

Whole Body Release Form | Whole Body Donor Program

Being a person of at least 18 years of age, I hereby release the body and I make this full body anatomical gift to Novashare for use in education medical, training or research studies determined by the program.

I hereby make this anatomical gift take effect upon my death. I understand that through this donation, I donate the remains of my body to Novashare for anatomical study in the advancement of education in health sciences, biological health sciences, and research. This donation is made in accordance with the Revised Uniform Anatomical Donations Act, G.S. §130A-412.3 et seq. and as authorized by North Carolina state law, and will be used at Novashare's discretion.

I have read the information about body donations. I understand and accept the following:

- I am donating my body for education and research. My body study programs will be determined by Novashare.
- I understand that my body may remain in a vetted institution and will be returned to Novashare for cremation and disposition.
- The information I have provided in General Information is true and correct and will be used to submit a death certificate at the time of my death, provided Novashare accepts my body.
- I understand that studies can typically range from 2 to 3 weeks to 6 months in length.
- I understand that the body may be subject to extensive and/or long-term preservation.
- I understand that your agency may teach local emergency medical techniques and military lifesaving techniques in the event of trauma.
- I authorize Novashare to cremate my remains in accordance with G.S. 90-210.120. et seq., as I have designated.

Under oath and under penalty of perjury, I hereby affirm that, to the best of my knowledge and belief, there is no other person who has the prior right to grant this authorization to control the remains of the deceased named above. I hereby agree to hold harmless the Funeral Director, Crematory, Novashare or person acting as such, their officers and employees from any liability costs or expenses resulting from this authorization.

I hereby verify my understanding of all listed disclosures as indicated by my signature below:

Signature:

Date:

I request that the cremated remains be returned to the following address: