

ORISE, December 1994

EXAMPLES OF PATIENT CONSENT FORMS
IN USE AT THE ORINS/ORAU HOSPITAL
BEGINNING IN 1950. ORAU-30055

REPOSITORY OR Institute for Sc & Education
(Medical Sciences Division)
COLLECTION ORINS and ORAU Hospital
Consent Forms
BOX No. _____
FOLDER ORAU-30055

Examples of Patient Consent Forms in use at the ORINS/ORAU Hospital
beginning in 1950.

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December 1994

OAK RIDGE INSTITUTE FOR SCIENCE AND EDUCATION
Medical Sciences Division

Informed Consent

When the ORINS Medical Division was established in 1948 in anticipation of operating a clinical research program, the Medical Division Chairman, then Marshall Brucer, M.D., later Gould Andrews, M.D., was charged to, among other things 'maintain the well-being of patients --- in accordance with medical ethics and the laws of Tennessee.' Dr. Brucer and his successors, Gould Andrews, M.D., CC Lushbaugh, M.D., were very conscious of this charge and comments appear in many reports and documents indicating that patient care and well-being was the primary concern of the program.

In the late 1940s medical ethics were guided by the Nuremberg Code of Ethics whereby the human rights of the patient and his/her safety from undue physical and physiological harm is the paramount consideration. By the time the hospital opened in May 1950, a booklet entitled 'Information for Patients' had been prepared for distribution to prospective patients. The booklet provided the patient and their families with written information about the Institution; the materials (radiation, radioisotopes) used and their role in medicine; the nature and limitations of their use in diagnosis or treatment; the referral and admittance mechanisms; financial considerations, and the rights and obligations of patients accepted into the hospital program. The existence of this booklet was referenced in a paper describing the ORINS cancer research program that was published in a regional medical journal in December 1950. Patients' understanding of these issues relating to their acceptance into the ORINS clinical program and admittance to the hospital was indicated by their signing a special application form in the presence of a witness who also signed the form. Routine surgical procedures also required a signed patient consent form from 1950 onwards. Beginning in 1957 ORINS required patients to be informed and give signed consent to specific procedures including radiological tests or treatment. During this time, individual patient protocols involving experimental procedures had to be reviewed and approved by the entire clinical staff. The Medical Isotope Committee informed the clinical staff of radiation doses that a patient would incur from a proposed radiological procedure so as to assure the patient's radiologic protection. Prompted by evolving guidelines on the protection of human subjects in research published by the National Institutes of Health, and the adoption by the American Medical Association, of the tenets of the Declaration of Helsinki (1964) AEC's Division of Biology and Medicine advised its contractors in December 1966 to assure compliance with the

1121668

updated ethical standards. Dr. Andrews, then Medical Division Chairman, revised and formalized a code of ethics whereby ORAU conducted studies involving human subjects, and established the ORAU Committee on Human Studies (otherwise known as the Institutional Review Board.) ORAU's 'Statement of Assurance' was accepted by US Department of Health, Education, and Welfare in 1969, indicating ORAU's compliance with current ethical standards for human research. Subsequent periodic reviews of its compliance by the Food and Drug Administration, Department of Health and Human Services and most recently, DOE's Human Subjects Research Subcommittee of DOE's Health and Environmental Research Advisory Committee, have assured ORAU's compliance with new standards as they are presented.

m:\wp11994\misc\consent.pgh

1121669

Application for Admission to Medical Division Hospital

1121670

No. _____

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES
Oak Ridge, Tennessee

APPLICATION FOR ADMISSION TO THE
MEDICAL DIVISION HOSPITAL

The Oak Ridge Institute of Nuclear Studies, Medical Division, has a 30-bed hospital unit as a part of its research facilities in Oak Ridge. The purpose of the hospital is to seek and develop new methods of diagnosis and treatment and to study fundamental problems of certain diseases in the hope that the information obtained can be used for the practical treatment of these diseases and the benefit of patients. The hospital, which is staffed by qualified physicians and nurses, is especially designed for the use of radioactive isotopes. Because of the nature of the facilities, only certain types of diseases can be studied and treated.

The applicant recognizes the right of the hospital to determine the eligibility of all persons for admission as well as the right to refuse admission to any applicant. Moreover, the hospital reserves the right to discharge the patient at such time as it deems advisable.

