Business Code of Ethics
Science Care, Inc.
Non-Transplant Tissue Bank

At Science Care, Inc., ethical and responsible conduct is fundamental to who we are and how we operate. Upholding the highest standards of integrity is essential not only to honoring the gift of donation, but also to sustaining a trusted and responsible organization. Our Business Code of Ethics defines the principles that guide our conduct and decision-making, ensuring we meet our obligations to donors and their loved ones, clients, employees, and the communities we serve.

This Business Code of Ethics provides guidance for navigating an evolving business and regulatory environment and reflects our ongoing commitment to compliance, accountability, and responsible operations. All employees of Science Care, Inc. are expected to understand and comply with this Business Code of Ethics and all applicable company policies and standard operating procedures. While employees are not required to have detailed knowledge of every applicable law or regulation, they are required to understand and follow the requirements and expectations outlined in our internal operating procedures that govern our activities.

Purpose, Mission, and Scope

This Code of Ethics establishes the ethical principles governing Science Care, Inc., a for-profit, non-transplant human tissue bank. It applies to all employees, officers, directors, contractors, recovery partners, agents, and third parties acting on behalf of the organization.

Science Care's mission is to 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 a commitment to serve and honor the gift of donation while creating mutually rewarding relationships with donors, clients, and employees through respect, ownership, and service.

This Code supports ethical stewardship of donated human biological materials used exclusively for education, training, scientific advancement, and research and development, and is intended for donors, clients, auditors, regulators, and the public.

Ethical Foundations, Principles, and Standards Alignment

Science Care, Inc. conducts its activities in alignment with recognized ethical, regulatory, and governance frameworks, including applicable U.S. federal, state, and local laws, regulations, and Executive Orders governing anatomical donation, privacy, biosafety, transportation, and disposition, as well as the Association for Advancing Tissue and Biologics (AATB) Standards for Non-Transplant Anatomical Donation.

Science Care's guiding ethical principle is ownership - taking responsibility for compliance, quality, safety, integrity, and outcomes in all activities.

Ethical decision-making is grounded in the following principles:

- Quality through compliance before growth and clearly defined processes that drive reliable outcomes
- Integrity through honesty, accountability, and respect for donors and their loved ones
- Service through responsiveness, professionalism, and intentional engagement
- Safety through clean, organized, and secure environments
- Innovation through responsible solutions that add value
- Teamwork through collaboration, professionalism, and a positive, service-oriented attitude

Respect for Donors and Human Dignity

Donated human tissue, up to and including the whole body, is treated with respect, compassion, dignity, and professional care at all stages of recovery, processing, storage, use, and final disposition.

Science Care acknowledges the generosity of donors and their loved ones and recognizes honoring the gift of donation as a core ethical obligation. Donations are accepted only in accordance with applicable law, following receipt of informed consent from the appropriate legal consenting class. Science Care's donor acceptance and consenting procedures meet or exceed applicable local, state, and U.S. federal requirements and restrictions.

Science Care endorses organ and corneal donation as primary donation options due to their lifesaving and life-improving potential and ensures that donors are not discouraged from pursuing those options prior to non-transplant donation.

Donated tissue is never used for transplantation or therapeutic purposes.

Informed Consent, Authorization, and Donor Autonomy

Documented informed consent consistent with, and meeting or exceeding, the consent requirements of the laws and legal orders of the state or jurisdiction in which the donor resided at the time of death is obtained and reviewed for validity for all donors. Science Care follows the most stringent applicable consent standards, and if there is ever uncertainty or concern regarding whether proper informed consent has been obtained, donation will be deferred.

Consent disclosures clearly communicate that Science Care is a for-profit organization; that donation is for non-transplant purposes such as education, training, research, and scientific advancement; that donated tissue may be distributed in whole or in part to authorized third-party practitioners; that donated tissue may be retained and used indefinitely for permitted purposes; and that the return of cremated remains to an authorized recipient may be limited to only the anatomy not placed for research, training, and educational purposes.

Completion of an informed consent document represents a statement of intent and does not guarantee acceptance or recovery. The donor or the donor's legal next of kin may revoke consent at any time prior to recovery of tissues. Science Care may defer donation at any time prior to recovery of tissues for legal, safety, suitability, feasibility reasons, or consent-related concerns.

Any form of coercion relating to the decision to donate or to obtain informed consent for the donation is strictly prohibited. No compensation, reward, or inducement is provided for donation or referral.

Ethical Use of Donated Tissue

Donated tissue is supplied only for legitimate, lawful, and ethically justified purposes. Such purposes include medical, scientific, and technical education and training; research and development; and evaluation of medical devices, procedures, and safety systems.

Ethical considerations govern recovery methods, preparation techniques, segmentation, preservation, storage, distribution, and permitted use decisions to ensure alignment with donor authorization, applicable law, and recognized professional standards. Uses that are illegal, non-consensual, or inconsistent with permitted purposes outlined in the informed consent or with ethical norms are not authorized.

Biobanking of Living and Deceased Donor Tissue and Biofluids

Science Care maintains biobanking operations supporting the responsible acquisition, procurement, processing, storage, and distribution of human biological materials for permitted non-transplant purposes.
Biobanked materials may include tissue and biofluids derived from both deceased donors and living donors. Deceased donor specimens are recovered under documented informed consent consistent with applicable law and donor authorization. Living donor specimens obtained directly or through qualified third-party partners, including hospitals, clinics, and authorized collection sites, are collected under the ethical and regulatory oversight of the originating institution and pursuant to informed consent or approved waiver of informed consent, as applicable.

Prior to acceptance, storage, or distribution of any biobank materials, Science Care verifies that available documentation concerning informed consent and ethical approval(s) align with applicable law, regulation, and internal policies.

All biobanked tissue and biofluids are handled in accordance with documented quality systems, AATB standards, and applicable regulatory requirements. Ethical principles governing donor dignity, privacy, traceability, and responsible stewardship apply equally to tissue and biofluids regardless of source or format.

Science Care applies the same commitment to respect, legal compliance, and ethical decision-making across all recovery and biobanking activities.

Operational Constraints and Ethical Decision-Making

When operational constraints such as timing, logistics, specimen condition, or supply limitations create ethical ambiguity, decisions are escalated to appropriate supervisory or quality leadership. Priority is given to donor intent, legal compliance, safety, and ethical risk mitigation, even when this results in deferred recovery, altered preparation plans, or final disposition rather than distribution.

Science Care complies with applicable conflict of interest, anti-corruption and anti-bribery laws, prohibiting bribes, fraudulent conduct, kickbacks, and illegal payments, and imposes the same level of compliance on our business partners.

Privacy, Confidentiality, and Anonymity

Donor identity is protected through anonymization, confidentiality safeguards, and data minimization practices. Donor information is disclosed only as necessary to support permitted purposes, legal compliance, and safety requirements. Information Technology Systems are designed to protect sensitive donor data from unauthorized access.

All donor movement is electronically documented to maintain full traceability throughout the donation lifecycle while preserving donor anonymity.

Cremated remains returned to designated recipients are processed by approved third-party crematories. Cremated remains are verified as correct, labeled, tracked, and returned or shipped in accordance with applicable laws and logistical requirements.

Quality, Safety, and Traceability

Quality is the responsibility of every Science Care employee. All activities are conducted under documented quality and biosafety management systems, which are aligned with AATB standards.

