



National Disease Research Interchange  
1628 JFK Boulevard, 8<sup>th</sup> Floor  
Philadelphia, PA 19103  
Phone: (800) 222-6374  
Fax: (215) 557-7154

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**Consent for Donation of Anatomical Gifts – Blood/Saliva/Urine Donor**

To facilitate progress in medical research, the voluntary gift of blood, saliva and/or urine is made by \_\_\_\_\_ . I understand that DNA and cell lines may be derived from my donation and I authorize the release of my blood, saliva, and/or urine to the National Disease Research Interchange (NDRI) Philadelphia, PA.

Date & Time of blood draw, if applicable: \_\_\_\_\_

Physician(s): \_\_\_\_\_

I give permission for donation of the following tissues (please circle the appropriate choice):

Blood                      Saliva                      Urine

Limitations/comments: \_\_\_\_\_

Permission is hereby granted for the release of any medical information, including hospital records and laboratory exam results, to determine organ and tissue suitability.

- I understand that costs, directly related to the evaluation and placement, of residual tissue for medical research are the responsibility of NDRI.
- I understand that multiple not-for-profit and for-profit organizations, including, but not limited to, the Von-Hippel-Lindau Family Alliance (VHLFA), may be involved in facilitating this gift.
- I also understand that expenses, related to the blood draw procedure and medical care, are my responsibility.

\_\_\_\_\_  
Signature of legally authorized individual

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name



*Partners in hope.*