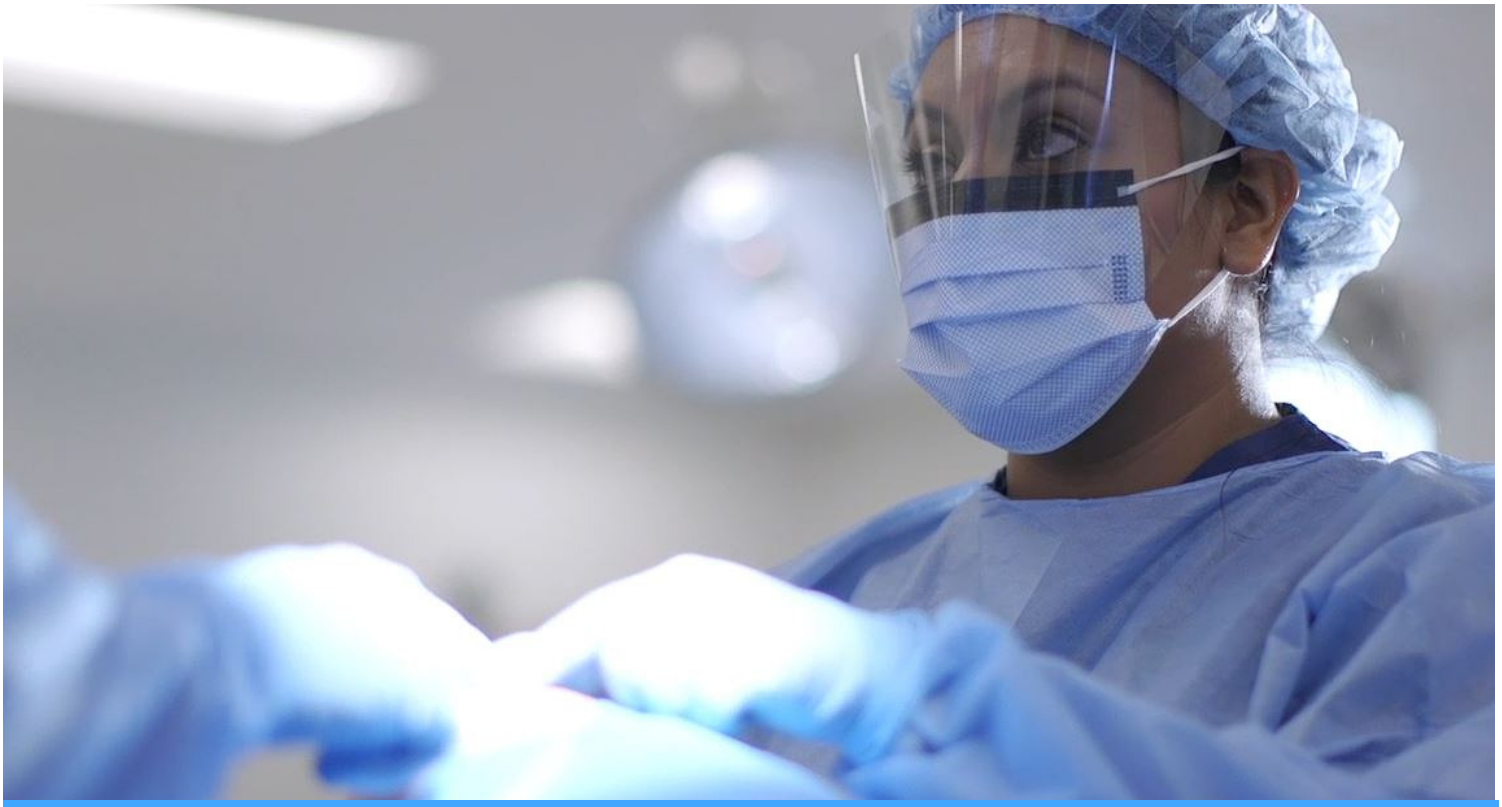
SCIENCE CARE STANDARDS AND COMMITMENTS GUIDE

"We Make a World of Difference"

MISSION & VISION
PRINCIPLES
PHILOSOPHY & MORE

Science Care®
800 417 3747
www.sciencecare.com



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STANDARDS

MISSION AND VISION

We make a difference in the world by helping to improve the quality of life for future generations. At the core of everything we do is our mission to serve and honor the gift of tissue donation. We create mutually rewarding relationships with Donors, Clients, and Employees through respect, ownership, and amazing service.

PRINCIPLES

The Science Care guiding principle is OWNERSHIP in all we do.

Quality
Compliance before growth, clearly defined processes that drive reliable and high quality outputs, the goal is error free

Integrity
Do what we say we do, hold ourselves to high standards, demonstrate respect and dignity for the donor and their families at all times

Service
With responsiveness and intention, we focus on the current interaction as the most important and recognize opportunities to create wins for all

Safety
Meticulously clean, safe and organized, we believe in safety first

Innovation
Take pride in creating solutions that add value

Attitude
Work together, succeed as a team, make work fun, we are motivated people with enthusiasm and a can-do attitude

PHILOSOPHY

As the nation's leading whole body donor program, Science Care is dependent upon the generosity of donors and their families. Respect, compassion, and honoring the gift of donation are central to everything we do.

We serve the public in a professional manner to provide safe, secure and properly consented human tissue for the medical community.

DONORS

DONOR MANAGEMENT

It is the responsibility of Science Care staff to ensure all donors are treated with respect and dignity. Science Care documents all donor movement maintaining traceability with each step of the donation process.

It is essential every donor's anonymity remain undisclosed. All Donor information collected by Science Care will be coded to maintain anonymity and confidentiality. All cremated remains being returned to the donor next of kin, and all human remains from donors during the time of procurement will be processed by an approved funeral home. Cremated remains sent for cremation will be labeled and organized by donor name. Ashes being returned to the families or designated location must be shipped by the US Postal Service.

The completion of an informed consent document is a statement of intent and not a legally binding contract, and does not ensure Science Care will accept a donation at the time of passing. The donor, the donor's next of kin, or Science Care may revoke the informed consent at any time prior to the start of tissue procurement, for safety, suitability or feasibility reasons.

