

BEST PRACTICES TO REDUCE LEGAL LIABILITY OF FUNERAL HOMES PARTICIPATING IN ORGAN/TISSUE/CADAVER DONATIONS Adopted by the NFDA Policy Board on October 1, 2005

Amended by the NFDA Policy Board on July 29, 2006

EXECUTIVE SUMMARY

I. FUNERAL HOMES SERVICING A FAMILY AFTER DONATION

For funeral homes providing services to a family following an organ/tissue/bone donation, the funeral home should be mindful of the following precautions:

- (A) Review Consent Form: The funeral home should review the consent form that the family signs to ensure that it explains to the family that donation may adversely impact the appearance of the body and delay the scheduling of funeral ceremonies.
- (B) <u>Embalming Procedures</u>: The funeral home should take advantage of courses that offer specialized training and embalming donation cases. Also, if there are trade embalmers or embalmers at other funeral homes with expertise in handling donation cases, the funeral home should develop a relationship with them so that they can consult them if they encounter a problem.
- (C) <u>Documentation and Communication</u>: Embalmers should document in a written embalming report what organs, tissues and bones have been recovered by the procurement organization and list any problems the embalmer encounters as a result of this donation. If these problems impact the appearance of the body, the funeral home should communicate those concerns with the procurement organization and the family. Document all communications in writing and retain them in the funeral home file.

II. FUNERAL DIRECTORS PARTICIPATING IN RECOVERY ACTIVITIES

Funeral directors and funeral homes that actively take part in the recovery process by performing tissue or bone recovery, carrying out enucleations or removing corneas, or leasing the prep room to procurement organizations, should undertake the following actions as preconditions of participating with a procurement organization:

(A) <u>Accreditation and Registration</u>: Prior to actively participating in recovery or operations with a tissue bank, insure that the tissue bank is accredited by the American Association of Tissue Banks (AATB). Accreditation by AATB is a rigorous process that involves instructions by AATB. To obtain a current list of accredited tissue banks, go to www.AATB.org.

Prior to becoming actively involved in a procurement organization, a funeral home should also request the procurement organization to provide copies of inspection reports performed by the U.S. Food and Drug Administration. FDA Form 483 will list insufficiencies or violations that have been found by the FDA with the procurement organization. If there is a record of violations, do not participate with the procurement organization.

- (B) <u>Certification</u>: Any funeral director actively assisting in recovery processes should be certified. The AATB has a Certified Specialist program and the Eye Bank Association of America has a Certified Eye Bank Specialist program.
- (C) <u>Indemnification</u>: Any funeral director or funeral home actively participating with a procurement organization should demand to be provided with evidence of insurance and a written contract from the procurement organization which warrants that the funeral director and/or funeral home will be fully indemnified in case a claim is made against the funeral home or funeral director.
- (D) <u>Lease of Funeral Home Facilities</u>. Prior to leasing funeral home facilities to a procurement organization, the funeral home should obtain a written agreement spelling out the responsibilities of the procurement organization and its employees. The agreement should specify that the procurement organization is solely responsible for obtaining all necessary consents from family members, providing, sterilizing and storing its own surgical equipment, maintaining sterile conditions in the preparation room, and restoring the preparation room to a sanitary condition after recovery activities. The agreement should also provide detailed indemnification provisions to ensure and protect the funeral home from claims.

III. PARTICIPATION AND PROCUREMENT ACTIVITIES

From time to time funeral homes will be approached by procurement organizations and medical schools that seek cadaver or tissue donations for the purpose of research and scientific studies. While these are certainly worthwhile causes, the absence of any government regulation or oversight in this area poses great risk to funeral homes. Funeral homes considering whether to actively refer a procurement organization to a family should undertake the following actions:

- (A) <u>Due Diligence</u>. Because of the limited ability of funeral homes to do background research on the activities of procurement organizations, especially with regard to what ultimately takes place with cadavers and body parts donated for research and scientific purposes, it is the general recommendation that funeral homes not actively solicit families for donations. If a funeral home does choose to refer families to procurement organizations, it should only do so for a procurement organization that is accredited by the AATB or for a medical school that does not participate in the sale or transfer of body parts beyond the school.
- (B) <u>Review Consent Forms</u>: Prior to referring a family to a procurement organization, funeral homes should closely review the consent forms that the procurement organization has families execute. Does the consent form specifically list the purposes for which the donated bodies and/or tissue will be used? If not, funeral homes should not be involved with the procurement organization.
- (C) <u>Remuneration</u>: Funeral homes should not enter into any arrangement with a procurement organization that compensates the funeral homes for referrals. While funeral homes may be compensated for work actually done (embalming, transportation, restoration), it should not receive any fees or compensation for referrals or administrative assistance to a procurement organization.

BEST PRACTICES

The potential for legal liability for funeral homes in organ/tissue/cadaver donation activities will vary to a large extent on the funeral home's participation in the process. Generally, to the greater extent the funeral home is involved in the process, its liability exposure increases. However, since nearly all funeral homes service donation cases and since many funeral homes support organ and tissue donation, it is impossible for the funeral home to fully extract itself from the donation process. This being the case, it is important the funeral homes understand where potential liabilities arise and how they can reduce those risks.

The best practices set forth herein cover three areas of funeral home involvement in the organ/tissue/cadaver donation process: informed consent, participation in organ and tissue recovery activities, and participation in procurement activities.

I. INFORMED CONSENT

In order to procure organs, tissues and/or cadavers, a procurement organization needs the consent of the donor during his or her lifetime or the consent of the next-of-kin following death. The issue where liability can arise is what exactly is the donor consenting to. In other words, when the donor provides permission or consent, do they fully understand what will be done with the donation and what will happen to the body. And, if they are not provided sufficient facts, then have they truly consented to the donation? Thus, the issue becomes one of informed consent, *i.e.*, consent given with a full appreciation of what will happen to the donation and what impact it will have on the remains.

For most funeral homes, the possible involvement in litigation would arise on the second issue – the impact the donation has on the remains. If the procurement of tissues and bones precludes the family from having the type of funeral they wish, and this fact was not explained to them when they gave their consent, it could result in a claim that the body was mutilated without their consent. To reduce liability exposure, funeral directors should undertake the following actions:

1. <u>Review Consent Form.</u> Funeral homes should be familiar with the consent forms that are used by procurement organizations in their area. If those forms are insufficient, the funeral home or its local or state association should meet with management of the procurement organizations and propose changes and additions to the consent form.

To determine what a sufficient consent form should contain, please review the Model Elements of Informed Consent for Organ and Tissue Donation, which is attached as Exhibit A. This document was put together by the American Association of Tissue Banks, the Association for Organ Procurement Organizations, and the Eye Bank Association of America. Please note that one of the basic elements of informed consents is an explanation regarding the impact that the donation process may have on burial arrangements and the appearance of the body.

It is recommended that the authorization form used by procurement organization disclose whether donated tissue rejected for transplant will be used for research. The form should also identify the name, address and telephone number of the procurement organization, the name, address and telephone number of the individual who obtained the consent, together

with their signature certifying that they have fully explained the consent to the individual authorizing the donation and answered all questions, a certification by the individual authorizing the donation that they fully understand the donation being authorized, and a consent mechanism for those who are illiterate or unable to sign the form.

