

Documentation Requirements Pursuant to OAR 333-081-0075 and ORS 438.715

(1) As required by Oregon Laws 2013, chapter 356, section 3(4), when a NARRO accepts an offer from an individual to donate anatomical material it must provide that individual notice that clearly explains:

- (a) How the NARRO intends to dispose of the anatomical material if donated, and whether and how and anatomical material may be returned;

It is the policy of the company to cremate any human remains after donation. The cremation will be performed by an independent, licensed crematorium at the direction of the company, subject to its rules and regulations. The disposition of the anatomical materials may be conducted by the institutions to which they have been distributed, in accordance with all laws pertaining to the disposition of human remains. The authorizing person may choose to have partial cremated remains returned by mail to a recipient at an address specified in the authorization of anatomical donation and cremation or scattered. If partial cremated remains are being returned, please allow approximately three to twelve months for the cremated remains to be processed and sent by registered mail. The timeframe regarding the return of cremated remains generally depends on the purpose and placement of the donation. For updates on the return of cremated remains, please contact us at (844) 330-7040.

- (b) Whether or not the NARRO guarantees the coverage of costs related to transporting and disposing of the anatomical material and, if all costs will not be covered, what costs will be the responsibility of the individual making the donation; and

Upon authorization of donation, the company agrees to be responsible for certain costs directly related to the donation including death certificate processing, cremation and distribution or disposition of the anatomical

materials. The company will not reimburse costs incurred before the authorization of donation. The cost of supplemental services will be the responsibility of the authorizing person. In the condition that unforeseen circumstances at the time of death appear to make transportation of the donor to a NARRO facility not possible for any reason, the company reserves the right, at their sole discretion and direction, to forego donation and provide for the disposition of human remains at a local crematorium.

- (c) What costs will be covered by the NARRO and what costs will be the responsibility of the individual making the donation if the individual or relative or personal representative subsequently rescinds, or the NARRO later rejects, the offer of anatomical material.

In the event that the authorizing person subsequently rescinds the authorization, the authorization of anatomical donation and cremation becomes totally and completely void and no obligation will be placed on the company or its associated agents regarding any costs related to the death or disposition of the donor. The authorizing person will be responsible for all costs incurred with the donation including transportation and other arrangements for disposition.

- (2) If a NARRO returns any anatomical material to a relative or personal representative of a donor, the NARRO must provide that person with a notice that discloses whether all or part of the donor's body is being returned.

It is the policy of the company that the cremated remains returned will not include the anatomical materials recovered for research or education. The cremated remains being returned consists of cremated human remains that could not be used for research or education.

- (3) The notice required by sections (1) and (2) of this rule must be in writing and be printed in at least 14-point type.



The Cremation Process

The human remains of the decedent are placed in a combustible container and delivered to the crematory. All cremations are performed individually. The cremation process begins with the placement of the container in the cremation chamber where it is subjected to intense heat and flame, reaching temperatures of approximately 1400 to 1800 degrees Fahrenheit. Due to the intense heat and flame, all substances are consumed or driven off, except for bone fragments (calcium compounds) and metals, as the temperature is not sufficiently high enough to consume them. During the cremation process it may be necessary to open the cremation chamber and reposition the human remains to facilitate a complete and thorough cremation.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry, as well as body prostheses or dental bridgework, that are left with the decedent may be destroyed or will otherwise not be recoverable and will be disposed of in any lawful manner, including recycling to one or more charitable organizations with no financial gain to the donation organization or crematory. The Authorizing Agent understands that arrangements must be made to remove such possessions or valuables prior to the time that the decedent is transported to the custody of NARI.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The crematory makes all reasonable efforts, and uses its best efforts, to remove all the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, there will be inadvertent or incidental commingling of minute particles of cremated remains from the residue of previously cremated remains, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. After the bone fragments have been separated from the other materials, they will then be mechanically processed or pulverized. This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

After the cremated remains have been processed, they will be placed into a cardboard or plastic urn. The crematory will make all reasonable efforts to put all the cremated remains in the urn, except for dust or other residue that might remain on the processing equipment. The urn containing the cremated remains will be returned to a recipient or disposed of as directed by the Authorizing Agent.



