

Donor Consent Form

Donor Information

Name:

Address:

Email Address:

Phone Number:

Consent Provisions

1. **Grant of Rights:** I hereby grant Louisiana State University Health Sciences Center – Shreveport (LSUHSC-S), the absolute and unrestricted right to use, reproduce, modify, distribute, and publicly display my donation in any form, including but not limited to photographic, video, scans, digital formats, and 3D models, for purposes consistent with the organization’s mission. This includes use in educational materials, research publication, commercial products, and promotions.
2. **Ownership and Control:** I agree that LSUHSC-S retains complete ownership of my donation and any derivatives thereof. The organization may license, publish, or otherwise commercialize material generated from my donation in accordance with its objectives and without any compensation to me or my next of kin.
3. **Privacy and Anonymity:** While efforts will be made to ensure the privacy and ethical handling of the donation, complete anonymity cannot be an absolute guarantee. LSUHSC-S will strive to de-identify any representation of our donors. However, there is always a possibility that identifiable features of the donor could be reconstructed by third parties.
4. **Ethical Use Assurance:** I acknowledge that the donation will be used in a manner that respects ethical standards in medical education and scientific research, including adherence to applicable laws and regulations regarding the use of human and biological materials.
5. **Right to Withdraw:** I understand that I may withdraw my consent at any point for my donation to be used for the purposes of biomedical education / research.
6. **No Financial Benefit:** I acknowledge that I or my next of kin will not receive any financial compensation from the use of the donation, regardless of the extent or nature of its application.
7. **Data Protection and Confidentiality:** Personal information will be stored securely and will be accessed only by authorized personnel. It will not be shared with third parties except as necessary for the intended uses stated herein.

Confirmation of Understanding

[] I have read and understood the terms outlined above.

[] I am legally authorized to donate the material and grant these rights.

Signature

Signed: _____ Date: _____

Print Name: _____