- 2. <u>Authorization Form.</u> Attached as Exhibit B is an Authorization to Prepare Donation Cases for Viewing form. Funeral homes, especially those concerned about the adequacy of consent forms being signed by families, may wish to utilize this form so that families understand that donation procedures can impact the cost of the embalming, the time necessary to prepare the body for viewing and/or funeral, and the ultimate appearance of the body. The form also reaffirms that it is the obligation of the procurement organization to obtain informed consent and that the funeral home is not responsible for that obligation.
- 3. <u>Specialized Training</u>. For funeral directors who embalm organ and tissue donation cases, it may be advisable to undertake additional training on embalming difficult cases. Not only will the specialized training permit the funeral homes to better serve its clientele, but it could also help the funeral home defend any claims that it did not employ reasonably skilled and trained embalmers.
- 4. <u>Referrals</u>. When faced with an embalming case that may beyond the abilities of the funeral home's embalming staff, it may be prudent for the funeral home to refer the case to a specialist outside of the funeral home. For example, there may be a trade embalmer, mortuary school instructor, or embalmer employed by another funeral home who has specialized training. By referring the case, the funeral home will place itself in position to better defend against any liability claim since it will have additional expert testimony on the difficulty of performing the embalming.
- 5. <u>Embalming Report</u>. When embalming the body, the funeral director should document what organs, tissues and bones the procurement organization has removed and recovered from the body and any difficulties in embalming presented by the recovery done by the procurement organization. On the embalming report, it should be noted what organs, tissues, and bones have been recovered and any factors that hampered the embalming or detracted from the ultimate appearance of the body.
- 6. <u>Communication with Family</u>. When encountering any problems with embalming the body, the funeral home should alert the procurement organization and confer with it on how this information will be communicated to the family. While this obviously must be done in a tactful manner, it is the family's right to make informed decisions regarding whether to embalm and the type of funeral to be held. Therefore, they should be made aware if the condition of the body may prevent or hinder a successful embalming and/or a public viewing of the body. Also, the family should be alerted if it appears the procurement organization has exceeded its authority and removed and/or recovered tissue or bones without consent.
- 7. <u>Document, Document.</u> It is vitally important in all phases of handling the body and preparing it for disposition that the funeral home document its findings in writing. Therefore, when the funeral home takes custody of the body and personal effects from the hospital or procurement organization, a written inventory should be prepared and a receipt signed. When the personal effects are returned to the family, they should be presented with an inventory and a receipt. Written embalming reports should be routinely utilized by the funeral home and notes should be

made if the condition of the body will prevent or hinder a successful embalming. Discussions with the procurement organization and the family regarding the conditions of the body or the embalming should be documented by the funeral home with a written memorandum to the decedent's file. Of course, all receipts, inventory, embalming reports and other documentation should be retained in the decedent's file at the funeral home.

II. PARTICIPATION IN RECOVERY ACTIVITIES

Some funeral homes may take an active or passive role in assisting procurement organizations with the actual recovery of tissues. As noted at the outset, increased involvement in the process will generally lead to increased risk for liability. Prior to entering into a relationship with a procurement organization, a funeral home will need to perform due diligence. It should also obtain a written agreement spelling out what the respective obligations of the funeral home and procurement organization are. Finally, as part of that agreement, it is critical that the funeral home receive indemnification from the procurement organization in case a claim is made against the funeral home arising out of the donation process.

If a funeral director elects to accept an active role in recovery activities, such as removing corneas and enucleation, he or she has become an active participant in the donation process. To reduce risk to the funeral home arising from the activities of the funeral director, it would be prudent to have all of the recovery activities of the funeral director carried out under the auspices of the procurement organization rather than the funeral home. It is also critical that the funeral director do a thorough check of the procurement organization prior to signing on with it. The following steps should be undertaken:

1. <u>Accreditation</u>. Determine whether the procurement organization is accredited by the American Association of Tissue Banks ("AATB"). If the procurement organization is an eye bank, ask if it is accredited by the Eye Bank Association of America ("EBAA"). By becoming actively involved in the procurement process, the funeral director arguably become an "agent" of the procurement organization. If the procurement organization does something improper with the tissue it obtains, or if the tissue becomes contaminated, liability could extend to the funeral director who assists in the recovery.

The best protection for the funeral director who is active in the recovery process is to be associated only with an organization accredited by the AATB or EBAA. With regard to tissue banks, it has been reported that there are 130 tissue banks operating in the United States that recover transplantable tissue. However, only 92 are currently accredited by the AATB. Accreditation, which is a rigorous process and involves inspections by the AATB, provides some measure of assurance for the funeral director actively assisting the tissue bank.