Donated tissue is subject to screening, assessment, and acceptance criteria that may include medical suitability, logistics, and practitioner needs. Full chain-

of-custody and traceability are maintained through electronic inventory management and tracking systems which facilitate the ability to perform forward and reverse tracking of donors and tissues.

Science Care facilities are maintained in a clean, organized, and secure condition and comply with OSHA, CDC biosafety, radiation safety, and occupational health requirements. Employees are encouraged to report unsafe conditions without fear of retaliation.

Facilities, Security, and Access Control

Science Care facilities operate in compliance with applicable local, state, and U.S. federal laws and standards. Access to facilities and restricted areas is controlled based on job role, and security systems are utilized to protect donors, employees, clients, and partners that aid in facilitation of the donation.

Client Relationships and Ethical Service

Science Care builds long-term client relationships based on trust, execution, and service. Client requests are reviewed for feasibility, ethical alignment, consent scope, and regulatory compliance prior to acceptance.

Only approved carriers may transport human tissue to or from Science Care facilities. Tissue which is intended to return to Science Care requires advance authorization to ensure safety, compliance, and chain-of-custody integrity.

Events and On-Site Stewardship

Where onsite Science Care staff is requested to support a training event, Science Care Tissue Stewards maintain chain-of-custody, ensure safe tissue handling, and coordinate logistics consistent with regulatory requirements.

Team members act professionally, ethically, and in a service-oriented manner while upholding Science Care's standards pertaining to the responsible and ethical use of human tissue.

Distribution, Logistics, and Regulatory Compliance

Science Care distribution activities comply with applicable USDOT, IATA, OSHA, and state and U.S. federal regulations. Logistical practices balance safety, shipment integrity, regulatory compliance, and cost considerations. Regulations specific to the country or state of import are taken into account for every shipment to ensure we are in alignment with customs and import regulations that vary by country and state.

Responsibility for specimen handling transfers in accordance with contractual terms once custody passes from Science Care to the receiving practitioner.

Documentation, Retention, and Audit Readiness

Science Care maintains policies governing document collection, retention, and security in compliance with applicable laws, AATB Standards, internal SOPs, and QMS requirements.

All core operational functions subject to regulatory or accreditation requirements are included in a comprehensive audit program designed to identify, correct, and prevent nonconformities. Quality Assurance functions report directly to the CEO/Program Director, operate independently from operational functions to ensure impartiality, and are empowered to suspend activities to mitigate safety or compliance risks.

Training, Competency, Ethical Accountability, and Fair Treatment of Employees

Science Care truly cares for and respects the people with whom we work. An engaged and comfortable workforce meets challenges head on and produces consistent, compliant results. To foster a safe and healthy workforce and environment, Science Care adheres to policies that embrace non-discrimination, anti-harassment, anti-retaliation, and inclusion.

All employees complete documented training on applicable policies, procedures, ethical standards, and regulatory requirements. Employees are responsible for understanding and adhering to Science Care procedures and AATB Standards applicable to their roles. Employees are required to escalate

any non-conformities encountered in their daily work for review and are encouraged to escalate proposed process improvements which may foster increased compliance.

All policies and procedures are reviewed at least annually to ensure compliance is maintained, and any changes to policy or procedure are facilitated using a Change Management system.

Media, Public Relations, and Communications

Public communications, photography, videography, and media engagement are conducted only with appropriate authorization and documentation. Media inquiries are managed through designated leadership to ensure accuracy, professionalism, and respect for donors and partners.
Public facing communications intended to increase awareness of body donation as an end-of-life care option are scrutinized to ensure their content and delivery are accurate, professional, and ethical prior to publication.

Financial Integrity and Transparency

Science Care maintains accurate, complete, and timely financial records. Financial operations are subject to internal controls and independent third-party audits. Ethical financial practices support sustainability without compromising donor respect or regulatory compliance.

Reporting Concerns, Non-Retaliation, and Oversight

Ethical concerns may be reported confidentially. Retaliation against individuals raising concerns in good faith is prohibited. Leadership is responsible for ethical oversight, accountability, and continuous improvement.

Public Commitment

Science Care affirms its commitment to ethical stewardship of donated human tissue, honoring donor intent, protecting dignity and privacy, supporting medical and scientific advancement, and maintaining public trust through transparency, accountability, and continuous improvement.

Science Care SOPM Table of Contents

All of Science Care's core operational functions fall into eight distinct categories. Each category will carry the designation of a Quality System. Each Quality System will be further divided into Quality Sub-Systems for further categorization of core functions.

QS 1.0 Management Responsibility
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QS 2.0 Facilities and Equipment
- QSS 2.1 Safety
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QS 3.0 Customer Vendor Relationships
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QS 4.0 Records and Document Control
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QS 5.0 Operations Management
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QS 6.0 Process Control
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- QSS 6.2 Change Management
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QS 7.0 Quality Management
- QSS 7.1 Quality Improvement Program
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QS 8.0 Education and Training
- QSS 8.1 Training
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QS 9.O Biobank
- QSS 9.1 Management Responsibility - Biobank
- QSS 9.2 Facilities & Equipment - Biobank
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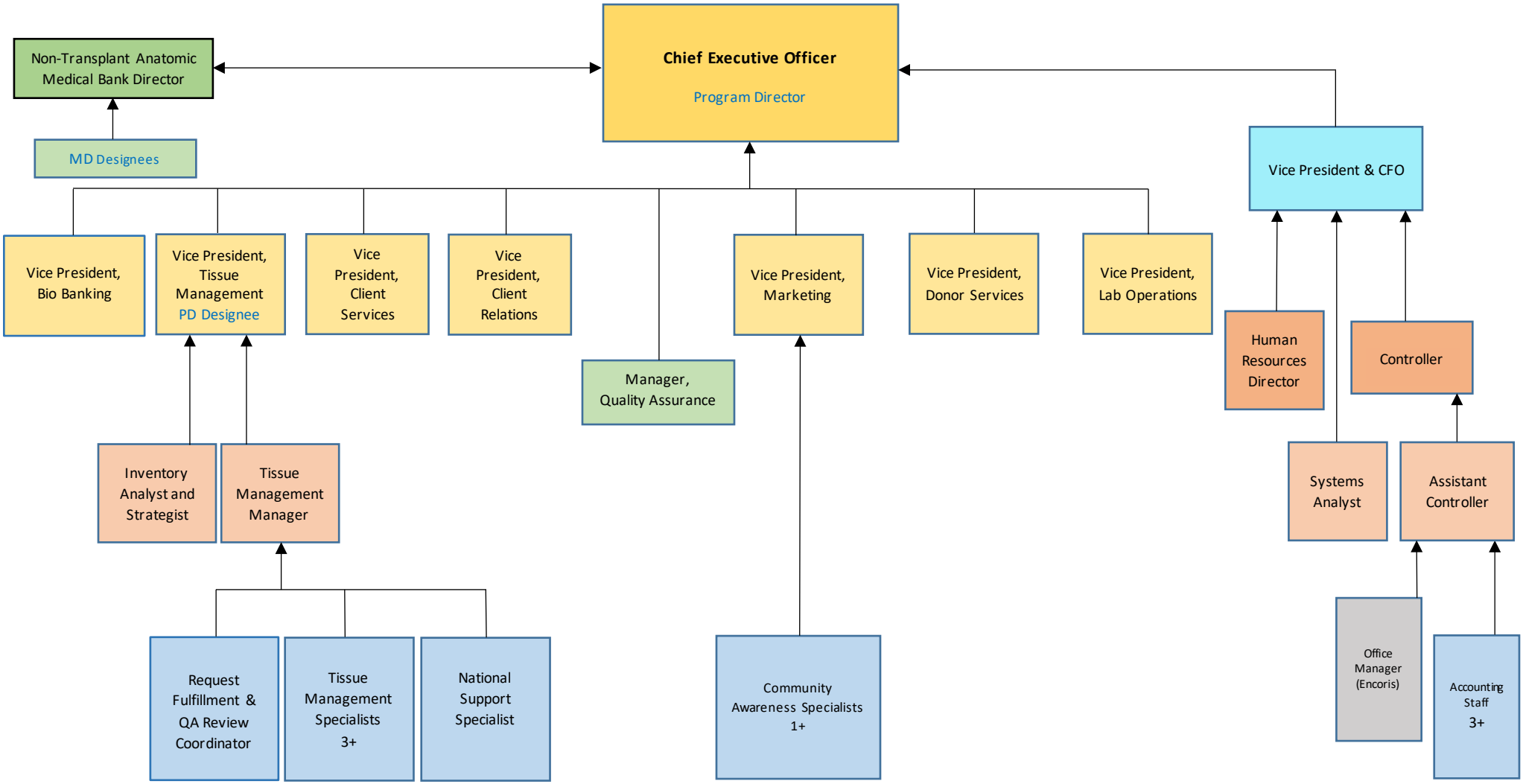
- QSS 9.7 Quality Management - Biobank
- QSS 9.8 Education & Training - Biobank

