

F215

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Registrant Authority for Autopsy

Approved by 

Sergei Y. Tolmachev, Director
October 2017

This form is provided in the Registrant packets and is completed by the Registrant when wishing to be considered for participation in the program. This authorizes the Registries to perform the necessary procedures after death. The donor, next-of-kin and witness need to sign this to be considered for and maintain active registration.

AUTHORITY FOR PARTIAL BODY AUTOPSY

I, _____, Social Security Number _____ direct that, upon my death, an autopsy on my remains be made by duly licensed physicians at the request of and under the sponsorship of the United States 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 and 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.

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parties agree that any previous agreement pertaining to autopsy on or disposition of my remains shall be terminated and superseded by this agreement.

This authority shall become effective on _____ and shall continue unless terminated by action of 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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