No charge is made for hospitalization and treatment in the research hospital. The hospital endeavors to provide the most complete care for the patient and the patient's welfare is the primary concern of the hospital. However, the applicant must understand and appreciate the fact that some of the treatments that will be used are new, are based upon experiments on animals and that the degree of probable benefit, if any, cannot always be predicted in advance. The applicant is expected to fully cooperate at all times with the hospital and its staff. The applicant hereby grants permission for such operations, and biopsies as are deemed necessary and advisable by the hospital. It is agreed that the hospital may make photographs of the applicant and his or her treatments, procedures, operations, etc., which are performed upon the patients while in the hospital and use the same in scientific publications. At the time of admission to the hospital the applicant will be required to sign such further entrance agreements as may be required by the Institute and at all times comply with the rules and regulations of the hospital.

On the basis of the foregoing, admission to said hospital is requested by _____
This _____ day of _____ 1951.

WITNESS:

Applicant _____

Father of Guardian

Mother

This application should be submitted to the nearest participating medical school listed in the patient information pamphlet. It should not be sent directly to Oak Ridge.

APPROVED BY:

Title

for _____ Medical School

ACCEPTED BY:

Title

1121671

No _____

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES
Oak Ridge, Tennessee

APPLICATION FOR ADMISSION TO THE
MEDICAL DIVISION HOSPITAL

The Oak Ridge Institute of Nuclear Studies, Medical Division, has a 30-bed hospital unit as a part of its research facilities in Oak Ridge. The purpose of the hospital is to seek and develop new methods of diagnosis and treatment and to study fundamental problems of certain diseases in the hope that the information obtained can be used for the practical treatment of these diseases and the benefit of patients. The hospital, which is staffed by qualified physicians and nurses, is especially designed for the use of radioactive isotopes. Because of the nature of the facilities, only certain types of diseases can be studied and treated.

The applicant recognizes the right of the hospital to determine the eligibility of all persons for admission as well as the right to refuse admission to any applicant. Moreover, the hospital reserves the right to discharge the patient at such time as it deems advisable.

No charge is made for hospitalization and treatment in the research hospital. The hospital endeavors to provide the most complete care for the patient and the patient's welfare is the primary concern of the hospital. However, the applicant must understand and appreciate the fact that some of the treatments that will be used are new, are based upon experiments on animals and that the degree of probable benefit, if any, cannot always be predicted in advance. The applicant is expected to fully cooperate at all times with the hospital and its staff. The applicant hereby grants permission for such operations, and biopsies as are deemed necessary and advisable by the hospital. It is agreed that the hospital may make photographs of the applicant and his or her treatments, procedures, operations, etc., which are performed upon the patients while in the hospital and use the same in scientific publications. At the time of admission to the hospital the applicant will be required to sign such further entrance agreements as may be required by the Institute and at all times comply with the rules and regulations of the hospital.

On the basis of the foregoing, admission to said hospital is requested by _____
This _____ day of _____ 1951.

WITNESS:

Roberta S. Chase B.N.

Paul J. Quinn

Applicant _____

Father or Guardian _____

Mother _____

This application should be submitted to the nearest participating medical school listed in the patient information pamphlet. It should not be sent directly to Oak Ridge.

APPROVED BY:

Wendell Brown

D. Grant Ray Pitt

Title

ACCEPTED BY:

Title

for *G. D. Brown* Medical School

Patient Admittance Agreement

1121673

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES
MEDICAL DIVISION

PATIENT ADMITTANCE AGREEMENT

In consideration of my being accepted and admitted to the Research Hospital operated by the Oak Ridge Institute of Nuclear Studies, I, on behalf of myself, my heirs, executors, administrators, and assigns, covenant, understand and agree as follows:

1. To hereby release and discharge the Oak Ridge Institute of Nuclear Studies, its officers, agents, and employees from any actions, damages or claims resulting from my hospitalization in said hospital and/or any treatments and care received while in said hospital or by reason of my having been a patient therein.

2. That any treatments administered to me may be experimental.

3. That I have not been influenced in making this agreement by any representations or statements regarding improvement in my physical condition or the probable results of any treatments received, but instead expressly assume all risks incident to my hospitalization, care and treatment.

4. I understand that but for this agreement on my part, I would not be accepted and admitted as a patient in said hospital.

5. I covenant that I have carefully read the foregoing and fully understand the meaning and contents thereof, and have executed the same of my own free will and choice.