DONOR REFERRALS

Science Care educates the public and provides information allowing individuals and their legal next of kin to make an informed decision.

Science Care prohibits reward or compensation of any kind to donors, donor's next of kin, or any referral sources.

The Science Care whole body donation program is provided at no cost to the donor or donor's family upon acceptance into the program. Therefore, it is critical Science Care maintains reasonable cost structures to facilitate the long term mission of Science Care. End of life care providers arrange for transportation, refrigeration, filing of permits, death certificates, and may offer other services. Science Care's policy is to authorize payment only for reasonable and customary fees for services provided by death care providers only when such fees are directly related to the cost of donation.

Coercion of the donor, or the legal next of kin, is expressly prohibited at any time. Science Care only accepts donation when a legally valid informed consent and donor screening has been completed and deemed legal, safe and feasible for the Science Care Program.

FACILITIES

DONATION FACILITIES

- Phoenix, AZ
- Long Beach, CA
- Denver, CO
- Coral Springs, FL
- Chicago, IL
- Philadelphia, PA

MEDICAL TRAINING FACILITIES

- Phoenix, AZ
- Long Beach, CA
- Denver, CO

TISSUE

Science Care donor tissue must (at all times) retain positive identification, and be utilized in accordance with all local, state, and federal laws, and the American Association of Tissue Banks (AATB) Standards.

Movements of all donor tissue will be documented and tracked with Science Care's inventory management system.

CLIENTS

Science Care will build long term relationships based on trust, execution and service. Each client interaction is the most important, and will be treated as such. Adding value and executing the details on every order is our goal.

For all tissue shipments, only approved carriers will be permitted to pick up human tissue from Science Care designated locations. All returning Tissue shipments must be approved by Science Care prior to the return of shipment to ensure safety and compliance to the community and the Science Care staff.

EVENTS

The Science Care Events Team is responsible for maintaining the chain of custody and safe handling and logistics of all tissue and supplies where a Science Care steward is requested. The Science Care Event Team will assist the client with a can do attitude that adds value and is service focused.

Science Care facilities comply with local, state and federal laws, and applicable AATB standards while providing a safe environment.

PERSONNEL

Science Care employees are the cornerstone of our organization.

All employees at Science Care will work in an environment of mutual respect, trust, and cooperation. Science Care is dedicated to providing all employees with the appropriate tools, pathways, and communication to ensure positive performance. Science Care will ensure each employee is given every opportunity to succeed and improve performance to uphold Science Care's high standards.

QUALITY & AUDITS

Quality is the responsibility of every Science Care employee.

All quality systems will be continuously evaluated through a comprehensive audit program designed to detect, correct and ultimately prevent problems from occurring or re-occurring. Operations and Quality Assurance are partners in this program, each having an equal stake in the success of Science Care and its employees.

All Science Care core operational functions that fall under the scope of the AATB and the New York Department of Health (NYDOH) accreditation will adhere to a comprehensive and systematic audit program. The audit program will monitor all Science Care quality systems under management's control. Audits will be performed by the Science Care Management Team, quality designees, and/or independent Quality Assurance staff.

At any time, a member of the Executive Team or Quality Assurance has the authority to temporarily suspend any/all operational function(s), at any time, if necessary to minimize potential safety risks and/or ensure compliance with subscribed accreditation standards.

Science Care's Quality Assurance Department is an independent quality advocate with authority given by the Program Director. Quality Assurance functions are independent of operational functions. Oversight over operational functions resides with Executive Management, while the oversight over Quality Assurance functions resides with the Program Director.

DISTRIBUTION

Science Care adheres to all shipping regulations in compliance with USDOT, IATA and OSHA regulations, and/or laws, and all state, local and federal regulations.

TRAINING & COMPETENCY

To ensure all Science Care employees understand and adhere to the high standards defined by Science Care and the AATB, all Science Care employees will complete comprehensive training on company policies, procedures, and standards.

Training is conducted, documented, and managed. Upon completion of training, each employee will have the ability to locate all training materials applicable to their job roles. It is the responsibility of all Science Care employees to uphold and adhere to all Science Care and AATB policies, procedures, standards, and directives.

SAFETY & RADIATION

To ensure OSHA, CDC Biosafety and Radiation level requirements are met, all Science Care employees are provided with the knowledge and tools to perform their duties safely to reduce risk for exposure to potentially infectious or contaminated materials and from unnecessary exposure to radiation. Employees are encouraged to report unsafe conditions to their supervisor, and Science Care ensures employees are informed of their workplace rights and responsibilities under the Occupational Safety and Health (OSH) Act of 1970, (84 Stat.1590).

DOCUMENTATION & RETENTION

All documentation will comply with any applicable laws, AATB standards, and Science Care requirements. All donor and client files will be maintained with appropriate security at all times

MARKETING

Why Donate:
Whole body donation is a life affirming choice. Donation helps to further medical training and knowledge that can result in significant improvements in medical care and improve the health and well-being of patients for generations to come.

The potential benefits to humankind are enormous. Medical training that involves the use of human tissue advances the knowledge and skills of physicians and surgeons.

Physicians from around the world depend on Science Care to learn the latest medical techniques. In addition, training and research using human tissue can accelerate the development of advanced medical devices, techniques, instrumentation, and treatment options. As a result, donation helps the medical community improve the safety and efficacy of treatments for patients on a global scale.

Why Science Care:
At Science Care we know that body donation is an important and highly individual decision. In every way possible, we honor the intent of the donation by adopting the strictest guidelines for use in medical research and education. On average each donor participates in 6 medical research and training programs.

In our journey to maintain the highest possible standards, we are the first organization to be accredited by the American Association of Tissue Banks ensuring regular independent 3rd party review of our quality systems and outputs to maintain consistency, safety and quality.

MEDIA & PUBLIC RELATIONS

All authorized Science Care employees, or agents engaged in obtaining information or photos from clients, or any other individuals, not affiliated with Science Care, must complete the Photo and Media Release Form. The form must be completed prior to obtaining photos or information.

