

AUTHORIZATION FOR MUSEUM ANATOMIC GIFT

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Section 1. Today's Date: _____ Name of Deceased: _____
Age: _____ Date of Birth: _____ Date of Death: _____ Time of Death (if known): _____ am/pm
Location of Death: _____ Name of Family Physician: _____

Section 2.

I, _____, being legal next of kin or court-appointed Power of Attorney for Health Care, hereby authorize Dr. Ben Margolis (or physician of his designation) to perform an autopsy on the body of the deceased as granted in the AUTHORIZATION FOR AUTOPSY form which I have already signed.

Section 3.

- A. The purpose of a Museum Anatomic Gift is for scientific education.** I understand that a Museum Anatomic Gift may result in indefinite public display of an organ (or organs) and/or tissue from the deceased for scientific and educational purposes.
 I understand and authorize I do not authorize
- B. The identity of the deceased and the family are protected.** I understand that, upon agreeing to donate a Museum Anatomic Gift, the organ or tissue will be publically displayed in a manner that does not identify the deceased or allow the deceased or any family member to be identified by the public or any of the Museum staff, employees, members or other individuals associated in any manner with the museum.
 I understand and authorize I do not authorize
- C. A Museum Anatomic Gift may be displayed at a Museum of Dr. Margolis's choosing.** I understand that, by authorizing a Museum Anatomic Gift, the organ or tissue may be displayed at one museum or at multiple museums (at different times); that these museums may be located within the United States or outside the United States, as permitted by law; and that any participating museum will be selected at the sole discretion of Dr. Margolis and Autopsy Center of Chicago.
 I understand and authorize I do not authorize
- D. There is no financial benefit to the family.** I understand that there may financial benefit to Autopsy Center of Chicago or a Museum from public display of organs in a Museum (including but not limited to ticket sales and/or direct contractual arrangements between Autopsy Center of Chicago, the Museum and/or another entity). I further understand that there are no plans for financial benefit, profit, or compensation to me or any of the deceased's family member as a result of making a Museum Anatomical Gift.
 I understand and authorize I do not authorize
- E. I have the right to revoke authorization of the Gift at any time.** I understand that I may revoke a Museum Anatomic Gift in writing at any time. I understand that a revocation will result in disposal of the Museum Anatomic Gift as specified in Section 4 of the AUTHORIZATION FOR AUTOPSY form; that the disposal will occur within a reasonable time frame; and that Autopsy Center of Chicago will make every effort to keep this reasonable time frame to not greater than one month from the time of receipt of the written notice of revocation.
 I understand and authorize I do not authorize

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Section 3. (Continued)

F. Autopsy Center may or may not display the Museum Anatomic Gift at its sole discretion. I understand that by making a Museum Anatomic Gift, this does not mean that the Gift will be displayed, only that it may be displayed. I understand that display of the Gift will be at the sole discretion of Autopsy Center of Chicago and the Museum.

___ **I understand an authorize**

___ **I do not authorize**

G. Requests to identify and view the Gift. I understand that the purpose of a Museum Anatomic Gift is for public education. I understand that requests for identifying and viewing a deceased's organs should be discussed with Autopsy Center of Chicago prior to authorizing any Museum Anatomic Gift. I understand that Autopsy Center of Chicago at its sole discretion has the right to dispose of any Museum Anatomic Gift at any time and not withstanding any concurrent requests for identification and/or viewing.

___ **I understand an authorize**

___ **I do not authorize**

Section 4.

A. I want Autopsy Center of Chicago to select the Gift. I wish for organs (including but not limited to organs of the abdominal, thoracic and cranial cavities and selected at the discretion of Dr. Margolis during the time of autopsy) to be retained for indefinite public display in a museum for scientific and educational purposes, provided the identity of the body is protected. I understand that such displayed organs may be subject to disposal at any time and at the discretion of Dr. Margolis.

___ **I understand an authorize**

___ **I do not authorize**

B. I want to select the Gift. I specifically wish for the following organs to be retained for public display in a museum for scientific and educational purpose, provided the identity of the body is protected. I understand that such displayed organs may be subject to disposal at any time and at the discretion of Dr. Margolis

___ **I understand an authorize**

___ **I do not authorize**

Section 5.

I acknowledge that I have read this two-page document, understand the content of this form, have had the opportunity to ask questions, all my questions have been answered to my satisfaction, and that all blank spaces have been completed.

I hereby represent that I wish to make a Museum Anatomic Gift to Autopsy Center of Chicago.

Signature of Next of Kin/Power of Attorney: _____ Date: _____ Time: _____

***Contact telephone number(s): _____

Address of Next of Kin/Power of Attorney: _____

Witness #1 _____

Witness #2 _____

Name and Title of Person Obtaining Authorization: _____