

COVID-19 TESTING AGREEMENT

We, the undersigned, acknowledge that, at the time of death, the accepted donor may be tested for COVID-19, pursuant to Rutgers Robert Wood Johnson Medical School protocol.

We, the undersigned, acknowledge the fee for testing is absorbed by RWJMS and there is no cost to us.

We, the undersigned, acknowledge that if testing takes place and the donor tests positive for COVID-19, the donor will not be suitable for study and will be cremated as quickly as possible.

Additionally, we, the undersigned, acknowledge that if testing takes place and the donor tests positive for COVID-19, donor information and positive test results will be reported to the appropriate authorities by the testing facility. Furthermore, positive test results will be reported to the donor family by RWJMS Anatomical Association for the purpose of contact tracing conducted by the family.

Donor Signature

Date

Authorized Person Signature

Date

NOTE: Failure to comply with the COVID-19 Testing Agreement will result in rejection of the donation.