Clients requiring videos or imaging for medical education or training purposes must obtain prior approval from Science Care. Requests can be submitted by completing and returning a Science Care Camera Usage Agreement.

Matters pertaining to Donor Services will be addressed by the Executive Leader of Donor Services.
Matters pertaining to Client Services will be addressed by the Executive Leader of Client Services.

All media inquiries, please call 800-417-3747

SECURITY

Science Care's badge system allows employees access to areas and facilities based on their job position. Science Care lab facilities have 24 x 7 security cameras to protect all employees, donor families and clients.

FINANCE

The Finance Department is responsible for the complete, accurate, and timely reporting of Science Care's financial information to its management team and stakeholders. Third party audits are administered annually.

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Donation and Cremation Consent

Dual Consenter

I, _____("**Consenter**"),
Consenter Full Name

am the _____
Legal Order Consenting Class

of _____ ("**Donor**").
Donor's Full Name

I confirm, to the best of my knowledge, that there are no known objections to making an anatomical gift of the whole of the Donor's body ("**Donated Tissue**"), or the cremation of the Donated Tissue, by either the Donor or any member of the authorized legal consenting classes. I hereby confirm that I have provided Science Care, Inc. and its affiliates ("**Science Care**") with any and all information known to me regarding the identities of and contact information for any and all members of the donation and cremation consenting classes for the Donor (including but not limited to any living relative, power of attorney, and guardian).

The Donor's date of birth was _____/_____/_____. The Donor's date of passing was _____/_____/_____.

As duly authorized under applicable law, I hereby donate this gift of the Donated Tissue to Science Care with the understanding that Science Care will provide the Donated Tissue to third parties selected by Science Care ("**Clients**") for education and training, scientific advancement, and/or research and development purposes ("**Permitted Purposes**").

I understand that the Donated Tissue will initially be processed by a Science Care facility, assigned at Science Care's sole discretion. I understand that this donation of Donated Tissue is conducted under the laws applicable to the state where the Donor resided at the time of his/her passing.

In addition, as duly authorized under applicable law, I hereby provide consent to the cremation of the Donated Tissue, as described below, by or on behalf of Science Care and its Clients. I understand that cremation will be conducted under the laws applicable in the state where the cremation occurs, as performed by or on behalf of Science Care or a Client.

I understand and acknowledge the following disclosures as a condition to donation and consent to cremation:

1. This consent is not a contract for services with Science Care, but is an expression of my intention and informed consent for donation of the Donated Tissue for use 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 Science Care and Clients.
2. I provide my consent voluntarily and on the basis of the terms as described in this consent form. Except as described in this consent form and under applicable law, Science Care has no further obligation of any kind with respect to the donation and cremation of the Donated Tissue.
3. This consent form supersedes any other agreement, contract or correspondence between me and Science Care.
4. Science Care is a for-profit company.
5. Due to the nature and the time sensitivities of the donation process, an open casket viewing during a funeral service will not be possible.
6. Science Care, in its sole discretion, will designate and provide any part or all of the Donated Tissue ("**Designated Tissue**") to Clients. Science Care may be compensated by Clients for providing the Designated Tissue. These Clients may be for-profit or non-profit and may use the Designated Tissue for Permitted Purposes. Clients may be within or located outside of the United States.

INITIAL HERE X _____

7. I understand that Clients may make derivative products and other discoveries informed by what they learn from the Donated Tissue and that these derivative products and discoveries may result in commercialized products. I understand that while the Donated Tissue itself will not be used for transplantation or therapy, the Donated Tissue may be used to develop derivative products (such as but not limited to models, artificial implants, and cell lines) that may themselves be used directly in individuals for transplantation or therapy. I understand that neither I, the Donor's estate, nor any other next of kin or legal representative of the Donor, is entitled to any revenue or royalties from any of these or other commercialized products or any share in any of the compensation that Science Care receives from Clients for any Donated Tissue.
8. Science Care may give all of the Designated Tissue to a single Client or may provide the Designated Tissue to multiple Clients, at different locations and times, based on the needs of the Client with respect to Permitted Purposes. I understand that I cannot select the Clients and that, for confidentiality reasons, Science Care will not inform me of the Client/Clients who receive any Designated Tissue.
9. Acceptance of the Donated Tissue is contingent upon the Donated Tissue meeting Science Care's criteria and passing the Science Care screening process. In the event the Donated Tissue is not accepted by Science Care, I understand I will be solely responsible for making and covering all costs of alternative arrangements for final disposition in a timely manner. Once I have secured those arrangements, I will contact Science Care and provide any necessary release for an authorized party to complete the removal of the Donated Tissue to my designated place of disposition.
10. If Science Care accepts the Donated Tissue, Science Care will evaluate the tissue for potential use for Permitted Purposes. Any tissue that Science Care does not accept and/or need for Permitted Purposes ("**Initial Remains**") will be cremated. I indicate below whether I would like such cremated Initial Remains to be returned to me or a designated third party ("**Remains Recipient**"). If I indicate that I do not wish for the cremated Initial Remains to be returned to anyone, they will be disposed of in a manner permitted by applicable law. Science Care cannot guarantee against inadvertent or incidental commingling of the cremated Initial Remains with minute particles of cremated remains from the residue of previous cremations. Initial Remains are typically returned within one to two months, but I will be contacted if there is an unanticipated delay. I agree to notify Science Care immediately if the contact information of the Remains Recipient changes in any way as I understand this could impact the successful delivery of the Initial Remains. If I do not notify Science Care of a change in such contact information and Science Care cannot locate the Remains Recipient after making a reasonable attempt, Science Care will hold the Initial Remains for one year and then will scatter the Initial Remains or inter them in an ossuary, consistent with applicable law.
11. Science Care may decline the gift for any reason at its sole discretion.
12. As part of the Science Care screening process, Donated Tissue will be screened for certain communicable diseases, including, but not limited to, HIV (AIDS) and Hepatitis B & C. Science Care will disclose the results of such testing to Clients consistent with applicable law. I understand that, unless required by law to do so, Science Care will not inform me, any next of kin, or legal representative of the Donor of the screening results.
13. If I change my mind, I may revoke or modify this gift of the Donated Tissue and consent to cremation at any time prior to any processing of the Donated Tissue by Science Care.
14. Science Care may rely upon this consent unless I advise Science Care in writing that I have revoked or modified it prior to those events described above. After such time, I understand that I will no longer be able to revoke or modify my consent as described above.
15. If Science Care accepts Donated Tissue and begins the process of recovering Designated Tissue, there will be no cost to me associated with donation and cremation, including transportation and the return of Initial Remains.
16. Science Care will remove any personal items accompanying the Donated Tissue that it receives. Such personal items may be retrieved by me or a person I designate or may be shipped together with the return of the Initial Remains. If the personal items are not collected within a reasonable period of time or are returned undeliverable, Science Care has the right to destroy such items. Clothing and implanted items, such as dental gold, will be destroyed in the cremation process and not returned.