Date _____

Signed _____

WITNESSES:

Patient

Father or Guardian

Mother

Redacted

Med. 13
1 (4-57)

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES
MEDICAL DIVISION

PATIENT ADMITTANCE AGREEMENT

In consideration of my being accepted and admitted to the Research Hospital operated by the Oak Ridge Institute of Nuclear Studies, I, on behalf of myself, my heirs, executors, administrators, and assigns, covenant, understand and agree as follows:

1. To hereby release and discharge the Oak Ridge Institute of Nuclear Studies, its officers, agents, and employees from any actions, damages or claims resulting from my hospitalization in said hospital and/or any treatments and care received while in said hospital or by reason of my having been a patient therein.

2. That any treatments administered to me may be experimental.

3. That I have not been influenced in making this agreement by any representations or statements regarding improvement in my physical condition or the probable results of any treatments received, but instead expressly assume all risks incident to my hospitalization, care and treatment.

4. I understand that but for this agreement on my part, I would not be accepted and admitted as a patient in said hospital.

5. I covenant that I have carefully read the foregoing and fully understand the meaning and contents thereof, and have executed the same of my own free will and choice.

Date August 1959

Signed _____
Patient

WITNESSES:

Carole L. Volk

Father or Guardian

Shirley L. Wells R.M.

Mother

Sample

OAK RIDGE ASSOCIATED UNIVERSITIES
Oak Ridge, Tennessee

Patient Admittance Agreement

The Oak Ridge Institute of Nuclear Studies (ORINS) Medical Research Hospital is operated by Oak Ridge Associated Universities (ORAU) for the U. S. Atomic Energy Commission (AEC) for the conduct of certain clinical research programs. These programs are mainly in areas allied to the application of radiation and radioisotopes to medicine and other health sciences.

I understand that I have been accepted as a patient for admission to the hospital, or as an outpatient, because my physical condition has been determined by the hospital staff to make me a suitable patient for a currently active clinical research project.

I further understand that while a patient at the research hospital examinations, treatments, and tests may be prescribed which are experimental in nature and I hereby consent to such examinations, treatments, or tests. Notwithstanding the above, I reserve the right to a full explanation of any such proposed examination, test, or treatment and the right to withdraw my consent. I further reserve the right to withdraw completely should I find that I am unable to continue.

I further understand that I can remain in the research hospital only so long as I am needed for research purposes, and that I must be discharged when my participation in a study is completed and when, in the opinion of the hospital staff, my medical condition permits. In such event, I understand that ORAU, its officers, employees, and agents, cannot assume responsibility for any continued medical care.

The above statements have been explained to me by the member of the Medical Division staff named below. I understand and accept the statements.

I have not been influenced in making this agreement by any representations or statements regarding improvement in my physical condition or the probable results of any treatments received, but instead expressly assume all risks incident to my hospitalization, care, and treatment.

Patient's signature

Medical Division staff member's signature

Parent or guardian's signature

Date

1121676

Sample
Redacted

PATIENT ADMITTANCE AGREEMENT
Oak Ridge Associated Universities / Oak Ridge, Tennessee

Oak Ridge Associated Universities (ORAU) Medical Research Hospital is operated for the U. S. Atomic Energy Commission (AEC) for the conduct of certain clinical research programs. These programs are mainly in areas allied to the application of radiation and radioisotopes to medicine and other health sciences.

I understand that I have been accepted as a patient for admission to the hospital, or as an outpatient, because my physical condition has been determined by the hospital staff to make me a suitable patient for a currently active clinical research project.

I further understand that while a patient at the research hospital examinations, treatments, and tests may be prescribed which are experimental in nature and I hereby consent to such examinations, treatments, or tests. Notwithstanding the above, I reserve the right to a full explanation of any such proposed examination, test, or treatment and the right to withdraw my consent. I further reserve the right to withdraw completely should I find that I am unable to continue.

I further understand that I can remain in the research hospital only so long as I am needed for research purposes, and that I must be discharged when my participation in a study is completed and when in the opinion of the hospital staff, my medical condition permits. In such event, I understand that ORAU, its officers, employees, and agents, cannot assume responsibility for any continued medical care.

The above statements have been explained to me by the member of the Medical Division staff named below. I understand and accept the statements.

I have not been influenced in making this agreement by any representations or statements regarding improvement in my physical condition or the probable results of any treatments received, but instead expressly assume all risks incident to my hospitalization, care and treatment.