Science Care Organizational Chart

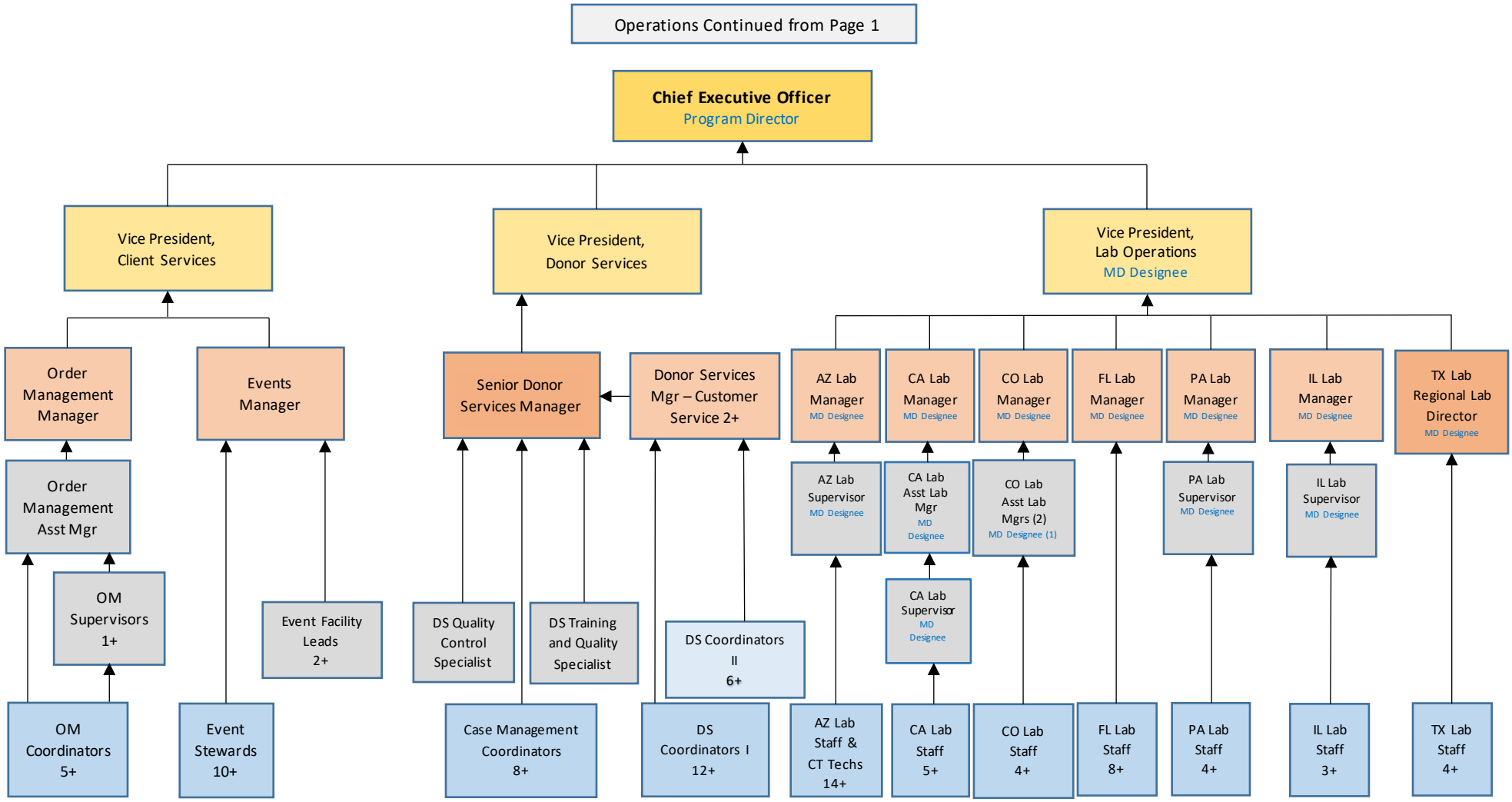
Organizational Operations

To locate internal contact information, navigate to *Quick Links*, *Find People* on the CARE site



Science Care Organizational Chart

Organizational Operations



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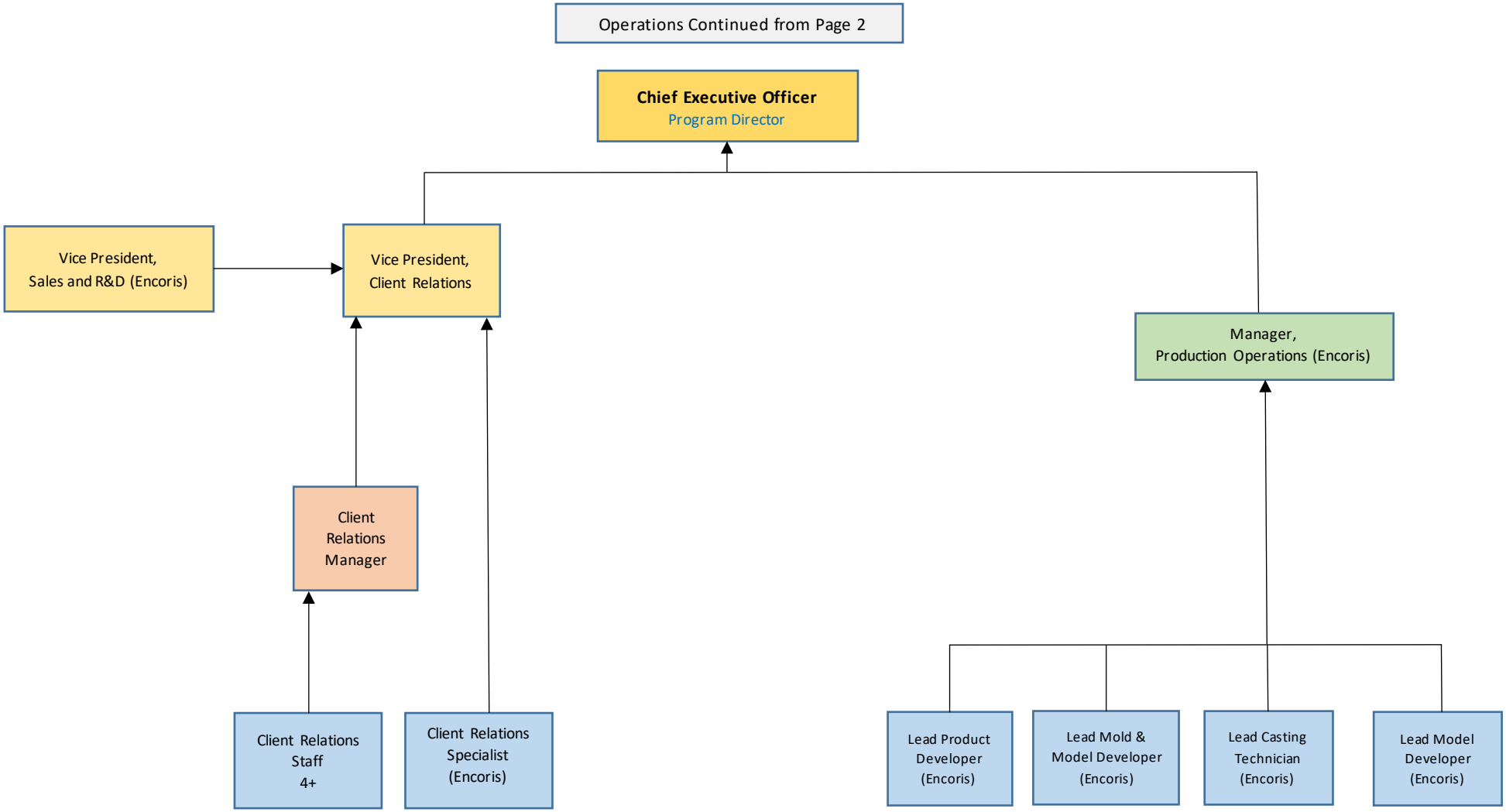
Organizational Operations



Donation and Cremation Consent

Self Consenter

I, _____("**Donor**"), as duly authorized under applicable law, hereby donate this gift of my whole body to Science Care with the understanding that Science Care will provide tissues including but not limited to bone, skin, soft tissue, organs and fluids (up to and including my whole body) ("**Donated Tissue**"), for the purpose of education and training, scientific advancement, and/or research and development ("**Permitted Purposes**") to authorized third party organization(s) or person(s) ("**Practitioner(s)**").

I attest that there are no known objections to an anatomical gift being made of my whole body or to the cremation of any or all of my whole body, by either myself or any member of my family, power of attorney, or member of my estate. I hereby confirm that I have provided Science Care, Inc. and its affiliates ("**Science Care**") all information known to me regarding the identities of and contact information for all members of the consenting class should additional consent be required at the time of my passing (including, but not limited to any living relative, legal spouse, power of attorney, and/or guardian as requested).

I understand that the Donated Tissue will initially be assessed/recovered/processed at a Science Care facility and placed at Science Care's sole discretion. I understand that in some instances, Science Care approved third parties may be engaged by Science Care to assist in the testing for communicable diseases, performance of tissue preparations including but not limited to embalming, medical imaging, logistics, and/or assessment and evaluation of the Donated Tissue. I understand that this donation of Donated Tissue is conducted under the laws applicable to the state where I live at the time of passing.

In addition, as duly authorized under applicable law, I hereby provide consent to the cremation of the Donated Tissue, up to and including my whole body, as described herein, by or on behalf of Science Care and its Practitioner(s). 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 its Practitioner(s).

Headings preceding the disclosures and paragraphs below are included solely for convenience of reference, and shall not control, modify, limit, or affect the scope or meaning of any individual or collective disclosure(s) or paragraph(s) contained herein.

I understand and acknowledge the following disclosures as a condition to donation and consent to cremation and hereby confirm I have read and understand each disclosure fully as demonstrated by my initials and signatures herein:

Donation & Acceptance

1. **Science Care is a for-profit company.**
2. Science Care may decline the gift of Donated Tissue at any time and for any reason at its sole discretion.
3. 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 the Donated Tissue in accordance with applicable law by or on behalf of Science Care and its Practitioner(s).
4. This consent form supersedes any other agreement, contract, or correspondence between me and Science Care. Science Care may rely upon this consent unless I advise Science Care that I have modified or revoked my consent prior to any flight, transfer, processing, or recovery of the Donated Tissue by Science Care. Science Care will employ best efforts to provide me timely written acknowledgement of revocation of my consent, where possible.
5. I provide my consent voluntarily and based on 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.
6. Due to the nature and the time sensitivities of the donation, an open casket viewing for a funeral service will not be possible.
7. I understand that it is my sole responsibility to notify my family, power of attorney, or other member of the legally authorized consenting class of my intention to donate with Science Care. I understand that they are responsible for contacting Science Care upon my entry into Hospice Care, Palliative Care, when I become terminally ill, or at my time of passing should the passing happen unexpectedly.
8. Acceptance of the Donated Tissue is contingent upon the Donated Tissue meeting Science Care's acceptance criteria and passing the Science Care Donor screening process conducted following my passing. The acceptance criteria and screening process may include but are not limited to include such considerations as medical suitability, Donor condition, logistics, and Practitioner(s) need. In the event the Donated Tissue is not accepted by Science Care or I withdraw my consent prior to my passing, I understand the member(s) of the next legal consenting class will be solely responsible for the timely coordination of alternative final arrangements, and that all financial costs associated with alternative arrangements are the sole responsibility of the member(s) of the next legal consenting class.

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9. I understand that I may revoke my consent via email at info@sciencecare.com as a preferred method or via telephone with a Science Care representative; please note our calls may be recorded for quality assurance and training purposes. Science Care will confirm any email revocations within one business day. If I do not receive written confirmation, I understand that I must call Science Care immediately to revoke. While Science Care will make all efforts to honor a withdrawal of consent, due to timing, there may be situations where the withdrawal of consent cannot be effectuated before tissue is procured. If the Donated Tissue is already in the care and possession of Science Care or any third party Science Care has engaged to assist in processing of the Donated Tissue, I understand that once the member(s) of the next legal consenting class have secured alternate final arrangements, they must contact Science Care. They must provide any necessary release for an authorized party to complete the removal of the Donated Tissue to the designated place of disposition. I understand that the member(s) of the next legal consenting class may be required to sign a release form authorizing the transfer.
10. Excluding any and all costs associated with generation and/or delivery of death certificate(s), in the event Science Care accepts the Donated Tissue and begins the process of recovering Designated Tissue (as defined in disclosure 13), there will be no cost to my estate, my next of kin, or legal representatives associated with donation and cremation, including transportation and the return of cremated Initial Remains (as defined in disclosure 21).