INITIAL HERE X _____

17. Mechanical devices implanted in the Donated Tissue prior to the Donor's passing may create a hazardous condition during the cremation process and will be identified by authorized personnel and removed prior to cremation as required under applicable law. To facilitate such removal, I may be asked by Science Care to complete the Science Care Medical/Social History Questionnaire, in which I must notify Science Care of any implanted devices in the Donor's body of which I have knowledge.
18. The crematory authority is authorized to proceed with cremation upon receipt of any Initial Remains.
19. Donated Tissue may be used indefinitely into the future for Permitted Purposes. Unless as may be permitted by me under any separate Donation Consent Addendum that may be attached to this form, Clients may only capture and display photographs or video documents of the Donated Tissue for non-commercial scientific publication or presentation purposes, and only if the Donor cannot be identified in such materials.
20. To support Clients' use of the Designated Tissue for Permitted Purposes, Science Care will share with Clients the Donor's medical history, including but not limited to medical records and autopsy reports, consistent with the HIPAA Authorization that I may be asked to provide (or that the Donor may have provided prior to passing).
21. Science Care and/or a Client may need to perform extensive surgical preparation of the Designated Tissue, including embalming, long term preservation and the surgical removal of the extremities, arms, legs, hands, feet, head, spine, and/or other organs, tissues or fluids from the body.
22. Exposure of the Donated Tissue to destructive forces may be involved including simulated injury, trauma, impact, crash, ballistic or blast for Permitted Purposes such as but not limited to research, scientific advancement, and education and training in forensic pathology, vehicle safety or protective equipment development for transportation, military, sports, or law enforcement.
23. Science Care and/or any Client may arrange for the final disposition of any Designated Tissue after it has been used for or is otherwise remaining after use for Permitted Purposes ("**Residual Remains**") in any manner subject to applicable law, which may include commingling of Residual Remains with other remains, and the cremation or incineration of Residual Remains as medical or pathological waste. Any Residual Remains that are cremated may be scattered at land or sea or interred in a shared ossuary. Residual Remains will not be returned to me or the Remains Recipient.
24. Cremated remains are bone fragments that are placed in a rigid container designed for short term use and shipment.
25. ***For cremation that occurs in California, you are hereby advised:*** The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea.
26. ***For cremation that occurs in Florida, you are hereby advised:*** Cremation occurs upon completion of the tissue recovery process and within 48 hours of arrival at the crematory facility

INITIAL HERE X _____

Science Care

Donation and Cremation Consent

Dual Consenter

I hereby release from liability Science Care, its assignees, Clients, and their respective independent contractors, agents and employees (such as but not limited to the funeral home and cremation service providers that work with Science Care), against loss from any and all claims, demands, or damages which may be made by or declared against it or them (except for willful or intentional misconduct), or by reason of my failure to timely disclose the existence of implanted devices or personal items on the Medical/Social History Questionnaire that I may be asked to complete. My only remedy that can arise out of this Donation and Cremation Consent Form is revocation of this Donation and Cremation Consent Form.

I verify that I understand and agree to this Donation and Cremation Consent Form, including all of the disclosures and the release above, and provide the permissions set forth herein. I verify that I have had adequate time for consideration with all questions having been answered. I have no actual knowledge that contradicts any information in this Donation and Cremation Consent Form.

Signed and initialed by the Consenter and the below witnesses:

X_____

Consenter Signature **Consenter Printed Name** **Date Signed**

Consenter Information

Name _____

Address _____

City _____

State _____ Zip Code_____

Phone _____

Return Cremated Initial Remains **YES** ☐ **NO** ☐

Remains Recipient Name _____

Address _____

City _____

State _____ Zip Code_____

Phone _____

WITNESS 1: The witness signing below attests that the Consenter is over 18 years of age, of sound mind, and free of duress when signing this Consent Form.

X_____

Witness Signature

WITNESS 2: Disinterested and Impartial Witness *(**Cannot be one of the following to the donor:** spouse, domestic partner, child, parent, sibling, grandchild, grandparent, guardian, or any member of the consent legal order for the state of donation and cremation.)*

X_____

Witness Signature

Questions? Call Science Care 24 Hours a Day at 800.417.3747

Fax: 602.331.4344 **Email:** familyservices@sciencecare.com

Office Use Only	_____ Science Care Representative Signature	Science Care Representative Printed Name	Date Signed

I, _____ ("**Donor**"), hereby donate this gift of my body ("**Donated Tissue**") to Science Care, Inc. and its affiliates ("**Science Care**") with the understanding that Science Care will provide the Donated Tissue to third parties selected by Science Care ("**Clients**") for education and training, scientific advancement, and/or research and development purposes ("**Permitted Purposes**").

I understand that the Donated Tissue will initially be processed by a Science Care facility, assigned at Science Care's sole discretion. I understand that this donation of Donated Tissue is conducted under the laws applicable to the state where I reside at the time of my execution of this Donation Consent.

In addition, I hereby provide consent to the cremation of the Donated Tissue, as described below, by or on behalf of Science Care and its Clients. I understand that cremation will be conducted under the laws applicable in the state where the cremation occurs, as performed by or on behalf of Science Care or a Client.