AUTHORIZATION FOR ANATOMICAL DONATION AND DISPOSITION

Donor legal name:*	Donor date of birth:*
Authorizing person legal name:*	Relationship to donor:*
Authorizing person address:*	Phone number:*

I wish to register the donor for anatomical donation and disposition, for the purposes of research and education. A document of gift authorizes the postmortem release of the donor's medical records and any examination necessary to ensure the acceptability of the anatomical donation, including the disposition of the donor's remains after anatomical donation.

	Authorization for Anatomical Donation		Authorization for Disposition
ORS 97.955	<i>Persons Authorized to Make Anatomical Gift During the Life of the Donor</i> (Check the highest priority class possible, or skip if authorized by 97.965) <input type="checkbox"/> 1. The donor, if the donor is an adult or a minor and is emancipated <input type="checkbox"/> 2. An agent of the donor (ex. power of attorney for health care) <input type="checkbox"/> 3. Both parents of the donor, if the donor is an unemancipated minor	ORS 97.130(1)	<i>Right to Control Disposition of Remains (During the Life of the Donor)</i> (Check the highest priority class possible, or skip if authorized by 97.130(2)) <input type="checkbox"/> 1. The donor, if the donor is an adult or a minor and is emancipated <input type="checkbox"/> 2. An agent of the donor (ex. power of attorney for health care) <input type="checkbox"/> 3. Both parents of the donor, if the donor is an unemancipated minor
ORS 97.965	<i>Persons Authorized to Make Anatomical Gift on Behalf of a Decedent</i> (Check the highest priority class possible, or skip if authorized by 97.955) <input type="checkbox"/> 1. An agent of the decedent (ex. durable power of attorney) <input type="checkbox"/> 2. The spouse of the decedent <input type="checkbox"/> 3. An adult child(ren) of the decedent <input type="checkbox"/> 4. Both parents of the decedent <input type="checkbox"/> 5. An adult sibling(s) of the decedent	ORS 97.130(2)	<i>Right to Control Disposition of Remains (on Behalf of a Decedent)</i> (Check the highest priority class possible, or skip if authorized by 97.130(1)) <input type="checkbox"/> 1. An agent of the decedent (ex. durable power of attorney) <input type="checkbox"/> 2. The spouse of the decedent <input type="checkbox"/> 3. A son(s) or daughter(s) of the decedent 18 years of age or older <input type="checkbox"/> 4. Both parents of the decedent <input type="checkbox"/> 5. A brother(s) or sister(s) of the decedent 18 years of age or older

ORS 438.715(4)	Supplemental Services The authorizing person may register for optional supplemental services performed by a licensed facility selected by NARI. The no cost supplemental services are available in addition to the anatomical donation and disposition services. The supplemental services may not be available in all states. Select supplemental services: <input type="checkbox"/> I wish to register the donor for viewing service <input type="checkbox"/> Return death certificate to a designated recipient: Recipient: _____ Phone number: _____ Address: _____
-----------------------	--

ORS 97.150	Disposition of Remains* The disposition of the donor's remains will be performed by a licensed facility selected by NARI. Per ORS 438.715(2), any remains returned to a recipient in a cardboard or plastic container will not include the remains of the anatomical gifts recovered for research and education. Select method of disposition: <input type="checkbox"/> Do not return remains, scatter <input type="checkbox"/> Return remains to a designated recipient: Recipient: _____ Phone number: _____ Address: _____
-------------------	--

By signing this record, I swear and affirm that I am the donor, their agent or legal next of kin or are otherwise empowered to execute this authorization according to all state and local laws and bear all responsibility thereof. I swear and affirm that I am aware of no objection to this anatomical donation and disposition by the spouse, any adult child, parent, sibling, adult grandchild, grandparent, or guardian, or of provision of any will or instructions made by the decedent. I swear and affirm that the information entered herein is true and correct to the best of my knowledge:

Authorizing person signature:*	Date:*	Time:*
--------------------------------	--------	--------

Pursuant to ORS 97.953(6), (a) "disinterested witness" means a witness other than: (A) A spouse, child, parent, sibling, grandchild, grandparent or guardian of the individual who makes, amends, revokes or refuses to make an anatomical gift; or (B) An adult who exhibited special care and concern for the individual. (b) Disinterested witness does not include a person to whom an anatomical gift could pass under ORS 97.969. Pursuant to ORS 97.957, (2) if the *donor* or other person authorized to make an *anatomical gift* under ORS 97.955 is physically unable to *sign a record*, the *record* may be *signed* by another individual at the direction of the *donor* or other person and must: (a) be witnessed by at least two *adults*, at least one of whom is a *disinterested witness*, who have *signed* at the request of the *donor* or the other person; and (b) state that it has been *signed* and witnessed as provided in paragraph (a) of this subsection.

Witness one legal name:*	Phone number:*	
Witness one signature:*	Date:*	Time:*

Witness two legal name:*	Phone number:*	
Witness two signature:*	Date:*	Time:*

OFFICIAL	Recorded by:	Date:	Time:
	Verified by:	Date:	Time:



DONOR VITALS WORKSHEET

Please confirm that all information is correct, legible and matches legal records. Inaccurate, illegible or missing information will delay or void the certified death certificate. If information is unknown, write, "UNKNOWN." If information is not applicable, write, "N/A." For assistance in completing this form, call 1-844-330-7040.

Donor legal name:*		Donor maiden name:*	
Informant person legal name:*		Relationship to donor:*	
Informant person address:*		Phone number:*	

DEMOGRAPHICS	Sex:*	Race:*	Height:*	Weight:*	Social security number:*	
	Hispanic origin:*		Tribal affiliation:*		Education level:*	
	Birth city:*		Birth state and country:*		DOB:*	
	Legal residence:*				Resident since:*	In city limits:*

SOCIAL HISTORY	Career occupation:*		Industry:*		U.S. military service:*	
	Spouse name:*		Spouse maiden name:*		Birth state and country:*	
	Mother name:*		Mother maiden name:*		Birth state and country:*	
	Father name:*		Father surname:*		Birth state and country:*	

EOLC HISTORY	Hospital or hospice agency:*				Phone number:*	
	Hospital or hospice address:*				Patient since:*	
	Primary physician:*				Phone number:*	
	Marital status at death:*		Cause of death:*		DOD:*	Time:*

The following questions are asked to obtain relevant medical and social history information so that the donation can be applied to the appropriate uses for research and education. If information is unknown, write, "UNKNOWN." The following questions are not exhaustive, please provide detailed information as much as possible.

MEDICAL HISTORY QUESTIONNAIRE	Take any prescription or anticoagulant drugs?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Take any intravenous or recreational drugs?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Take any radioactive drugs or treatment?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Tested positive for HIV or hepatitis B or C?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Tested positive for prion disease or parasites?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Tested positive for MRSA, VRE, TB or sepsis?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of vascular hypertension?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of smoking or alcohol use?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of pacemaker use or implants?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of surgery or amputation?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of bone or organ disease?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Have any history of cancer or diabetes?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Received any transplant, therapy, or transfusion?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
	Received any medical aid in dying care?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
Received any hospital or hospice care?*	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	

OFFICIAL	Recorded by:	Date:	Time:
	Verified by:	Date:	Time:



FINAL DISPOSITION ADDENDUM

If there is more than one member of a class listed in ORS 97.965 and ORS 97.130(2) entitled to authorize the anatomical donation and disposition on behalf of a donor, including the postmortem release of the donor’s medical information, please list their information below. For assistance in completing this form, call 1-844-330-7040.

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

Print legal name:		Relationship to donor:	
Address:		Phone number:	
Signature:		Date:	Time:

OFFICIAL	Recorded by:	Date:	Time:
	Verified by:	Date:	Time: