



Hospice Patient

# REGISTRATION KIT

What's Included:  
Registration Process Guide  
Donor Consent Form  
Terms & Conditions  
MedCure Donor Flyer

# What to Expect

## When Calling MedCure

### Eligibility Screening: 15 - 20 Minutes

We'll ask some questions about the donor's medical and social history. The person answering the questions should be prepared with as much of the donor's information as possible.



### Next Steps: 10 - 15 Minutes

We'll go over what happens next: transportation arrangements, death certificates, ashes, and the optional family letter.



### Consent Forms: 10 - 15 Minutes



We'll explain how to correctly fill out our consent forms, and advise who should fill them out and when. We'll also arrange to get the forms to you.


## What to Have Ready

### Before You Call Us

- ☒ Make sure the legal Next of Kin or best available representative is calling in as they are the person who will need to make contact for MedCure to proceed
- ☒ Medical history - surgeries, major infections or exposures to certain infectious disease
- ☒ Social history - homelessness, incarceration, drug use, or other risky behavior
- ☒ Donor's Social Security Number
- ☒ Supporting Legal Documents - If you are aware that the donor has a Health Care Power of Attorney, Advanced Directive, or similar document, have the full document ready to submit to us

### If Donor Has Already Passed

- ☒ Pronouncement time - this must be the official recorded time of death. It is typically provided verbally from a medical professional
- ☒ Know if the donor is ready for transport and, if not, when they will be

 **medcure.org** | TollFree: 1-866-560-2525 | Fax: 503-257-9101 | Email: [donate@medcure.org](mailto:donate@medcure.org)

# DONATION CONSENT FORMS

Before sending these completed consent forms to MedCure, please check them for the following common errors:

- ☒ These are legal documents so MedCure staff cannot correct or alter any information.
- ☒ There must be two witnesses, one of which must be disinterested (not a spouse or a blood relative).
- ☒ Witnesses must sign after consenter.
- ☒ Name must match on all forms and should be the legal name on file with the Social Security Administration.
- ☒ All fields must be completed. Commonly missed fields are consenter/witness signature fields, consenter/witness date signed, time signed, check boxes.
- ☒ Completed forms must be sent to us within 24 hours of donor's passing in order to proceed.

If you need help completing these forms, you can call us any time at our 24/7 operated phone line: 866-560-2525.

Once you've completed the forms, you can send them to MedCure via:



Email

[donate@medcure.org](mailto:donate@medcure.org)



Fax

503-257-9101



# Donor Consent Form

For office use only

Validated by: \_\_\_\_\_

Date: \_\_\_\_\_

For assistance, please contact us 24/7 at 866-560-2525. Incomplete or inaccurate forms will be returned for correction. IF BEFORE DEATH, this form must be completed by the donor or their Power of Attorney for Healthcare. IF AFTER DEATH, this form must be completed by the next of kin.

## AUTHORIZATION OF BODY GIFT

**Donor's Full Legal Name:** \_\_\_\_\_  
(Legal name on file with the Social Security Office; if applicable, include Jr., Sr., II, III, etc.)

Is the prospective donor deceased, currently receiving hospice care, or have a life-expectancy of six months or less? ☐ YES ☐ NO

**Donor's Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**My Relationship to the Donor is:** \_\_\_\_\_ (If Power of Attorney, send full and complete Power of Attorney, Will, or other supporting legal document) **Priority Order = 1)Self 2)Power Of Attorney For Healthcare 3)Spouse 4)Adult Child 5)Parent 6)Sibling 7)Next Degree Of Kindred 8)Donor's Estate Representative**

I authorize that this whole-body donation gift is motivated exclusively by altruistic intentions without monetary compensation or valuable consideration made to me or any family member. I understand an autopsy will NOT be performed to determine the cause or contributing factors that led to the death of the donor. I also authorize the procurement of all necessary tissues, organs, and anatomical specimens, including whole body, for medical research and educational purposes and understand tissue/specimens may be used indefinitely into the future. I understand that the body may be subject to extensive preparation and/or long-term preservation, including but not limited to, removal of the head, arms, legs, hands, feet, spine, organs, tissues, or fluids. No promise or assurance has been given that this donation will benefit a specific use, research, or educational study. This gift may benefit multiple educational, scientific, organ procurement and medical research organizations, for profit or nonprofit, domestic or international, and the education or research institution may perform final specimen disposition.

I authorize any and all medical information to be released to MedCure before or after death, including but not limited to, a complete medical history and blood samples. Blood testing will occur which may include, but is not limited to, HIV, hepatitis B and hepatitis C. Positive blood test results for HIV and Hepatitis will be communicated to the Health Department as well as the listed next of kin. **Determination of acceptance of donation will be made at the time of passing.** Upon acceptance of donation, MedCure will be responsible for any costs related to the donation including transportation, cremation, return of partial cremated remains to family or a scattering of cremated remains at sea. MedCure reserves the right, at their sole discretion, to decline acceptance of the donation and related charges if it appears unsafe or unsuitable for the purposes consented to herein. The donor will be transported to a MedCure facility. All protected health information as defined by the Health Insurance Portability and Accountability Act (HIPAA) will remain confidential and be kept in a secure location.

The cremated remains returned will not include body tissues, organs, or anatomical specimens procured for medical education or research purposes. An open casket viewing is not possible with whole body donation and no un-cremated remains will be returned. I agree to hold MedCure and all associated agents, including specimen end-users, harmless from loss or damage, including incidental and consequential damage which results from the undersigned not having proper legal authority to consent. This donation will benefit medical education, research studies, and training.

**Additional Consent** I further authorize this whole-body donation for additional education and research uses, such additional uses are thoroughly vetted and may include but are not limited to: military training, weapons testing and personal protective gear; search, rescue, and recovery operations; forensic pathology and crime scene investigation; educational display; plastination (permanent plastic fixation of body tissues); automobile safety research; research and education involving the destruction and/or further processing of the body or parts of the body, sometimes resulting in data and models used in the innovation of scientific products. **By selecting no, the donor is still eligible for donation, but none of the additional activities outlined in this box will occur.**

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YES

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NO

## CREMATION AUTHORIZATION

I hereby authorize and direct the crematory selected by MedCure, Inc. and its clients (including but not limited to: *Trinity Cremations 17900 NE Riverside Pkwy #230, Portland, OR 97230 & Portland Cremation Center 17819 NE Riverside Pkwy Suite A, Portland, Oregon 97230*) subject to rules and regulations applicable in the state where the cremation occurs, to cremate the body of the donor as listed above. Upon my oath and under penalty of perjury I hereby swear and affirm that to the best of my knowledge there is no other person having higher right to give this authorization to control the remains of the above-named decedent. I hereby agree to hold the Crematory, Funeral Director, MedCure, or person acting as such, their officers, and employees harmless from any liability cost or expenses resulting from this authorization. I further understand that the cremation process is subject to the following terms and conditions.

The body presented to the Crematory is that of the named deceased as identified in accordance with MedCure procedures. For sanitation purposes it is the policy of the Crematory that the body be placed in a rigid enclosed container. All prostheses (hip joints, surgical pins, etc.), bridgework or similar items will be discarded after the cremation process is completed. Gold inlays and fillings, rings and jewelry will lose their identity and will also be discarded. Pulverizing the cremated remains by crushing and grinding is part of the normal process involved in preparing the cremated remains. The bulk of the pulverized cremated remains will be returned; however, some will be irreclaimable during processing and containerization. The amount of processed cremated remains may exceed the capacity of the urn or temporary container. Any excess cremated remains will be placed in a separate container and will accompany the primary urn or temporary container when released. Persons authorizing cremation shall, at their sole expense, agree to defend, hold harmless, and indemnify the Crematory, or alternative disposition company, its officers, directors, employees, and agents from any claim, liability, suit, cause of action, cost of expenses (including, without limitation, reasonable attorney's fees incurred) resulting, in any way, from reliance on or performance consistent with the direction, declarations, representation, authorizations, and agreements herein, including but not limited to any delay in or damage arising from the transportation of the decedent's body or cremated remains. If shipment of cremated remains is required, I direct they be shipped via USPS Express Mail.

# Donor Consent Form

**PACEMAKER ALERT:** Does the donor have a pacemaker?

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YES (I authorize its removal)

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NO

**INTERNAL RADIATION ALERT:** Has the donor received any intravenous or surgically implanted radiation treatments such as Metastron (Strontium 89) or brachytherapy seeds? Check NO if the donor has received only standard external beam radiation as this is asking about implanted radioactive material only.

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YES (Approx. date of last treatment: \_\_\_\_\_)

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NO

## DISPOSITION OF CREMATED REMAINS

**Please choose only one** \*Please notify us if address of person to receive cremated remains changes. If cremated remains are returned due to undeliverable address, reasonable effort will be made in accordance with MedCure's policy and procedures to contact the intended recipient. If contact is unsuccessful, the cremated remains of the donor will be scattered by an authorized Funeral Home.