I understand and acknowledge the following disclosures as a condition to donation and consent to cremation:

1. This consent is not a contract for services with Science Care, but is an expression of my intention and informed consent for donation of the Donated Tissue for use 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 Science Care and Clients.
2. I provide my consent voluntarily and on the basis of the terms as described in this consent form. Except as described in this consent form and under applicable law, Science Care has no further obligation of any kind with respect to the donation and cremation of the Donated Tissue.
3. This consent form supersedes any other agreement, contract or correspondence between me and Science Care.
4. Science Care is a for-profit company.
5. Due to the nature and the time sensitivities of the donation process, an open casket viewing during a funeral service will not be possible.
6. Science Care, in its sole discretion, will designate and provide any part or all of the Donated Tissue ("**Designated Tissue**") to Clients. Science Care may be compensated by Clients for providing the Designated Tissue. These Clients may be for-profit or non-profit and may use the Designated Tissue for Permitted Purposes. Clients may be within or located outside of the United States.
7. I understand that Clients may make derivative products and other discoveries informed by what they learn from the Donated Tissue and that these derivative products and discoveries may result in commercialized products. I understand that while the Donated Tissue itself will not be used for transplantation or therapy, the Donated Tissue may be used to develop derivative products (such as but not limited to models, artificial implants, and cell lines) that may themselves be used directly in individuals for transplantation or therapy. I understand that neither I, my estate, nor any of my next of kin or legal representatives, is entitled to any revenue or royalties from any of these or other commercialized products or any share in any of the compensation that Science Care receives from Clients for any Donated Tissue.
8. Science Care may give all of the Designated Tissue to a single Client or may provide the Designated Tissue to multiple Clients, at different locations and times, based on the needs of the Client with respect to Permitted Purposes. I understand that I cannot select the Clients and that, for confidentiality reasons, Science Care will not inform me or any of my next of kin or legal representatives of the Client/Clients who receive any Designated Tissue.
9. Acceptance of the Donated Tissue is contingent upon the Donated Tissue meeting Science Care's criteria and passing the Science Care screening process. In the event the Donated Tissue is not accepted by Science Care, I understand my next of kin or legal representatives are solely responsible for making and covering all costs of alternative arrangements for final disposition in a timely manner and that they must take any steps necessary to secure those arrangements, contact Science Care once the arrangements are secured, and provide any necessary release for an authorized party to complete the removal of the Donated Tissue to my designated place of disposition.

INITIAL HERE X _____

10. Science Care may decline the gift for any reason at its sole discretion.
11. If Science Care accepts the Donated Tissue, Science Care will evaluate the tissue for potential use for Permitted Purposes. Any tissue that Science Care does not accept and/or need for Permitted Purposes ("**Initial Remains**") will be cremated. I indicate below whether I would like such cremated Initial Remains to be returned to a designated third party ("**Remains Recipient**"). If I indicate that I do not wish for the cremated Initial Remains to be returned to anyone, they will be disposed of in a manner permitted by applicable law. Science Care cannot guarantee against inadvertent or incidental commingling of the cremated Initial Remains with minute particles of cremated remains from the residue of previous cremations. Initial Remains are typically returned within one to two months after processing of the Donated Tissue, and the Remains Recipient (if applicable) will be contacted if there is an unanticipated delay. If the Initial Remains are returned undeliverable and Science Care cannot locate the Remains Recipient after making a reasonable attempt, Science Care will hold the Initial Remains for one year and then will scatter the Initial Remains or inter them in an ossuary, consistent with applicable law.
12. As part of the Science Care screening process, Donated Tissue will be screened for certain communicable diseases, including, but not limited to, HIV (AIDS) and Hepatitis B & C. Science Care will disclose the results of such testing to Clients consistent with applicable law. I understand that, unless required by law to do so, Science Care will not inform any of my next of kin or legal representatives of the screening results.
13. If I change my mind, I may revoke or modify this gift of the Donated Tissue and consent to cremation at any time.
14. Science Care may rely upon this consent unless I advise Science Care in writing that I have revoked or modified it.
15. If Science Care accepts Donated Tissue and begins the process of recovering Designated Tissue, there will be no cost to my estate or my next of kin or legal representatives associated with donation and cremation, including transportation and the return of Initial Remains.
16. Science Care will remove any personal items accompanying the Donated Tissue that it receives. Such personal items may be retrieved by my next of kin or legal representatives or may be shipped together with the return of the Initial Remains. If the personal items are not collected within a reasonable period of time or are returned undeliverable, Science Care has the right to destroy such items. Clothing and implanted items, such as dental gold, will be destroyed in the cremation process and not returned.
17. Mechanical devices implanted in the Donated Tissue prior to my passing may create a hazardous condition during the cremation process and will be identified by authorized personnel and removed prior to cremation as required under applicable law. To facilitate such removal, I may be asked by Science Care to disclose any implanted mechanical devices at the time of my execution of this consent form. In addition, my next of kin and/or legal representatives may be asked to complete the Science Care Medical/Social History Questionnaire after my passing, in which they must notify Science Care of any implanted devices in my body of which they have knowledge.
18. The crematory authority is authorized to proceed with cremation upon receipt of any Initial Remains.
19. Donated Tissue may be used indefinitely into the future for Permitted Purposes. Unless as may be permitted by me under any separate Donation Consent Addendum that may be attached to this form, Clients may only capture and display photographs or video documents of the Donated Tissue for non-commercial scientific publication or presentation purposes, and only if I cannot be identified in such materials.
20. To support Clients' use of the Designated Tissue for Permitted Purposes, Science Care will share with Clients my medical history, including but not limited to medical records and autopsy reports, consistent with the HIPAA Authorization that I may be asked to separately provide.
21. Science Care and/or a Client may need to perform extensive surgical preparation of the Designated Tissue, including embalming, long term preservation and the surgical removal of the extremities, arms, legs, hands, feet, head, spine, and/or other organs, tissues or fluids from the body.