Processing & Facilitation Prior to Transport

11. Science Care requests that any personal items are removed from the Donated Tissue prior to allowing transport. My estate, my next of kin, or legal representatives must notify Science Care of any personal items that were not removed from the Donated Tissue. Science Care will employ best efforts to remove any personal items accompanying the Donated Tissue that are signed into our care. Such personal items may be retrieved by my estate, my next of kin, or legal representatives or may be shipped together with the return of the cremated Initial Remains. If the personal items are not collected within a reasonable period or are returned undeliverable, Science Care has the right to discard such items. I hereby release Science Care, its officers, employees, agents, affiliates, and third-party vendors of any and all liability arising out of any failure to retrieve or return any personal property not removed from the Donated Tissue prior to transport of the Donated Tissue. Clothing and implanted items, such as dental gold, will be destroyed in the cremation process and not returned. Any personal items returned to Science Care after initial shipment will be held for one year from the receipt of the returned mail and then properly discarded. I acknowledge that Science Care will only ship within the Continental United States and that there is always a risk items could be delayed, misplaced, damaged, lost, or destroyed within the shipping process. I agree to release and hold harmless Science Care from any and all claims arising out of or relating in any way to the direction I provide concerning release and shipment of any personal items. Shipment of any and all personal items is subject to the "Release of Liability from Mailing Cremated Remains with the United States Postal Service" as set forth below.
12. 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 complete the Science Care Medical Social History Questionnaire, in which I must notify Science Care of any implanted devices in the Donated Tissue of which I have knowledge.

Processing & Facilitation Post Transport

13. Science Care, in its sole discretion, will designate tissue for use by its Practitioner(s) and provide any part or all the Donated Tissue ("**Designated Tissue**") to its Practitioner(s). Science Care may be compensated by its Practitioner(s) for providing the Designated Tissue. These Practitioner(s) may be for-profit or non-profit and may use the Designated Tissue for Permitted Purposes. Practitioner(s) may be within or located outside of the United States.
14. As part of the Science Care screening process to determine use for Designated Tissue, the Donated Tissue may be screened upon arrival to a Science Care facility 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 its Practitioner(s) or other entities that may come into direct contact with the Donated and/or Designated Tissue. I understand that, unless required to do so by law, Science Care will not inform me, any next of kin, or legal representative of the screening results.
15. Science Care and/or its Practitioner(s) may perform extensive preparation of the Designated Tissue, including but not limited to surgical preparation(s), 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.
16. Science Care may provide all Designated Tissue to a single Practitioner or may provide portions of the Designated Tissue to multiple Practitioner(s), at different locations and times, based on the needs of the Practitioner(s) with respect to Permitted Purposes. I understand that I cannot select the Practitioner(s) to which and/or the specific Permitted Uses for which the Designated Tissue is assigned or provided and that, for confidentiality reasons, Science Care will not inform me, any of my next of kin, or legal representatives of the specific Practitioner/ Practitioner(s) to which any Designated Tissue is provided unless required to do so by law.

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17. Science Care may share Donor information, including but not limited to the Donor's medical history, medical records, autopsy reports, death certificate, burial/transit permits, or any other documentation, that I may be asked to provide, or that I may have provided prior to passing with its Practitioner(s) and other entities involved throughout the process of donation and placement of Designated Tissue. Other entities may include but are not limited to funeral homes, mortuary transport services, and governmental agencies (both foreign and domestic).
18. I understand that its Practitioner(s) may make derivative products and other discoveries informed by what they learn from the Designated Tissue and that these derivative products and discoveries may result in commercialized products. I understand that while the Designated Tissue itself will not be used for transplantation or therapy, the Designated 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 its Practitioner(s) for any Designated Tissue.
19. Designated Tissue may be used indefinitely into the future for Permitted Purposes. Practitioner(s) may capture and display photographs, Live Streaming Presentations, or video imaging of the Designated Tissue for limited purposes including scientific publication or presentation, and the promotion of medical advances brought about through research, training, and education. Science Care and its Practitioner(s) will make reasonable efforts to protect the identity and anonymity of the Donor where the use of such media is employed.
20. Exposure of the Designated Tissue to destructive forces may be involved in the Permitted Use(s) to further research, scientific advancement and/or education, and may include simulated injury, trauma, impact, crash, ballistic, or blast exposure carried out in scientifically controlled settings. Additional Permitted Uses of Designated Tissue may include but are not limited to training in forensic pathology or search and rescue/recovery operations, vehicle safety testing, or development of protective equipment for transportation, military, sports, or law enforcement purposes, or research and development, scientific advancement, and/or education and training in the performance of procedures intended to improve or correct superficial, aesthetic, or cosmetic anatomical deficiencies.

Cremation

21. Any tissue that Science Care does not accept and/or need for Permitted Purposes ("**Initial Remains**") will be cremated and those partial Initial Remains will be returned upon request. I indicate below whether I elect to have such cremated Initial Remains returned to a designated third party ("**Remains Recipient**"). If I elect to decline the return of the cremated Initial Remains (I do not wish to have the cremated Initial Remains returned to a designated third party at any time), 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. Cremated Initial Remains are typically returned within three to five weeks from the date the death certificate is signed. I agree to notify Science Care immediately if the contact information for the Remains Recipient changes as I understand this could impact the successful delivery of the cremated Initial Remains. Science Care must receive and acknowledge the change prior to the shipment of cremated Initial Remains for it to be amended. If I do not properly 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 cremated Initial Remains for one year and then will scatter the cremated Initial Remains or inter them in an ossuary, consistent with applicable laws.
22. Upon completion of the tissue recovery process the Initial Remains will be transferred to the crematory for cremation. The cremation shall be performed in accordance with all Federal, State, and local laws and regulations, subject to periodic review.
23. The cremation authority, legal entity, or authorized representative of the legal entity which is licensed to perform cremation is authorized to proceed with cremation upon receipt of any Initial Remains. I acknowledge that cremation is an irreversible act.
24. 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 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.
25. Science Care and/or its Practitioner(s) 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, the cremation or incineration of Residual Remains as medical or pathological waste, or burial. Any Residual Remains that are cremated may be scattered at land or sea or interred in a shared ossuary. Final Disposition of Residual Remains is not limited to a single point in time, location, or method of disposition. Residual Remains will not be returned to the Remains Recipient.

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26. Cremated remains are bone fragments that are placed in a rigid container designed for short term use and shipment.

Release of Liability from Mailing Cremated Remains with the United States Postal Service

Cremated Initial Remains are typically available within three to five weeks from the time the doctor signs the death certificate. These cremated Initial Remains are available for pick-up at the Science Care facility where Donated Tissues were processed for donation. If the cremated Initial Remains are not to picked up in person, this consent authorizes Science Care to release the cremated Initial Remains, on my behalf, to the United States Postal Service Priority Mail Express, signature required, within the domestic United States. The United States Postal Service (USPS) offers the only legal method of shipping cremated remains. If I choose to release cremated Initial Remains to the USPS, I acknowledge that Science Care will only ship within the Continental United States and that there is always a risk they could be delayed, misplaced, damaged, lost, or destroyed within the shipping process. I, my estate, and all parties who have an interest in or obligation to my estate agree to release and hold harmless Science Care from any and all claims arising out of or relating in any way to the direction I provide concerning release and shipment of the cremated Initial Remains of the Donated Tissue including Science Care's reliance on the direction I provide.

The cremated Initial Remains will be shipped to the recipient at the address indicated on this consent, as listed below, and I fully understand I am responsible to notify Science Care immediately of any changes by calling Science Care and that written consent may be requested to finalize any changes to the information below. Changes must be acknowledged by Science Care prior to the initial donation. Any changes requested after initial donation may not be fulfilled. I hereby certify that I am the representative, and as the representative, I warrant and represent to Science Care that I am the person or the appointed agent of the person who by law has the paramount right to arrange and direct cremation and disposition of my remains and that no other person(s) has the superior right over the right of the representative.

I also acknowledge and understand that Science Care is not responsible for determining whether there are any modifications to the shipping address that I will write on the below form, and that Science Care is under no obligation to contact the intended recipient prior to releasing the cremated Initial Remains to the USPS or at any time thereafter.

CREMATED REMAINS PREFERENCES

Remains Preference: ☐ **Yes, Return Cremated Initial Remains** ☐ **No, Do Not Return Cremated Initial Remains**

Preferred Method of Receipt: ☐ **Pick Up at Science Care Donation Facility** ☐ **Ship Cremated Initial Remains via USPS**

Remains Recipient Name: _____

Remains Recipient Mailing Address: _____

They must be authorized to receive mail via USPS at this address.

Remains Recipient City: _____

Remains Recipient State: _____ **Zip Code:** _____

Remains Recipient Phone Number: _____

Science Care will make every effort to follow the wishes as I have stated within. However, if the Remains Recipient is deceased, or refuses to receive the remains, Science Care will reach out to the appropriate responsible party for updated instructions on how to handle the cremated Initial Remains.

INITIAL HERE X	

Donation and Cremation Consent

Self Consenter

Release of Liability Waiver

I, my estate, and all parties who have an interest in or obligation to my estate hereby release from liability Science Care, its assignees, its Practitioner(s), 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 am over the age of 18, of sound mind, and am legally authorized to sign this form. I hereby verify that I have fully read, understand, and agree to this Donation and Cremation Consent Form, including all 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:

CONSENTER (Donor):

Donor's Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Date of Birth: _____

X_____

Donor's Signature **Donor's Printed Name** **Donor's Date Signed**

WITNESS 1:

The witness signing below attests that the Consenter is over 18 years of age, of sound mind, able to read and understand this consent form, and free of duress when signing this Consent Form. I hereby confirm I am signing at the request of or in the presence of the Consenter.

Relationship to Donor: _____

X_____

Witness 1 Signature **Witness 1 Printed Name** **Witness 1 Date Signed**

WITNESS 2:

Disinterested and Impartial Witness *(**Cannot be one of the following relationships to the DONOR:** spouse, domestic partner, child, parent, sibling, grandchild, grandparent, guardian, power of attorney, or any member of the consent legal order for the state of donation and/or cremation.)* **I hereby confirm I am signing at the request of or in the presence of the Consenter.**

Relationship to Donor: _____

X_____

Witness 2 Signature **Witness 2 Printed Name** **Witness 2 Date Signed**

It is important that this form is accurate. Please ensure all information has been fully reviewed prior to completion. If any questions or error corrections need to be addressed, please call Science Care prior to completing the form at **800.417.3747**.

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

Donation and Cremation Consent

Dual Consenter

I, _____(“**Consenter**”),
Consenter’s Full Name

am the _____ (“**Consenting Class”**)
Relationship to Donor and Consenting Class

of _____ (“**Donor**”).
Donor’s Full Name

I attest that there are no known objections to an anatomical gift being made of the Donor’s whole body or to the cremation of any or all of the Donor’s whole body, by either the Donor or any member of the donor’s family, power of attorney, or other member of the legally authorized consenting class. I hereby confirm that I have provided Science Care, Inc. and its affiliates (“**Science Care**”) all information known to me regarding the identities of and contact information for all members of the consenting class for the Donor (including, but not limited to any living relative, legal spouse, power of attorney, and/or guardian within prior classes).

The Donor’s **date of birth** was _____/_____/_____. The Donor’s **date of passing** was _____/_____/_____. The Donor's time of passing will be listed on the finalized death certificate once approved by the physician and certified.

As duly authorized under applicable law, I hereby donate this gift of the Donor’s whole body to Science Care with the understanding that Science Care will provide tissues including but not limited to bone, skin, soft tissue, organs and fluids (up to and including the Donor's whole body) (“**Donated Tissue**”), for the purpose of education and training, scientific advancement, and/or research and development (“**Permitted Purposes**”) to authorized third party organization(s) or person(s) (“**Practitioner(s)**”).

I understand that the Donated Tissue will initially be assessed/recovered/processed at a Science Care facility and placed at Science Care’s sole discretion. I understand that in some instances, Science Care approved third parties may be engaged by Science Care to assist in the testing for communicable diseases, performance of tissue preparations including but not limited to embalming, medical imaging, logistics, and/or assessment and evaluation of the Donated Tissue. I understand that this donation of Donated Tissue is conducted under the laws applicable to the state where the Donor lived 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, up to and including the Donor’s whole body, as described herein, by or on behalf of Science Care and its Practitioner(s). 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 its Practitioner(s).

Headings preceding the disclosures and paragraphs below are included solely for convenience of reference, and shall not control, modify, limit, or affect the scope or meaning of any individual or collective disclosure(s) or paragraph(s) contained herein.

I understand and acknowledge the following disclosures as a condition to donation and consent to cremation and hereby confirm I have read and understand each disclosure fully as demonstrated by my initials and signatures herein:

Donation & Acceptance

1. **Science Care is a for-profit company.**
2. Science Care may decline the gift of Donated Tissue at any time and for any reason at its sole discretion.
3. 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 the Donated Tissue in accordance with applicable law by or on behalf of Science Care and its Practitioner(s).
4. This consent form supersedes any other agreement, contract, or correspondence between me (“**Consenter**”) and Science Care. Science Care may rely upon this consent unless I advise Science Care that I have modified or revoked my consent prior to any flight, transfer, processing, or recovery of the Donated Tissue by Science Care. Science Care will employ best efforts to provide me timely written acknowledgement of revocation of my consent, where possible.
5. I provide my consent voluntarily and based on 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.
6. Due to the nature and the time sensitivities of the donation, an open casket viewing for a funeral service will not be possible.

INITIAL HERE X	

7. Acceptance of the Donated Tissue is contingent upon the Donated Tissue meeting Science Care's acceptance criteria and passing the Science Care Donor screening process conducted following the Donor's passing. The acceptance criteria and screening process may include but are not limited to include such considerations as medical suitability, Donor condition, logistics, and Practitioner(s) need. In the event the Donated Tissue is not accepted by Science Care or I withdraw my consent prior to tissue recovery, I understand I will be solely responsible for timely coordination of alternative final arrangements, and that all financial costs associated with alternative arrangements are my sole responsibility.
8. I understand that I may revoke my consent via email at info@sciencecare.com as a preferred method or via telephone with a Science Care representative, please note our calls may be recorded for quality assurance and training purposes. Science Care will confirm any email revocations within one business day. If I do not receive written confirmation, I understand that I must call Science Care immediately to revoke. While Science Care will make all efforts to honor a withdrawal of consent, due to timing, there may be situations where the withdrawal of consent cannot be effectuated before tissue is procured. If the Donated Tissue is already in the care and possession of Science Care or any third party Science Care has engaged to assist in processing of the Donated Tissue, I understand that once I have secured alternate final 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. I understand that I may be required to sign a release form authorizing the transfer.
9. Excluding any and all costs associated with generation and/or delivery of death certificate(s), in the event Science Care accepts the Donated Tissue and begins the process of recovering Designated Tissue (as defined in disclosure 12), there will be no cost to me associated with donation and cremation, including transportation and the return of cremated Initial Remains (as defined in disclosure 20).