In addition to the 130 tissue banks involved in transplantable tissue, there are several hundred "research" tissue banks. These organizations deal only with cadavers, body parts and tissues that are used for scientific research, *e.g.*, testing, medical study, surgical seminars, dissection for medical students, etc. While many research tissue banks operate in a highly professional and ethical manner, there is virtually no governmental oversight of their activities. This makes it very difficult for a funeral director to perform any type of due diligence.

Funeral home personnel are cautioned against entering into any type of active partnership with research tissue banks. While funeral home personnel should assist families who choose to donate cadavers or body parts to a research tissue bank, they should not be actively involved in recovery activities with a research tissue bank. Given the lack of government regulation and oversight in this area, the risks are too great for funeral homes to actively participate with research tissue banks in the procurement or recovery of cadavers and body parts.

To summarize, accreditation, for the most part, is the best evidence that funeral directors can rely upon in deciding whether to become affiliated with a tissue bank. In the absence of accreditation, funeral directors should proceed very cautiously before affiliating with a tissue bank.

- 2. <u>FDA Registration</u>. When dealing with a procurement organization which handles transplantable tissue, the funeral director should ask for documentation showing that the procurement organization complies with all of the U.S. Food and Drug Administrative ("FDA") regulations for the safe handling of tissue. Ensure that the procurement organization is registered with the FDA and ask to see the most recent inspection report. If an FDA Form 483 Report listing compliance insufficiency or violations has been issued by the FDA, determine if the procurement organization has remedied this situation.
- 3. <u>Certification</u>. The funeral director assisting in the recovery process should become certified prior to engaging in recovery activities. The AATB has a program for a Certified Specialist. EBAA will award a Certified Eye Bank status for individuals with sufficient training and who complete a written exam and a successful recovery of corneoscleral rims.
- 4. <u>Indemnification</u>. Prior to actively working for a procurement organization, the funeral director should receive sufficient evidence that he or she will be fully insured and indemnified by the procurement organization in the event of a claim. Demand to see evidence of insurance and insist on a written contract that spells out that the procurement organization will fully insure and indemnify the funeral director in the event a claim is made.
- 5. <u>Use of Funeral Home Facilities</u>. Some funeral homes have agreed to allow procurement organizations to use funeral home facilities to perform recovery activities. In these cases, the funeral director is not actively participating in the recovery, but is leasing funeral home facilities to the procurement organization and its employees who perform the recoveries. While this passive role in recovery activities would not pose the liability risk involved in active participation, there are still serious liability concerns that a funeral home will want to protect against.

In addition to dealing only with tissue banks that are accredited by the AATB, the funeral home will need the written agreement to spell out the responsibilities of the procurement organization and its employees. Generally, the funeral home will want to limit its obligations only to providing space to the procurement organization. The agreement should specify that the procurement organization will be solely responsible for obtaining all necessary consents from the next-of-kin, providing, sterilizing and storing its own surgical equipment, maintaining sterile conditions in the preparation room, and restoring the preparation room to a sanitary condition after recovery activities.

The funeral home will also need a detailed indemnification provision in the written agreement. A suggested sample is found in Exhibit C.

III. PARTICIPATION IN PROCUREMENT ACTIVITIES

Funeral homes that are confronted by families with no resources for burial or cremation may suggest body donation as an alternative. Many funeral homes, especially those located near a medical school, will list body donation on their General Price List. These activities, in and of themselves, are not illegal nor unethical. However, depending upon what arrangements exist between the funeral home and the donee, and what happens to the body and recovered tissues after reaching the donee, liability could arise.

The first body parts scandal directly involving funeral homes began to unfold in late 2005. A New York funeral home and its former owners have been implicated in the wholesale theft of body parts and misrepresentation in the sale of those body parts. Moreover, other funeral homes may have been involved in assisting these activities by procuring body donations for the funeral home. This scandal could have a wide ranging impact on the regulation of tissue banks and the procurement activities of funeral homes.

Funeral homes and funeral directors who actively solicit body donations for medical schools and procurement organizations may be operating in a gray area of the law. Since state law prohibits the sale of bodies and tissues in every state, funeral homes who have received commissions for referrals to medical school and tissue banks would arguably be in violation of state law. Moreover, if a family were to sue a donee institution for selling cadavers or tissues without the family's consent, it is inevitable that they would also go after the funeral home that procured the body for the donee institution.

To lessen the liability risk, it is important that funeral homes with any active involvement in procuring organ/tissue/body donations for medical schools or tissue banks undertake the following steps:

1. <u>Medical School Donations</u>. While funeral homes may feel safe in actively referring families to body donation programs run by state-owned or well established medical schools, that reliance may not be justified. In recent years, willed body and cadaver donation programs run by Tulane University, the University of Michigan and UCLA have been sued or investigated because of illegal body sales by employees of those institutions. Therefore, simply because the medical school enjoys a prestigious reputation is no guarantee or assurance that its body donation program is free of unlawful or unethical practices.

Funeral homes must proceed cautiously in actively recommending cadaver donations to medical schools. While it certainly can be presented as an option, funeral homes should avoid any type of recommendation to families, especially families who may not be able to afford a funeral. If a funeral home does have any type of active role in referring body donations to a local medical school, funeral home management should ask to meet with the medical school's donation program supervisor and receive complete assurances as to what is done with donated bodies, including whether they are ever sold to third parties. If the medical school does sell cadavers or body parts to third parties, the funeral home should either stop any type of active referrals to that program, or receive adequate assurance from the medical school that it has

systems in place to guarantee that all body parts it sells will be tracked, will only be used for ethical and professional purposes, and will eventually be returned to the medical school to be cremated under its direction.

- 2. <u>Accreditation</u>. If a funeral home is recommending to a family that they make a body donation to a tissue bank, it should only make the recommendation to an accredited tissue bank. Although there are estimated to be up to 700 tissue banks operating in the United States, only 92 are currently accredited by the AATB. That accreditation will provide some assurance to the funeral home that the tissue bank adheres to professional practices and ethical standards. If the tissue bank is not accredited, the funeral home should not proceed unless it has strong evidence that the tissue bank operates in a professional and ethical manner.
- 3. Review Consent Forms. Funeral homes should check the consent form that the medical school or tissue bank provides for the family. Does the consent form allow the school or tissue bank to sell or transfer tissues to other entities? Does it explain what will be done with the body after recovery and/or medical research is completed? The consent form should be specific and not just a vague and generally worded release which gives the donee carte blanche to do whatever it wishes with the body and tissues.
- 4. <u>Determine What The Donee Does After Donation</u>. If the funeral home is making referrals to a medical school or tissue bank, it is important that the funeral home receive in writing a thorough explanation of what the donee does with the body and tissues. That explanation should address the issue of what particular tissues will be utilized, the uses to which the tissues may be put, whether tissues may be transferred to other facilities or other institutions, and, if so, whether those institutions are non-profit or for profit, and what ultimately will be done with the body after donations and medical research.

The funeral home should compare this explanation against the consent form signed by the family. If the consent form does not provide the detail that the explanation does, the funeral home should advise the medical school or tissue bank to revise its consent form to provide the necessary information to families.

5. Remuneration. Funeral homes should not receive remuneration from medical schools, tissue banks, or other procurement organizations except for reasonable fees for actual work performed. For example, if funeral homes transport bodies for a medical school, it can charge reasonable fees for the transportation services. Likewise, if the procurement organization pays for embalming and restorative work performed by the funeral home, it is permissible to accept fees under those circumstances. However, funeral homes should not receive finder's fees or referral fees from the procurement organization since these could be easily construed as the sale of bodies and tissues in violation of the UAGA.

It is strongly recommended that funeral homes and funeral directors not actively participate in any brokerage or body selling activities. While the gaps in federal and state regulations have allowed a highly profitable trade in cadaver and tissues to flourish, it is likely that the recent scandals will lead to renew efforts to enforce existing laws or to adopt new regulations. Funeral homes and funeral directors that are actively participating in the sale of tissues and cadavers risk prosecution under state law and the loss of funeral licenses as a result of these activities.

EXHIBIT A

MODEL ELEMENTS OF INFORMED CONSENT FOR ORGAN AND TISSUE DONATION

American Association of Tissue Banks
Association of Organ Procurement Organizations
Eye Bank Association of America
Adopted November 30, 2000

Human organ and tissue transplantation has become an important and growing part of modern medical practice. Advances in medical science have made it possible for millions of Americans to receive these life-saving and life-enhancing gifts. None of this would be possible, however, were it not for the tens of thousands of donors and donor families who give their organs and tissues to help their fellow men and women.

The decision to donate must, therefore, be an informed consent, and it must be conducted under circumstances that are sensitive to the consenting person's situation. Information concerning the donation should be presented in language and in terms that are easily understood by the consenting person. The consent should be obtained under circumstances that provide an opportunity to ask questions and receive informative responses. An offer should be made regarding the availability of a copy of the signed consent form, and information should be provided regarding ways to reach the recovery organization following donation. Consent should be obtained in accordance with federal, state and/or local laws and/or regulations. The person seeking the consent should be trained to appropriately answer any questions that the consenting person may have. In addition, coercion should not be exerted in any manner, nor monetary inducement offered to obtain consent for donation. The identification of who may be the appropriate person to consent to donation, and whether the consent of any person in addition to the donor needs be obtained, should be evaluated in accordance with the applicable laws and organizational policy and is not addressed in this statement.

The following list of "Basic Elements of Informed Consent" is intended to highlight the information that may be considered critical to informed decision making by a family member or other legally authorized person, who is being approached for consent to organ and/or tissue donation. This listing, whether communicated verbally or included on consent forms, is not intended to preempt any applicable federal, state, or local laws or regulations that may require more or less information to be disclosed for informed consent to be legally effective.

Basic Elements of Informed Consent

In seeking informed consent, the following information should be provided to the person(s) being approached for consent:

- 1. A confirmation/validation of the donor's identity and his or her clinical terminal condition.
- 2. A general description of the purposes (benefits) of donation.
- 3. Identification of specific organs and/or tissues (including cells) that are being requested for donation (with subsequent information provided on specific gifts recovered).
- 4. An explanation that the retrieved organs/tissues may be used for transplantation, therapy, medical research, or educational purposes.
- 5. A general description of the recovery process (including timing, relocation of donor if applicable, contact information, etc.).
- 6. An explanation that laboratory tests and a medical/social history will be completed to determine the medical suitability of the donor, including an explanation that blood samples from the donor will be tested for certain transmissible diseases.
- 7. An explanation that the spleen, lymph nodes, and blood may be removed, and cultures may be performed, for the purpose of determining donor suitability and/or used to determine compatibility of donor and recipient.
- 8. A statement granting access to the donor's medical records, and that the medical records may be released to other appropriate parties.
- 9. An explanation that costs directly related to the evaluation, recovery, preservation, and placement of the organs and tissues will not be charged to the family.
- 10. An explanation regarding the impact the donation process may have on burial arrangements and on appearance of the body.
- 11. Any additional information required by federal, state and/or local laws and/or regulations.

Additional Elements of Informed Consent

1. In some situations, there may be additional information that should be known by the consenting person(s), or that might be helpful for family decision making. At a minimum, if the donor family inquires about any of these or additional matters, explanations should be provided.