Patient's signature

Medical Division staff member's signature

Parent or guardian's signature

Date . 73

Waiver and Release

1121678

No _____

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES

WAIVER AND RELEASE

In consideration of my being selected, accepted and admitted as a patient in the research hospital conducted and operated by the Oak Ridge Institute of Nuclear Studies, a nonprofit corporation, at Oak Ridge, Tennessee, for hospitalization and the receiving of medical treatment, attention and care by experimental methods and means and/or otherwise, I, _____, for myself, my heirs, executors, administrators and assigns, do hereby release, acquit and forever discharge said Oak Ridge Institute of Nuclear Studies, its officers, physicians, nurses, agents, servants and employees, their heirs, successors and assigns, and each of them, of and from any and all actions, causes of action, claims, demands, damages, loss, costs and expenses, whether direct or consequential, arising or claimed to arise because of or as the result of my said hospitalization in said hospital and/or any treatments and care while a patient in said hospital or by reason of my having been a patient therein.

I acknowledge that I have been fully advised by the Oak Ridge Institute of Nuclear Studies concerning the character and kind of treatment and care which I will receive as such patient and I understand that for the most part, they will be experiments with no definite promise of improvement in my physical condition. Notwithstanding such fact, I have executed this agreement for the purposes herein contained of my own free will and choice. I covenant that I have not been influenced to any extent whatever in making this release by any representations or statements regarding my physical condition or the probable results of any treatments therefor, and I hereby expressly assume all risks thereof.

I further understand that but for this agreement on my part, I would not be accepted by the Oak Ridge Institute of Nuclear Studies as a patient in its said hospital.

I covenant that I have carefully read the foregoing and know the contents thereof.

IN WITNESS WHEREOF, I have hereunto set my hand on the _____ day of _____, 1951

Applicant

ATTEST:

Father or Guardian

Mother

STATE OF TENNESSEE

COUNTY OF ANDERSON

Personally appeared before me, _____, a Notary Public in and for the State and County aforesaid, the within named bargainer, _____, with whom I am personally acquainted, and who acknowledged that he executed the foregoing instrument for the purposes therein contained.

WITNESS my hand and official seal in _____ County, Tennessee of this, the _____ day of _____, 19____

Notary Public

My notarial commission expires: My com. expires July 10, 1954

1121679

I, _____ husband of _____, do hereby join in the execution in the foregoing waiver and release for the purpose of releasing Oak Ridge Institute of Nuclear Studies and all others named above from any and all claims, actions, and demands of every character whatsoever growing out of or in any wise incident to the contemplated hospitalization and treatment of said wife,

Signed: _____

Witnessed:

Date _____

No. _____

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES

WAIVER AND RELEASE

In consideration of my being selected, accepted and admitted as a patient in the research hospital conducted and operated by the Oak Ridge Institute of Nuclear Studies, a nonprofit corporation, at Oak Ridge, Tennessee, for hospitalization and the receiving of medical treatment, attention and care by experimental methods and means and/or otherwise, I, _____, for myself, my heirs, executors, administrators and assigns, do hereby release, acquit and forever discharge said Oak Ridge Institute of Nuclear Studies, its officers, physicians, nurses, agents, servants and employees, their heirs, successors and assigns, and each of them, of and from any and all actions, causes of action, claims, demands, damages, loss, costs and expenses, whether direct or consequential, arising or claimed to arise because of or as the result of my said hospitalization in said hospital and/or any treatments and care while a patient in said hospital or by reason of my having been a patient therein.

I acknowledge that I have been fully advised by the Oak Ridge Institute of Nuclear Studies concerning the character and kind of treatment and care which I will receive as such patient and I understand that for the most part, they will be experiments with no definite promise of improvement in my physical condition. Notwithstanding such fact, I have executed this agreement for the purposes herein contained of my own free will and choice. I covenant that I have not been influenced to any extent whatever in making this release by any representations or statements regarding my physical condition or the probable results of any treatments therefor, and I hereby expressly assume all risks thereof.

I further understand that but for this agreement on my part, I would not be accepted by the Oak Ridge Institute of Nuclear Studies as a patient in its said hospital.

I covenant that I have carefully read the foregoing and know the contents thereof.

IN WITNESS WHEREOF, I have hereunto set my hand on the _____ day of Apr-11, 1951

Applicant

Father or Guardian

Mother

ATTEST:

Robert B. Chesser, R.N.

Ruby G. Ginn

STATE OF TENNESSEE

COUNTY OF ANDERSON

Personally appeared before me, J. Edward Harrison, a Notary Public in and for the State and County aforesaid, the within named bargainer, _____, with whom I am personally acquainted, and who acknowledged that he executed the foregoing instrument for the purposes therein contained.

WITNESS my hand and official seal in Anderson County, Tennessee of this, the _____ day of April, 1951

J. Edward Harrison
Notary Public

My notarial commission expires: My com. expires July 10, 1954

1121681

Attachment
Redacted

I, _____ husband of _____, do hereby join in the execution in the foregoing waiver and release for the purpose of releasing Oak Ridge Institute of Nuclear Studies and all others named above from any and all claims, actions, and demands of every character whatsoever growing out of or in any wise incident to the contemplated hospitalization and treatment of said wife,

Signed: _____

Witnessed:

Alice H. Whitton

Date April, 1951

Authority to Operate

1121683

Sample

Form ORH-113 5M 4-48 Starkey

AUTHORITY TO OPERATE

(If competent, patient should sign in space indicated. If a minor or incapable of signing, representatives should sign in lower spaces).

Date _____

This is to certify that { $\frac{\pm}{We}$ } the undersigned, consent to the administration of whatever anesthetics and the performing of whatever operation may be decided to be necessary or advisable upon

_____ Name Address

Exceptions, if any _____

Witness _____ Signature of Patient _____

Patient is a minor _____; or state why incapable of signing _____

Witness { _____ Signature _____
_____ Relationship _____
_____ Address _____

Witness { _____ Signature _____
_____ Relationship _____
_____ Address _____

Sample
with attachment

AUTHORITY TO OPERATE

DATE 6/4

(If minor, patient should sign in space indicated. If a minor or
incapable of signing, representative should sign in lower spaces.)

THIS IS TO CERTIFY THAT THE UNDERSIGNED, CONSENT TO THE ADMINISTRATION OF WHATEVER ANESTHETICS AND THE PER-
FORMING OF WHATEVER OPERATION, IN THE OPINION OF THE MEDICAL STAFF, MAY BE NECESSARY OR ADVISABLE.

NAME _____ ADDRESS _____

EXCEPTIONS, IF ANY _____

WITNESS _____ SIGNATURE OF PATIENT _____

PATIENT IS A MINOR _____ OR STATE WHY INCAPABLE OF SIGNING _____

SIGNATURE

I have talked with _____
(patient's name or person consenting)
about the contemplated operation and have explained the risk
involved.*

Remarks: _____

Physician

Date

*If sterility, blindness, or loss of hearing is a possibility,
please describe briefly the explanation given to the patient.

OAK RIDGE ASSOCIATED UNIVERSITIES
Oak Ridge, Tennessee

Sample

Consent to Operation

PATIENT _____ AGE _____

DATE 1967 TIME _____ A.M. P.M. PLACE _____

1. I hereby authorize the medical staff of the ORINS Medical Division, or such physician as they may designate, to perform upon _____ (state name of patient or myself) the following operation: _____

If in the course of the operation any unforeseen condition arises calling for procedures in addition to or different from those now authorized, I further request and authorize him to do whatever he deems advisable.

- 2. The nature and purpose of the operation, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me, I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.
- 3. I consent to the administration of anesthesia by or under the direction of a staff member of the ORINS Medical Division or such other qualified person as he may designate. I further consent to the use of such anesthetics as he may deem advisable with the exception of _____ (if none, so state)
- 4. I consent to the disposal by authorities of the ORINS Medical Division of any tissues or parts which may be removed.
- 5. I consent to the taking and publication of any photographs in the course of this operation for the purpose of advancing medical education and science.
- 6. For the purpose of advancing medical education and science, I also consent to the admittance of observers to the operating room.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING CONSENT TO OPERATION, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED.

Signature of Patient _____

Signature of Patient's Spouse _____

When the patient is a minor or incompetent to give consent:

Signature of person authorized to give consent _____

Relationship to Patient _____

WITNESS: _____

1121687

Consent to Experiment Treatment

1121688

Redacted

OAK RIDGE ASSOCIATED UNIVERSITIES
Oak Ridge, Tennessee

Consent to Experimental Treatment

I authorize the performance upon _____
(myself or name of patient)
of the following treatment: _____

(State nature of treatment)

The nature and purpose of the treatment, possible alternative methods of treatment, the risks involved, and the possibilities of complications have been explained to me. I understand that this treatment is not the usual treatment for my disorder and is therefore experimental and remains unproven by medical experience so that the consequences may be unpredictable.