Processing & Facilitation Prior to Transport

10. Science Care requests that any personal items are removed from the Donated Tissue prior to allowing transport. I must notify Science Care in advance of any personal items that were not removed from the Donated Tissue. Science Care will employ best efforts to remove any personal items accompanying the Donated Tissue that are signed into our care. Such personal items may be retrieved by me or a person I designate or may be shipped together with the return of the cremated Initial Remains. If the personal items are not collected within a reasonable period or are returned undeliverable, Science Care has the right to discard such items. I hereby release Science Care, its officers, employees, agents, affiliates, and third-party vendors of any and all liability arising out of any failure to retrieve or return any personal property not removed from the Donated Tissue prior to transport of the Donated Tissue. Clothing and implanted items, such as dental gold, will be destroyed in the cremation process and not returned. Any personal items returned to Science Care after initial shipment will be held for one year from the receipt of the returned mail and then properly discarded. I acknowledge that Science Care will only ship within the Continental United States and that there is always a risk items could be delayed, misplaced, damaged, lost, or destroyed within the shipping process. I agree to release and hold harmless Science Care from any and all claims arising out of or relating in any way to the direction I provide concerning release and shipment of any personal items. Shipment of any and all personal items is subject to the "Release of Liability from Mailing Cremated Remains with the United States Postal Service" as set forth below.
11. 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.

Processing & Facilitation Post Transport

12. Science Care, in its sole discretion, will designate tissue for use by its Practitioner(s) and provide any part or all the Donated Tissue ("**Designated Tissue**") to its Practitioner(s). Science Care may be compensated by its Practitioner(s) for providing the Designated Tissue. These Practitioner(s) may be for-profit or non-profit and may use the Designated Tissue for Permitted Purposes. Practitioner(s) may be within or located outside of the United States.
13. As part of the Science Care screening process to determine use for Designated Tissue, the Donated Tissue may be screened upon arrival to a Science Care facility 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 its Practitioner(s) or other entities that may come into direct contact with the Donated and/or Designated Tissue. I understand that, unless required to do so by law, Science Care will not inform me, any next of kin, or legal representative of the Donor of the screening results.
14. Science Care and/or its Practitioner(s) may perform extensive preparation of the Designated Tissue, including but not limited to surgical preparation(s), 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	

15. Science Care may provide all Designated Tissue to a single Practitioner or may provide portions of the Designated Tissue to multiple Practitioner(s), at different locations and times, based on the needs of the Practitioner(s) with respect to Permitted Purposes. I understand that I cannot select the Practitioner(s) which and/or the specific Permitted Uses for which the Designated Tissue is assigned or provided and that, for confidentiality reasons, Science Care will not inform me of the specific Practitioner/ Practitioner(s) to which any Designated Tissue is provided unless required to do so by law.
16. Science Care may share Donor information, including but not limited to the Donor's medical history, medical records, autopsy reports, death certificate, burial/transit permits, or any other documentation, that I may be asked to provide, or that the Donor may have provided prior to passing with its Practitioner(s) and other entities involved throughout the process of donation and placement of Designated Tissue. Other entities may include but are not limited to funeral homes, mortuary transport services, and governmental agencies (both foreign and domestic).
17. I understand that its Practitioner(s) may make derivative products and other discoveries informed by what they learn from the Designated Tissue and that these derivative products and discoveries may result in commercialized products. I understand that while the Designated Tissue itself will not be used for transplantation or therapy, the Designated 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 its Practitioner(s) for any Designated Tissue.
18. Designated Tissue may be used indefinitely into the future for Permitted Purposes. Practitioner(s) may capture and display photographs, Live Streaming Presentations, or video imaging of the Designated Tissue for limited purposes including scientific publication or presentation, and the promotion of medical advances brought about through research, training, and education. Science Care and its Practitioner(s) will make reasonable efforts to protect the identity and anonymity of the Donor where the use of such media is employed.
19. Exposure of the Designated Tissue to destructive forces may be involved in the Permitted Use(s) to further research, scientific advancement and/or education, and may include simulated injury, trauma, impact, crash, ballistic, or blast exposure carried out in scientifically controlled settings. Additional Permitted Uses of Designated Tissue may include but are not limited to training in forensic pathology or search and rescue/recovery operations, vehicle safety testing, or development of protective equipment for transportation, military, sports, or law enforcement purposes, or research and development, scientific advancement, and/or education and training in the performance of procedures intended to improve or correct superficial, aesthetic, or cosmetic anatomical deficiencies.

Cremation

20. Any tissue that Science Care does not accept and/or need for Permitted Purposes ("**Initial Remains**") will be cremated and those partial Initial Remains will be returned upon request. I indicate below whether I elect to have such cremated Initial Remains returned to me or a designated third party ("**Remains Recipient**"). If I elect to decline the return of the cremated Initial Remains (I do not wish to have the cremated Initial Remains returned to me or a designated third party at any time), 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. Cremated Initial Remains are typically returned within three to five weeks from the date the death certificate is signed. I agree to notify Science Care immediately if the contact information for the Remains Recipient changes as I understand this could impact the successful delivery of the cremated Initial Remains. Science Care must receive and acknowledge the change prior to the shipment of cremated Initial Remains for it to be amended. If I do not properly 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 cremated Initial Remains for one year and then will scatter the cremated Initial Remains or inter them in an ossuary, consistent with applicable laws.
21. Upon completion of the tissue recovery process the Initial Remains will be transferred to the crematory for cremation. The cremation shall be performed in accordance with all Federal, State, and local laws and regulations, subject to periodic review.
22. The cremation authority, legal entity, or authorized representative of the legal entity which is licensed to perform cremation is authorized to proceed with cremation upon receipt of any Initial Remains. I acknowledge that cremation is an irreversible act.
23. 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 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.

INITIAL HERE X	

24. Science Care and/or its Practitioner(s) 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, the cremation or incineration of Residual Remains as medical or pathological waste, or burial. Any Residual Remains that are cremated may be scattered at land or sea or interred in a shared ossuary. Final Disposition of Residual Remains is not limited to a single point in time, location, or method of disposition. Residual Remains will not be returned to me or the Remains Recipient.
25. Cremated remains are bone fragments that are placed in a rigid container designed for short term use and shipment.