INITIAL HERE X _____

22. Exposure of the Donated Tissue to destructive forces may be involved including simulated injury, trauma, impact, crash, ballistic or blast for Permitted Purposes such as but not limited to research, scientific advancement, and education and training in forensic pathology, vehicle safety or protective equipment development for transportation, military, sports, or law enforcement.
23. Science Care and/or any Client may arrange for the final disposition of any Designated Tissue after it has been used for or is otherwise remaining after use for Permitted Purposes ("**Residual Remains**") in any manner subject to applicable law, which may include commingling of Residual Remains with other remains, and the cremation or incineration of Residual Remains as medical or pathological waste. Any Residual Remains that are cremated may be scattered at land or sea or interred in a shared ossuary. Residual Remains will not be returned to the Remains Recipient or any of my next of kin or legal representatives.
24. Cremated remains are bone fragments that are placed in a rigid container designed for short term use and shipment.
25. ***For cremation that occurs in California, you are hereby advised:*** The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material which disintegrates slightly during each cremation and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property or scattered at sea.
26. ***For cremation that occurs in Florida, you are hereby advised:*** Cremation occurs upon completion of the tissue recovery process and within 48 hours of arrival at the crematory facility.

INITIAL HERE X _____

Donation and Cremation Consent

Self

I hereby release from liability Science Care, its assignees, Clients, and their respective independent contractors, agents and employees (such as but not limited to the funeral home and cremation service providers that work with Science Care), against loss from any and all claims, demands, or damages which may be made by or declared against it or them (except for willful or intentional misconduct), or by reason of me or my next of kin or legal representatives' failure to timely disclose the existence of implanted devices or personal items on the Medical/Social History Questionnaire that they may be asked to complete. My only remedy prior to my passing that can arise out of this Donation and Cremation Consent Form is revocation of this Donation and Cremation Consent Form.

I verify that I understand and agree to this Donation and Cremation Consent Form, including all of the disclosures and the release above, and provide the permissions set forth herein. I verify that I have had adequate time for consideration with all questions having been answered. I have no actual knowledge that contradicts any information in this Donation and Cremation Consent Form.

Signed and initialed by the Donor and the below witnesses:

X_____

Donor Signature **Donor Printed Name** **Date Signed**

Donor Information

Name _____

Address _____

City _____

State _____ Zip Code_____

Phone _____

Date of Birth _____/_____/_____

Return Cremated Initial Remains **YES** ☐ **NO** ☐

Remains Recipient Name _____

Address _____

City _____

State _____ Zip Code_____

Phone _____

WITNESS 1: The witness signing below attests that the Donor is over 18 years of age, of sound mind, and free of duress when signing this Consent Form.

X_____

Witness Signature

WITNESS 2: Disinterested and Impartial Witness *(**Cannot be one of the following to the donor:** spouse, domestic partner, child, parent, sibling, grandchild, grandparent, guardian, or any member of the consent legal order for the state of donation and cremation.)*

X_____

Witness Signature

Questions? Call Science Care 24 Hours a Day at 800.417.3747

Fax: 602.331.4344 **Email:** familyservices@sciencecare.com

Office Use Only	_____
	Science Care Representative Signature Science Care Representative Printed Name Date Signed

American Association of Tissue Banks

Herewith certifies
that the Institution named here

Science Care, Inc.
Phoenix, Arizona

has met the Association's accreditation requirements and
is hereby accredited for Acquisition, Preparation, Storage,
and Distribution of Non-Transplant Anatomical Material

February 15, 2018 – March 7, 2021

In witness whereof the undersigned officers, being duly authorized, have caused this Certificate to be issued and the Corporate Seal of this Association to be affixed hereon this the 15th day of February 2018

Chairman

President & Chief Executive Officer

Accreditation # 00124/6

American Association of Tissue Banks®

February 16, 2018

Dawn Lapp-Rodriguez
Quality Assurance
Science Care, Inc.
24140 N. 19th Avenue
Phoenix, AZ 85027

Dear Ms. Lapp-Rodriguez:

This letter accompanies the accreditation certificate for Science Care, Inc. to include the accreditation of the following satellite facilities:

Science Care of California, LLC
3929 East Conant Street
Long Beach, CA 90808

Science Care of Colorado, LLC
19301 East 23rd Avenue
Aurora, CO 80011

Science Care of Florida, LLC
3902 NW 126th Avenue
Coral Springs, FL 33065

Science Care of Pennsylvania, LLC
7921 Bartram Avenue
Suite 105
Philadelphia, PA 19153

Illinois Tissue Bank (Science Care, Inc.)
850 North Du Page Avenue
Unit 3
Lombard, IL 60148

Refer to: Accreditation #00124/6, Accreditation Date: February 15, 2018

Sincerely,

Jason E. LoVerdi, MHA, CTBS
Vice President of Accreditation

8200 Greensboro Drive, Suite 320, McLean, VA, 22102
Phone: (703) 827-9582 | Fax: (703) 356-2198 | aatb@aatb.org

NEW YORK
STATE OF
OPPORTUNITY.

Department
of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 19, 2019

Dawn Lapp-Rodriguez
Quality Assurance Specialist, Quality Assurance
Science Care, Inc.
21410 North 19th Avenue, Suite 126
Phoenix, AZ 85027

Re: NA097

Dear Ms. Lapp-Rodriguez:

Please find the enclosed provisional license certificate for nontransplant anatomic bank operation for the following location:

Science Care of Arizona
21410 North 19th Avenue, Suite 126
Phoenix, AZ 85027

The provisional license is effective until either May 1, 2021 or the issuance of a full license following an on-site survey of your nontransplant anatomic bank. The certificate, which has been amended to reflect the change in facility name, address, and owner, replaces that issued July 28, 2017. The certificate must be posted conspicuously in the nontransplant anatomic bank.

In accordance with the provisions of 10 NYCRR 52-11.8, the Department may request a summary of the activities of your nontransplant anatomic bank. Please report, in writing, any changes in director within five (5) days. Also, report changes in direct or indirect ownership within thirty (30) days and keep the Department informed of any relocation of facilities.

Regulations applicable to nontransplant anatomic banks are available from this office and online at https://www.wadsworth.org/regulatory/tissue-resources. If you have any questions, please call (518) 485-5341 or e-mail btraxess@health.ny.gov.

