |
| Printed Name: | | Relationship to Donor (If Self, Please State): |
| Street Address: | | Phone Number: |
| City: | State: | Zip Code: |

| | | |
|---|----------------------|---------------------|
| Witness # 1 Signature: X | Printed Name: | Date Signed: |
| Authorized Signature (RFL): | Title / Position: | Date Signed: |



California Donor Registration Form

We Respect Your Privacy.

We at Research For Life are extremely protective of the information given to us. We will never sell or solicit any information that we have received. The information asked for is required by the state vital registrar to enable death certificate filing. **Research For Life DOES NOT order death certificates.** **Instructions on how to obtain a certified death certificate will be mailed to your next of kin or your representative.**

| Donor's Personal Information: | | | | | |
|--|--|---|--|---|------------------------------------|
| First Name: | | Middle Name: | | Last Name: | |
| AKA's / Legal (not nickname) | | Gender: | Social Security Number: | Date of Birth: | Year moved to County: |
| Donor's Current Street Address: | | | City: | State: | Zip: |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed | | | | | |
| Surviving Spouse Information: | | | | | |
| First Name of spouse: | | Middle Name of spouse: | | Last Name of spouse: | Maiden Name / Birth Name of Spouse |
| Donor's Highest Education: (Please circle the highest level of education completed.) | | | | | |
| Grade: 0 1 2 3 4 5 6 7 8 9 10 11 | | Some College Credit but No Degree | | Master's Degree (e.g. MA, MS, MEng. Etc..) | |
| High School Grad | | Associate Degree (e.g. AA, AS) | | Doctorate (e.g. PhD, EdD, MD, DO) | |
| GED Completed | | Bachelor's Degree (e.g. BA, BS) | | Not Obtained | Not Classifiable |
| Donor's Race: (Select all that apply) | | | | | |
| <input type="checkbox"/> White | | <input type="checkbox"/> Caucasian | | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Black | | <input type="checkbox"/> African American | | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> American Indian | | <input type="checkbox"/> Alaska Native | | <input type="checkbox"/> Other Asian (Specify): | |
| <input type="checkbox"/> Primary or Enrolled Tribe: | | | <input type="checkbox"/> Native Hawaiian | | |
| <input type="checkbox"/> Second Tribe (Optional): | | | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Additional Tribe: | | | <input type="checkbox"/> Other Pacific Islander (Specify): | | |
| <input type="checkbox"/> Asian Indian | | <input type="checkbox"/> Filipino | | <input type="checkbox"/> Other (Specify): | |
| <input type="checkbox"/> Chinese | | <input type="checkbox"/> Japanese | | <input type="checkbox"/> Refused | <input type="checkbox"/> Unknown |
| Donor's Hispanic Origin: (Check the box that best corresponds with the decedent's ethnic identity.) | | | | | |
| <input type="checkbox"/> Not Spanish, Hispanic or Latino | | <input type="checkbox"/> Mexican American | | <input type="checkbox"/> Puerto Rican | |
| <input type="checkbox"/> Cuban | | <input type="checkbox"/> Mexican | | <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Refused | | <input type="checkbox"/> Not Obtainable | | <input type="checkbox"/> Other (Specify) | |



Donor's Name:

| | | |
|-------------|--------------|------------|
| First Name: | Middle Name: | Last Name: |
|-------------|--------------|------------|

Donor's Background:

| | | |
|---|--------------------------------------|----------------------|
| Donor's Occupation (before retirement): | Donors Industry (before retirement): | Years in Occupation: |
|---|--------------------------------------|----------------------|

| | |
|--|---|
| Donor's Birth State or Birth Country if not born in the USA: | U.S. Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|---|

| | | | |
|----------------------|-----------------------|---------------------|--------------|
| Father's First Name: | Father's Middle Name: | Father's Last Name: | Birth State: |
|----------------------|-----------------------|---------------------|--------------|

| | | | |
|----------------------|-----------------------|-----------------------|--------------|
| Mother's First Name: | Mother's Middle Name: | Mother's Maiden Name: | Birth State: |
|----------------------|-----------------------|-----------------------|--------------|

Your next-of-kin or representative contact is a very important person. It is their responsibility to ensure Research For Life has been contacted in the event of death. Once contacted, Research For Life will arrange for transportation to our facility. CONTACT WITH THIS PERSON IS NECESSARY. Research For Life will need to complete a medical social history questionnaire and any remaining death certificate information needed for the death certificate filing process. Research For Life DOES NOT order death certificates. Instructions on how to obtain a certified death certificate will be mailed to the next of kin or representative contact.

1st choice: Next of Kin or Representative Contact (NOT REQUIRED TO BE RELATED) - choose a trusted individual who will have access to all information and may receive or redirect the cremated remains, and personal property if any.

| | |
|------------------------------------|------------|
| First Name: (spouse if applicable) | Last Name: |
|------------------------------------|------------|

| | | | |
|----------|-------|--------|------|
| Address: | City: | State: | Zip: |
|----------|-------|--------|------|

| | | |
|---------------|--------|------------------------|
| Relationship: | Phone: | Email (if applicable): |
|---------------|--------|------------------------|

2nd choice: Alternate Next of Kin or Representative Contact (NOT REQUIRED TO BE RELATED) - choose a 2nd individual who will have access to all information and may receive or redirect the cremated remains, and personal property if any - only if your 1st choice is unavailable.

| | |
|-------------|------------|
| First Name: | Last Name: |
|-------------|------------|

| | | | |
|----------|-------|--------|------|
| Address: | City: | State: | Zip: |
|----------|-------|--------|------|

| | | |
|---------------|--------|------------------------|
| Relationship: | Phone: | Email (if applicable): |
|---------------|--------|------------------------|

Person Authorizing Donation:

| | |
|-----------------------------------|---------------------|
| Signature: X | Date Signed: |
|-----------------------------------|---------------------|

Call us anytime at 800-229-3244 if you have any questions or concerns. We are always available to help.