INTERNATIONAL INSTITUTE FOR THE ADVANCEMENT OF MEDICINE

Corporate office Jessup, PA 888-496-7033 / AZ, NV, Western region 800-486-IIAM

VERIFICATION OF AUTHORIZING PARTY

_____ _____ _____

Donor Name **Authorizing Party** **Date**

_____

(Relationship to Decedent)

The Alabama Uniform Anatomical Gift Act defines the following individuals, in the order of priority listed, as being the legal next-of-kin to the decedent and able to make an anatomical gift of all or a part of the decedent's body for authorized purposes:

(1) ☐ Decedent's spouse

(2) ☐ Decedent's adult sons or daughters

(3) ☐ Either of the decedent's parents

(4) ☐ Adult brother/sister

(5) ☐ A grandparent of the decedent

(6) ☐ A guardian of the person of the decedent at the time of death

☐ I verify that I am legally authorized to make this donation under the Uniform Anatomical Gift Act and that I do not know of anyone whose priority is greater to or equal to mine who objects to this donation. Initial here _____

☐ Would you like to receive follow up information about this donation?

☐ Would you like to be contacted if the tissue is unsuitable for use due to initial positive blood tests?

_____ _____

Signature of Authorizing Party **Date**

_____ _____

Witness Signature **Date**

☐ Phone Consent _____ _____

Person Obtaining Consent **Date**