Sincerely,

Robert A. Jordan
Tissue Bank Consultant
Tissue Resources

Enclosure

NEW YORK STATE DEPARTMENT OF HEALTH

PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: NA097

Director:
Diane K. Eklund, M.D.

Article 43B Responsibility:
Brad O'Connell
Program Director & CEO

Science Care of Arizona
21410 North 19th Avenue, Suite 126
Phoenix, AZ 85027

is hereby APPROVED as a Nontransplant Anatomic Bank

Nontransplant Anatomic Bank

Whole Body Acquisition Service
Use of whole bodies and/or body segments for medical research and/or education

Issued: **April 19, 2019**

Owner: LLCP Sierra Equitcyco, LP

Expires: **May 1, 2021**

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.

DOH-3908 (04/2001)

NEW YORK
STATE OF
OPPORTUNITY.

Department
of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 19, 2019

Dawn Lapp-Rodriguez
Quality Assurance Specialist, Quality Assurance
Science Care, Inc.
21410 North 19th Avenue, Suite 126
Phoenix, AZ 85027

Re: NA201

Dear Ms. Lapp-Rodriguez:

Please find the enclosed provisional license certificate for nontransplant anatomic bank operation for the following location:

Science Care of California
3929 East Conant Street
Long Beach, CA 90808

The provisional license is effective until either May 1, 2021 or the issuance of a full license following an on-site survey of your nontransplant anatomic bank. The certificate, which has been amended to reflect the change in facility owner, replaces that issued July 28, 2017. The certificate must be posted conspicuously in the nontransplant anatomic bank.

In accordance with the provisions of 10 NYCRR 52-11.8, the Department may request a summary of the activities of your nontransplant anatomic bank. Please report, in writing, any changes in director within five (5) days. Also, report changes in direct or indirect ownership within thirty (30) days and keep the Department informed of any relocation of facilities.

Regulations applicable to nontransplant anatomic banks are available from this office and online at https://www.wadsworth.org/regulatory/tissue-resources. If you have any questions, please call (518) 485-5341 or e-mail btraxess@health.ny.gov.

Sincerely,

Robert A. Jordan

Robert A. Jordan
Tissue Bank Consultant
Tissue Resources

Enclosure

NEW YORK STATE DEPARTMENT OF HEALTH

PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: NA201

Director:
Diane K. Eklund, M.D.

Article 43B Responsibility:
Brad O'Connell
Program Director & CEO

Science Care of California
3929 East Conant Street
Long Beach, CA 90808

is hereby APPROVED as a Nontransplant Anatomic Bank

Nontransplant Anatomic Bank

Whole Body Acquisition Service
Use of whole bodies and/or body segments for medical research and/or education

Issued: April 19, 2019

Expires: May 1, 2021

Owner: LLCP Sierra Equitcyco, LP

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.

DOH-3908 (04/2001)

NEW YORK
STATE OF
OPPORTUNITY.

Department
of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 19, 2019

Dawn Lapp-Rodriguez
Quality Assurance Specialist, Quality Assurance
Science Care, Inc.
21410 North 19th Avenue, Suite 126
Phoenix, AZ 85027

Re: NA112

Dear Ms. Lapp-Rodriguez:

Please find the enclosed provisional license certificate for nontransplant anatomic bank operation for the following location:

Science Care of Colorado
19301 East 23rd Avenue
Aurora, CO 80010

The provisional license is effective until either May 1, 2021 or the issuance of a full license following an on-site survey of your nontransplant anatomic bank. The certificate, which has been amended to reflect the change in facility owner, replaces that issued July 28, 2017. The certificate must be posted conspicuously in the nontransplant anatomic bank.

In accordance with the provisions of 10 NYCRR 52-11.8, the Department may request a summary of the activities of your nontransplant anatomic bank. Please report, in writing, any changes in director within five (5) days. Also, report changes in direct or indirect ownership within thirty (30) days and keep the Department informed of any relocation of facilities.

Regulations applicable to nontransplant anatomic banks are available from this office and online at https://www.wadsworth.org/regulatory/tissue-resources. If you have any questions, please call (518) 485-5341 or e-mail btraxess@health.ny.gov.

Sincerely,

Robert A. Jordan

Robert A. Jordan
Tissue Bank Consultant
Tissue Resources

Enclosure

NEW YORK STATE DEPARTMENT OF HEALTH

PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: NA112

Director:
Diane K. Eklund, M.D.

Article 43B Responsibility:
Brad O'Connell
Program Director & CEO

Science Care of Colorado
19301 East 23rd Avenue
Aurora, CO 80010

is hereby APPROVED as a Nontransplant Anatomic Bank

Nontransplant Anatomic Bank

Whole Body Acquisition Service
Use of whole bodies and/or body segments for medical research and education

Issued: **April 19, 2019**

Expires: **May 1, 2021**

Owner: LLCP Sierra Equitcyco, LP

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.

DOH-3908 (04/2001)

NEW YORK
STATE OF
OPPORTUNITY.

Department
of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 19, 2019

Dawn Lapp-Rodriguez
Quality Assurance Specialist, Quality Assurance
Science Care, Inc.
21410 North 19th Avenue, Suite 126
Phoenix, AZ 85027

Re: NA203

Dear Ms. Lapp-Rodriguez:

Please find the enclosed provisional license certificate for nontransplant anatomic bank operation for the following location:

Science Care of Florida
3902 NW 126th Ave
Coral Springs, FL 33065

The provisional license is effective until either May 1, 2021 or the issuance of a full license following an on-site survey of your nontransplant anatomic bank. The certificate, which has been amended to reflect the change in facility owner, replaces that issued July 28, 2017. The certificate must be posted conspicuously in the nontransplant anatomic bank.

In accordance with the provisions of 10 NYCRR 52-11.8, the Department may request a summary of the activities of your nontransplant anatomic bank. Please report, in writing, any changes in director within five (5) days. Also, report changes in direct or indirect ownership within thirty (30) days and keep the Department informed of any relocation of facilities.

Regulations applicable to nontransplant anatomic banks are available from this office and online at https://www.wadsworth.org/regulatory/tissue-resources. If you have any questions, please call (518) 485-5341 or e-mail btraxess@health.ny.gov.