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Cremated remains are to be sent to (name of recipient) \*: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**-OR-**

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MedCure will arrange for a scattering within 12 months of donation

## DEATH CERTIFICATE RECIPIENT

Please alert us of any change in address. If documents are returned due to an undeliverable address, reasonable effort will be made in accordance with MedCure policies to contact the intended recipient. If contact is unsuccessful, we will archive the documents.

**Please Send Death Certificate to:** Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## SIGNATURE AND ACKNOWLEDGMENT

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YES

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONSENT FORM IN FULL AS WELL AS THE PROVIDED TERMS AND CONDITIONS OF THE MEDCURE PROGRAM. I HAVE HAD ADEQUATE TIME FOR CONSIDERATION, AND ALL MY QUESTIONS HAVE BEEN ANSWERED. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT DOES NOT GUARANTEE ACCEPTANCE OF DONATION. THIS CONSENT FORM IS NOT A CONTRACT FOR SERVICES WITH MEDCURE, BUT IS AN EXPRESSION OF MY INTENTION AND CONFIRMED CONSENT FOR THE DONATION OF TISSUE FOR PERMITTED PURPOSES AND FOR THE CREMATION OF ANY OR ALL OF THE DONATED TISSUE IN ACCORDANCE WITH APPLICABLE LAW BY OR ON BEHALF OF MEDCURE AND MEDCURE'S RESEARCH/EDUCATION CLIENTS.

All fields must be filled out. In all cases MedCure MUST have two witness signatures of persons 18 or older. Witnesses cannot be the person consenting to donation. **At least one witness must also be a "disinterested party"** (not a potential consenter listed within the consenting class: spouse, child, sibling, parent, grandchild, grandparent, legal agent, guardian, or other familial relation of the prospective donor).

Witnesses must not sign prior to the consenter.

**Signature of Consenter:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_ **Time Signed:** \_\_\_\_\_ ☐ AM ☐ PM

**Signature of Witness #1:** \_\_\_\_\_ **Signature of Witness #2:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Relationship to Donor:** \_\_\_\_\_ **Relationship to Donor:** \_\_\_\_\_



NOTE: Please type or print clearly and provide the most accurate information possible to match legal records. If any information is impossible to attain, please write "UNKNOWN." Any blank, incorrect, misspelled, or illegible information may be difficult and expensive to correct after the death certificate is filed. In most cases, the family must contact the state for amendments, and MedCure is generally unable to help with that process or any related fees. You may provide sensitive information by phone if you choose. If completed prior to passing, please update MedCure with any changes.

Full Name of Donor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Legal name on file with Social Security; include any Jr., Sr., II, etc. REQUIRED

Last name prior to first marriage: \_\_\_\_\_ Any Alias/AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex/Gender: \_\_\_\_\_  
City, County, State or Foreign Country

Current Street Address: \_\_\_\_\_ Inside City Limits? Yes No  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Township: \_\_\_\_\_  
Lived in state since: \_\_\_\_\_ In county since: \_\_\_\_\_ In current residence since: \_\_\_\_\_ Any previous states of residence: \_\_\_\_\_

Race/Ethnicity: (check all that apply) White Black or African American Hispanic:(Specify) \_\_\_\_\_  
Native American:(Specify) \_\_\_\_\_ Pacific Islander:(Specify) \_\_\_\_\_ Asian:(Specify) \_\_\_\_\_  
Other:(Specify) \_\_\_\_\_ Ancestry, if known: \_\_\_\_\_

Highest Level of Education: No Diploma(highest grade completed: \_\_\_\_\_) High School Graduate GED Some College  
Trade/Vocational Associate's Bachelor's Master's Professional/Doctorate Unknown

Usual Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_  
Retired/Disabled not an option unless life-long

Years in this Occupation: \_\_\_\_\_ Name of Last Employer: \_\_\_\_\_

U.S. Military Veteran: Yes No If yes, Branch: \_\_\_\_\_ Years Served: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
Combat Served: Yes No Wars Served In: \_\_\_\_\_ 100% Service-Connected Disability: Yes No

Parent #1 Full Legal Name: \_\_\_\_\_ Last name before First Marriage: \_\_\_\_\_

Parent #1 Place of Birth (city, county, state or foreign country): \_\_\_\_\_

Parent #2 Full Legal Name: \_\_\_\_\_ Last name before First Marriage: \_\_\_\_\_

Parent #2 Place of Birth (city, county, state or foreign country): \_\_\_\_\_

Donor's Marital Status: Never Married Legally Married Married, but Legally Separated Divorced Widowed  
Legal Civil Union Unknown Other:(Specify) \_\_\_\_\_

Spouse's Full Legal Name: \_\_\_\_\_ Last Name Prior to First Marriage: \_\_\_\_\_

Plans for Cremated Remains: Keep at Home Scattering Cemetery Other: \_\_\_\_\_ Unknown at this Time

Person Completing Form: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_



## TERMS & CONDITIONS OF DONATION

**Last Updated: August 2022**

It is very important to us that we meet your expectations and communicate clearly throughout the donation process. MedCure determines acceptance based ultimately on our researchers' needs. Therefore, MedCure cannot determine acceptance until the time of passing. Even donors who look like excellent candidates at the time of pre-screening may not be eligible upon passing. Even after the point of acceptance, donors are occasionally declined. For this reason, we recommend that our donors and their families have a backup plan in mind. If a donor is declined any further funerary expenses become the responsibility of the family at that time. Furthermore, MedCure cannot guarantee participation in specific education and research fields as they may not be ongoing or have need at the time of donor passing. MedCure matches donors to researcher needs based on best fit given the information provided at screening and within medical records.

Additionally, MedCure is able to provide 1 copy of the death certificate at no cost to the family. A complimentary copy of the death certificate will be sent approximately 6 weeks from the date of passing. If a death certificate is required sooner than MedCure can provide one, or if additional copies of the death certificate are needed, MedCure advises you to contact the county vital records office to purchase those copies. If the family is receiving cremated remains, they will be returned in a structured, standard cremation container in an average of about 5 months. We advise you and your family to plan accordingly.

MedCure is able to refer families to services that may be able to help them through this difficult time. A list of useful websites that specialize in services such as grief support, notary services and legal documentation assistance can be accessed on our website [MedCure.org](http://MedCure.org) by clicking on the Resources link.

As part of our screening process, MedCure asks that these Terms and Conditions be shared with the donor's family and caregivers.

**17906 NE Riverside Parkway Portland, OR 97230 | Toll Free 866.560.2525 | Fax 503.257.9101 | [www.medcure.org](http://www.medcure.org)**



## TERMS & CONDITIONS OF DONATION

**Last Updated: August 2022**

### REQUIRED NOTICE PER OAR 333-081-0075

#### **(1) COVERAGE OF COST GUARANTEE**

(a) Upon acceptance of donation at the time of transport to a MedCure facility, MedCure will be responsible for any costs related to the donation including transportation, cremation, placement of cremated remains in an ossuary, or return of full or part of the donor's cremated remains to an individual.

#### **EXCLUSIONS TO COVERAGE OF COST GUARANTEE**

(b) If MedCure declines the donation due to circumstances related to the eligibility of the donor, legal documentation, or transportation arrangements, MedCure will be responsible for any costs incurred up to the point of decline. If the donor family employs a funeral home for transport at the time of the donor's death and MedCure is unable to come to a pricing agreement with the funeral home they employed, then MedCure will cover a reasonable portion of the incurred transportation expenses with agreement from the donor family to take responsibility for the remainder of the expenses in order to proceed with the donation process.

(c) If the individual making the donation subsequently rescinds the donation, or if there is a family dispute regarding donation, that individual or the disputing family member will be responsible for all costs incurred with the donation including transportation and other arrangements for disposition.

(d) MedCure does not cover costs related to viewings or memorial services. These are the responsibility of the family.

#### **(2) DISPOSAL OF ANATOMICAL MATERIAL**

Cremation takes place at an independent, licensed crematorium after the donation process has been complete. Each person is cremated individually. Family can choose to have cremated remains sent to them via Priority Express through USPS or they can opt for placement within an ossuary, which MedCure will arrange. Due to the nature of medical research and education, MedCure's standard is to return part of the donor's cremated remains. A written notification will be sent indicating whether part or all of the donor's cremated remains will be received.



# I AM A DONOR



# MEDCURE

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**(DONOR NAME)**

**I have registered with MedCure to donate my body in support of medical science.**

**Upon my death, please contact MedCure.**

**1-866-560-2525 /24Hours**

MedCure requires the below information before they can determine acceptance. Please provide the following information to the Donation Coordinator as soon as possible:

- **Date and time of death**
- **Cause of death**
- **Last recorded height and weight and date of record**
- **Blood (last 48 hours)/IV fluid (last 1 hour) intake information**
- **Name of physician signing the death certificate**

Upon acceptance, MedCure will contact a funeral home on behalf of the family. It is best to have MedCure dispatch their preferred funeral home, as otherwise the family may incur the costs of a non-authorized funeral home. Typically, the funeral home will arrive within 1-2 hours, depending on availability and proximity of the funeral home staff at the time of contact. The Donation Coordinator will request that the funeral home staff call to provide an estimated time of arrival.