



Registrant Authorization for use of Whole Body for Research

Created 03/02

Approved by

Ronald E. Filipy, Director
March 2002

This form is provided in the Registrant packets and is completed by the Registrant when wishing to be considered for participation in the program or renewing their five-year agreement. This authorizes the donation of the Registrant's body to the Registries after death. The donor, next-of-kin and witness need to sign this to be considered for and maintain active registration.

Authorization for use of Whole Body for Research

I, _____, Social Security Number _____ direct that, upon my death, I wish my body to be turned over immediately after death to the United State Transuranium and Uranium Registries. Such organs or structures as might be needed for detailed study may be removed and retained. My spouse, if surviving, or next-of-kin has been advised of my wishes and consents hereon. All information obtained from this study will be made available to my spouse, if surviving, or next-of-kin, upon written request. Actual and reasonable costs of performing the autopsy which my estate or next-of-kin may become legally obligated for will be paid or reimbursed by the Registries.

In the event of a serious illness or injury or my death, an immediate toll-free telephone call should be made to the Registries at 800-375-9317. To aid in assuring that this notification is made, I will conscientiously try to keep on my person the identification card issued to me for this purpose and to keep the Registries advised of my current address and employer.

Since the Registries' requirements for acquisition of scientific data may change periodically, it will be necessary to review the program and to consider renewal of the authority granted herein on a periodic basis. By execution of this agreement, both parties agree that any previous agreement pertaining to autopsy on or disposition of my remains shall be terminated and superceded by this agreement.

This authority shall become effective on _____ and shall continue for a period of five years unless terminated sooner by action or myself or the Registries, without cause, upon thirty days advance written notice to the other party.

Upon completion and fulfillment of this agreement and the performance of the autopsy directed above, the Registries agree to pay to _____ or spouse, if surviving, or next-of-kin signing this agreement, an honorarium of \$500.00.

DONOR			
Signature	Date	Telephone	
Street address	City	State	Zip
SPOUSE OR NEXT OF KIN (CIRCLE ONE)			
Signature	Date	Telephone	
Street address	City	State	Zip

WITNESSES (ONE MAY BE SPOUSE OR NEXT OF KIN)			
Signature	Date	Telephone	
Street address	City	State	Zip
Signature	Date	Telephone	
Street address	City	State	Zip
WASHINGTON STATE UNIVERSITY- UNITED STATES TRANSURANIUM AND URANIUM REGISTRIES			
Signature	Title	Date	

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