Release of Liability from Mailing Cremated Remains with the United States Postal Service

Cremated Initial Remains are typically available within three to five weeks from the time the doctor signs the death certificate. These cremated Initial Remains are available for pick-up at the Science Care facility where Donated Tissues were processed for donation. If I choose not to pick-up the cremated Initial Remains in person, this consent authorizes Science Care to release the cremated Initial Remains, on my behalf, to the United States Postal Service Priority Mail Express, signature required, within the domestic United States. The United States Postal Service (USPS) offers the only legal method of shipping cremated remains. If I choose to release cremated Initial Remains to the USPS, I acknowledge that Science Care will only ship within the Continental United States and that there is always a risk they could be delayed, misplaced, damaged, lost, or destroyed within the shipping process. I agree to release and hold harmless Science Care from any and all claims arising out of or relating in any way to the direction I provide concerning release and shipment of the cremated Initial Remains of the Donated Tissue including Science Care's reliance on the direction I provide.

The cremated Initial Remains will be shipped to the recipient at the address indicated on this consent, as listed below, and I fully understand I am responsible to notify Science Care immediately of any changes by calling Science Care and that written consent may be requested to finalize any changes to the information below. Changes must be acknowledged by Science Care prior to the initial donation. Any changes requested after initial donation may not be fulfilled. I hereby certify that I am the representative, and as the representative, I warrant and represent to Science Care that I am the person or the appointed agent of the person who by law has the paramount right to arrange and direct cremation and disposition of the remains to the decedent and that no other person(s) has the superior right over the right of the representative.

I also acknowledge and understand that Science Care is not responsible for determining whether there are any modifications to the shipping address that I will write on the below form, and that Science Care is under no obligation to contact the intended recipient prior to releasing the cremated Initial Remains to the USPS or at any time thereafter.

CREMATED REMAINS PREFERENCES

Remains Preference: ☐ **Yes, Return Cremated Initial Remains** ☐ **No, I do not wish to receive remains**

Preferred Method of Receipt: ☐ **Pick Up at Science Care Donation Facility** ☐ **Ship Cremated Initial Remains via USPS**

Remains Recipient Name: _____

Remains Recipient Mailing Address: _____

You must be authorized to receive mail via USPS at this address.

Remains Recipient City: _____

Remains Recipient State: _____ **Zip Code:** _____

Remains Recipient Phone Number: _____

Science Care will make every effort to follow the wishes as I have stated within. However, if the Remains Recipient is deceased, or refuses to receive the cremated Initial Remains, Science Care will reach out for updated instructions on how to handle the cremated Initial Remains.

INITIAL HERE X

Release of Liability Waiver

I hereby release from liability Science Care, its assignees, its Practitioner(s), 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 am over the age of 18, of sound mind, and am legally authorized to sign this form. I hereby verify that I have fully read, understand, and agree to this Donation and Cremation Consent Form, including all 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:

CONSENTER:

Consenter Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

X_____

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

WITNESS 1:

The witness signing below attests that the Consenter is over 18 years of age, of sound mind, able to read and understand this consent form, and free of duress when signing this Consent Form. I hereby confirm I am signing at the request of or in the presence of the Consenter.

Relationship to Donor/Deceased (NOT THE CONSENTER): _____

X_____

Witness 1 Signature **Witness 1 Printed Name** **Witness 1 Date Signed**

WITNESS 2:

Disinterested and Impartial Witness *(**Cannot be one of the following relationships to the DONOR:** spouse, domestic partner, child, parent, sibling, grandchild, grandparent, guardian, power of attorney, or any member of the consent legal order for the state of donation and/or cremation.)* **I hereby confirm I am signing at the request of or in the presence of the Consenter.**

Relationship to Donor/Deceased (NOT THE CONSENTER): _____

X_____

Witness 2 Signature **Witness 2 Printed Name** **Witness 2 Date Signed**

It is important that this form is accurate. Please ensure all information has been fully reviewed prior to completion. If any questions or error corrections need to be addressed, please call Science Care prior to completing the form at **800.417.3747**.

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

Herewith certifies
that the Institution named here

Science Care, Inc.
Phoenix, Arizona

has met the Association's accreditation requirements and
is hereby accredited for

Tissue Type – Deceased Donor	Authorization	Donor Screening	Recovery and/or Acquisition	Processing or Preparation	Donor Eligibility Determination	Storage	Distribution
Non- Transplant Anatomical (NAM or NTAD)	√	√	√	√	√	√	√

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 11th day of January 2024

Chair, Board of Governors
Expiration Date: 03/07/2027
Accreditation # 00124

PROOF

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

Facility ID: 1049

Director:
Diane K. Eklund, MD

Article 43B Responsibility:
Tricia Hammett
Program Director & Chief Executive Officer

Science Care of Arizona
3836 East Watkins Street
Phoenix, AZ 85034

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: March 19, 2025

Expires: April 1, 2027

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 DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION

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

Facility ID: 1991

Director:
Diane K. Eklund, MD

Article 43B Responsibility:
Tricia Hammett
Program Director & Chief Executive Officer

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: **February 19, 2025**

Expires: **March 1, 2027**

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 DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION

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

Facility ID: 1302

Director:
Diane K. Eklund, MD

Article 43B Responsibility:
Tricia Hammett
Program Director & Chief Executive Officer

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

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: November 21, 2025

Owner: LLCP Sierra Equityco, LP

Expires: December 1, 2027

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 DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION

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

Facility ID: 1992

Director:
Diane K. Eklund, MD

Article 43B Responsibility:
Tricia Hammett
Program Director & Chief Executive Officer

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 8, 2026

Expires: May 1, 2028

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 DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION

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

Facility ID: 1844

Director:
Diane K. Eklund, M.D.

Article 43B Responsibility:
Tricia Hammett
Program Director & Chief Executive Officer

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: September 20, 2024

Expires: October 1, 2026

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 DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION

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

Facility ID: 2106

Director:
Diane K. Eklund, M.D.

Article 43B Responsibility:
Tricia Hammett
Program Director & Chief Executive Officer

Science Care of Pennsylvania
780 Primos Avenue, Suite D
Folcroft, PA 19032

is hereby APPROVED as a Nontransplant Anatomic Bank

Nontransplant Anatomic Bank **Whole Body Acquisition Service**

Issued: September 20, 2024

Expires: October 1, 2026

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 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

Facility ID: 2713

Director:
Diane K. Eklund, M.D.

Article 43B Responsibility:
Tricia Hammett
Program Director & Chief Executive Officer

Science Care of Texas
820 W. Sandy Lake Road, Suite 300
Coppell, TX 75019

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: **November 20, 2024**

Owner: **LLCP Sierra Equityco, LP**

Expires: **December 1, 2026**

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

DOH-3908 (04/2001)

PROPERTY OF THE

ARIZONA DEPARTMENT OF HEALTH SERVICES

Science Care, Inc
3836 E Watkins Street
Phoenix, AZ 85034

FACILITY IS LICENSED TO OPERATE AS A
TISSUE PROCUREMENT ORGANIZATIONS

Issued: August 8, 2024

License: NPO1004

Effective: September 8, 2024

Recommended By: Megan McMinn, Bureau Chief

Expires: September 7, 2026

Issued By: Tom Salow, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

ADHS (Rev. 8/02)

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

Office of Nontransplant Tissue Bank Registration

Science Care Colorado

Nontransplant Tissue Bank

NTTB.0000005	07/01/2026
Number	**Issue Date**
Active	06/30/2027
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Sam Delp | Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

Office of Nontransplant Tissue Bank Registration

Science Care Colorado

Nontransplant Tissue Bank

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