- 2. The guiding principle for the use of these "Additional Elements of Informed Consent" is to advance simplicity and reasonableness in seeking informed consent, i.e. include these elements or additional comments if they are appropriate and might clarify any exigencies. For example, if there is the likelihood that the patient will become a Medical Examiner's case, then it should be appropriate to so inform the family. If it is unlikely that donated tissue is going to be used for aesthetic surgery, then it would not be reasonable to address this issue in the family approach.
- 3. One or more of the following elements of information may also be appropriate for communication to the person(s) being approached for consent, depending upon the circumstances surrounding the donation and the potential gift(s):
- 4. A description of any involvement by the Medical Examiner and/or Coroner, including an explanation that an autopsy may be performed.
- 5. An explanation that transplantation may include reconstructive and aesthetic surgery.
- 6. A reference to the possibility that the final gift may take a different form than originally recovered.
- 7. An explanation that multiple organizations (nonprofit and /or for profit) may be involved in facilitating the gift(s).
- 8. Reference to the possibility that tissue and/or organs may be transplanted abroad.

EXHIBIT B

AUTHORIZATION TO PREPARE DONATION CASES FOR VIEWING

1.	<u>PART</u>	<u>IES</u> :
"FUN	ERAL I	HOME":
"REPI	RESEN	TATIVE":
"DEC	EDENT	(Name of Decedent)
		MENT ORGANIZATION":
2. repres	RELA ents to t	TIONSHIP OF REPRESENTATIVE: The REPRESENTATIVE warrants and he FUNERAL HOME that the relationship between the REPRESENTATIVE and NT is as follows: (Check the appropriate box).
		Spouse
		Next-of-Kin (Closest Living Relative)
		Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf
		Other:
3. PROC		ATION: The DECEDENT and/or the REPRESENTATIVE has authorized the ENT ORGANIZATION to carry out the donation specified below:
		Organs
		Organs and Tissues
		Organs, Tissues and Bone
		All Body Parts

4. **<u>VIEWING</u>**: The REPRESENTATIVE instructs the FUNERAL HOME to prepare the remains of the DECEDENT for viewing. The REPRESENTATIVE understands and acknowledges that the appearance of the DECEDENT and the benefits of the embalming and restorative services provided by the FUNERAL HOME can be adversely impacted by donation procedures and resulting delays. The REPRESENTATIVE hereby releases and agrees to hold FUNERAL HOME, its owners, employees and agents harmless from any claims or causes of action arising or relating to the embalming and restoration of DECEDENT's remains or the viewing thereof.

	TORATION COSTS : The REPRESENTA ost for restoration may be incurred due to the	<u> </u>			
	Paid solely by the PROCUREMENT ORC	GANIZATION.			
	Paid by those responsible for the funeral b	vill.			
6. RELEASE : The REPRESENTATIVE acknowledges and agrees that FUNERAL HOME, its owners, employees and agents have no legal relationship with the PROCUREMENT ORGANIZATION and are under no obligation or responsibility to insure that the PROCUREMENT ORGANIZATION has obtained informed consent to the donation, has conducted donation procedures in a lawful and ethical manner, and/or will use the donated body parts as required by law and the donation authorization.					
<u>DATE</u> :	SIG	NATURE OF REPRESENTATIVE			
ADDITIONAL REPRESENTATIVES					
<u>Name</u>	Relationship of Decedent	<u>Signature</u>			
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		_			

EXHIBIT C

SAMPLE INDEMNIFICATION PROVISION

HOLD HARMLESS

Procurement Organization shall indemnify and hold Funeral Home, its employees and agents harmless from all claims, judgments, costs and expenses, including reasonable attorney fees, arising from or connected in any way with the recovery activities of the Procurement Organization including, but not limited to, misidentification of dead human bodies, lost or misplacement of dead human bodies or parts thereof, failure to obtain sufficient consent for recovery activities, negligent performance of bone, tissue or skin recovery, damages to person or property at the Funeral Home, or any other acts or omissions of the Procurement Organization, its employees or agents giving rise to a claim against Funeral Home, its employees or agents. Upon the execution of this Agreement, and every anniversary date thereafter, Procurement Organization shall produce for Funeral Home proof of liability insurance showing Funeral Home as an additional insured under the policy. The policy shall be with an insurance carrier and in an amount that is acceptable to Funeral Home in its reasonable discretion.