Sincerely,

Robert A. Jordan

Robert A. Jordan
Tissue Bank Consultant
Tissue Resources

Enclosure

NEW YORK STATE DEPARTMENT OF HEALTH

PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: NA203

Director:
Diane K. Eklund, M.D.

Article 43B Responsibility:
Brad O'Connell
Program Director & CEO

Science Care of Florida
3902 NW 126th Ave
Coral Springs, FL 33065

is hereby APPROVED as a Nontransplant Anatomic Bank

Nontransplant Anatomic Bank

Whole Body Acquisition Service
Use of whole bodies and/or body segments for medical research and/or education

Issued: April 19, 2019

Expires: May 1, 2021

Owner: LLCP Sierra Equitcyco, LP

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.

DOH-3908 (04/2001)

NEW YORK
STATE OF
OPPORTUNITY.
Department
of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

August 23, 2019

Dawn Lapp-Rodriguez
Quality Assurance Specialist, Quality Assurance
Science Care, Inc.
21410 North 19th Avenue, Suite 126
Phoenix, AZ 85027

Re: 1844

Dear Ms. Lapp-Rodriguez:

Please find the enclosed license certificate for nontransplant anatomic bank operation for the following location:

Science Care of Illinois
895 Cambridge Dr.
Elk Grove Village, IL 60007

The license is effective until September 1, 2021. The certificate, which has been amended to reflect the change in facility address, replaces that issued July 19, 2019. The certificate must be posted conspicuously in the nontransplant anatomic bank.

In accordance with the provisions of 10 NYCRR 52-11.8, the Department may request a summary of the activities of your nontransplant anatomic bank. Please report, in writing, any changes in director within five (5) days. Also, report changes in direct or indirect ownership within thirty (30) days and keep the Department informed of any relocation of facilities.

Regulations applicable to nontransplant anatomic banks are available from this office and online at https://www.wadsworth.org/regulatory/tissue-resources. If you have any questions, please call (518) 485-5341 or e-mail btraxess@health.ny.gov.

Sincerely,

Diane Sullivan

Diane Sullivan
Tissue Bank Consultant
Tissue Resources

Enclosure

NEW YORK STATE DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: 1844

Director:
Diane K. Eklund, M.D.

Article 43B Responsibility:
Brad O'Connell
Program Director & CEO

Science Care of Illinois
895 Cambridge Dr.
Elk Grove Village, IL 60007

is hereby APPROVED as a Nontransplant Anatomic Bank

Nontransplant Anatomic Bank **Whole Body Acquisition Service**

Issued: **August 23, 2019**

Expires: **September 1, 2021**

Owner: LLCP Sierra Equityco, LP

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.

DOH-3908 (04/2001)

NEW YORK
STATE OF
OPPORTUNITY.

Department
of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

July 5, 2019

Dawn Lapp-Rodriguez
Quality Assurance Specialist, Quality Assurance
Science Care, Inc.
21410 North 19th Avenue, Suite 126
Phoenix, AZ 85027

Re: 2106

Dear Ms. Lapp-Rodriguez:

Please find the enclosed provisional license certificate for nontransplant anatomic bank operation for the following location:

Science Care of Pennsylvania
7821 Bartram Avenue, Suite 105
Philadelphia, PA 19153

The provisional license is effective until August 1, 2021 or the issuance of a full license following an on-site survey of your nontransplant anatomic bank. The certificate, which has been amended to reflect the current nontransplant anatomic banking activities, replaces that issued April 19, 2019. The certificate must be posted conspicuously in the nontransplant anatomic bank.

In accordance with the provisions of 10 NYCRR 52-11.8, the Department may request a summary of the activities of your nontransplant anatomic bank. Please report, in writing, any changes in director within five (5) days. Also, report changes in direct or indirect ownership within thirty (30) days and keep the Department informed of any relocation of facilities.

Regulations applicable to nontransplant anatomic banks are available from this office and online at https://www.wadsworth.org/regulatory/tissue-resources. If you have any questions, please call (518) 485-5341 or e-mail btraxess@health.ny.gov.

Sincerely,

Robert A. Jordan

Robert A. Jordan
Tissue Bank Consultant
Tissue Resources

Enclosure

NEW YORK STATE DEPARTMENT OF HEALTH

PROVISIONAL LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: 2106

Director:
Diane K. Eklund, M.D.

Article 43B Responsibility:
Brad O'Connell
Program Director & CEO

Science Care of Pennsylvania
7821 Bartram Avenue, Suite 105
Philadelphia, PA 19153

is hereby APPROVED as a Nontransplant Anatomic Bank

Nontransplant Anatomic Bank — **Whole Body Acquisition Service**

Issued: July 5, 2019

Expires: August 1, 2021

Owner: LLCP Sierra Equitcyco, LP

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.

DOH-3908 (04/2001)

American Association of Tissue Banks®

February 16, 2018

Dawn Lapp-Rodriguez
Quality Assurance
Science Care, Inc.
24140 N. 19th Avenue
Phoenix, AZ 85027

Dear Ms. Lapp-Rodriguez:

This letter accompanies the accreditation certificate for Science Care, Inc. to include the accreditation of the following satellite facilities:

Science Care of California, LLC
3929 East Conant Street
Long Beach, CA 90808

Science Care of Colorado, LLC
19301 East 23rd Avenue
Aurora, CO 80011

Science Care of Florida, LLC
3902 NW 126th Avenue
Coral Springs, FL 33065

Science Care of Pennsylvania, LLC
7921 Bartram Avenue
Suite 105
Philadelphia, PA 19153

Illinois Tissue Bank (Science Care, Inc.)
850 North Du Page Avenue
Unit 3
Lombard, IL 60148

Refer to: Accreditation #00124/6, Accreditation Date: February 15, 2018

Sincerely,

Jason E. LoVerdi, MHA, CTBS
Vice President of Accreditation

8200 Greensboro Drive, Suite 320, McLean, VA, 22102
Phone: (703) 827-9582 | Fax: (703) 356-2198 | aatb@aatb.org