

F216

Created 03/02
Revised 10/17



Registrant Authorization for use of Whole Body for Research

S. Tolmachev
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 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 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 or reimbursed by the Registries.

A whole body donor wills his/her entire body to the USTUR. Therefore, the donor cannot be returned for burial or cremation. However, the USTUR can, upon request, return a small portion of bone ash to the family.

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agree that any previous agreement pertaining to autopsy on or disposition of my remains shall be terminated and superseded by this agreement.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

Sponsored by a grant to WSU from the U.S. Department of Energy

USTUR FORM-0005-0100