DATE: 25 July 1967 _____
(Patient or person authorized to consent for patient)

WITNESS: _____

I have talked with _____ about
the proposed course of treatment to be given _____
including the following: * _____
Name Name

Physician 25 July 1967
Date

*Physician should indicate experimental drugs, radioisotopes, radiation therapy, and/or possible placebo or sham therapy.

Authorization for the Administration of Radioactive Substance

1121690

OAK RIDGE ASSOCIATED UNIVERSITIES

Sample

Oak Ridge, Tennessee

Authorization for the Administration of Radioactive Substance

I hereby authorize the staff of the ORINS Medical Division to administer to _____ the following radioactive substance _____

Nuclide

Chemical

Dose

Route of administration

The purpose of this procedure has been explained to me as being:

Its relevance to my condition, the risks and any possible alternatives have been explained to me.

Name of patient

Date

67

1121691

Request for Autopsy

1121692

Sample

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES
Oak Ridge, Tennessee

Request for Autopsy

NAME OF DECEASED _____ Age _____ Hosp. No. _____

MARITAL STATUS OF DECEASED IS: (Circle word that applies)

SINGLE MARRIED WIDOWED SEPARATED (But not divorced) DIVORCED

TIME OF DEATH _____
Month Day Year Hour

1. I hereby certify that I assume custody of the body of the above-designated deceased for purpose of burial, and assume responsibilities connected therewith.
2. I hereby authorize the Pathologist of the Oak Ridge Institute of Nuclear Studies and such person or persons as he may designate to perform an autopsy on the body of my _____
(State relationship of deceased to signer.)

I authorize him, too, to have present at that autopsy such persons as he may deem proper.

3. The autopsy here authorized may be either a complete or partial autopsy. Such organs and tissues may be removed as the physician performing the autopsy considers necessary for study subsequent to the autopsy, to accomplish the purposes of the autopsy, to eliminate undesirable radioactivity, or for therapeutic purposes. The tissues removed may be retained or disposed of after examination. (If the nature and extent of this autopsy or the right to remove parts of the body are to be limited in any way, those LIMITATIONS SHOULD BE CLEARLY STATED BELOW). In the absence of any stated limitations, it is to be understood that the pathologist by whom the operation is performed is to be the sole judge of the nature and extent of the autopsy. He is specifically authorized to examine the cranial contents and the extremities, if such examination is necessary to complete study of the case.

LIMITATIONS (Specify): _____

4. After the autopsy, the body should be released to: _____

I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND ALL THE FOREGOING.

DATE _____ SIGNATURE _____

ADDRESSES: _____ ADDRESS _____

Sept. 1961 MED 0139

1121693

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES
Oak Ridge, Tennessee

Request for Autopsy

Sample

NAME OF DECEASED _____ ROOM _____

BED NO. _____ HOSPITAL CASE NO. _____ AGE _____ SEX _____

MARITAL STATUS OF DECEASED IS: (Encircle word that applies)

SINGLE MARRIED WIDOWED SEPARATED (but not divorced) DIVORCED

TIME OF DEATH _____ 1962-
Month Day Year Hour

- I hereby certify that I assume custody of the body of the above-designated deceased for purpose of burial, and assume responsibilities connected therewith.
- I hereby authorize the Pathologist of the Oak Ridge Institute of Nuclear Studies and such person or persons as he may designate to perform an autopsy on the body of my _____
(State relationship of deceased to signer.)

I authorize him, too, to have present at that autopsy such persons as he may deem proper.

- The autopsy here authorized may be either a complete or partial autopsy. Such organs and tissues may be removed as the physician performing the autopsy considers necessary for study subsequent to the autopsy, to accomplish the purposes of the autopsy, to eliminate undesirable radioactivity, or for therapeutic purposes. (If the nature and extent of this autopsy or the right to remove parts of the body are to be limited in any way, those LIMITATIONS SHOULD BE CLEARLY STATED BELOW). In the absence of any stated limitations, it is to be understood that the pathologist by whom the operation is performed is to be the sole judge of the nature and extent of the autopsy. He is specifically authorized to examine the cranial contents and the femur, if such examination is necessary to complete study of the case.

LIMITATIONS (Specify): _____

- After the autopsy, the body should be released to: _____

5. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND ALL THE FOREGOING.

DATE _____ SIGNATURE _____

ADDRESS _____

WITNESSES: 1. _____ 2. _____

Revision of March 1957.

1962

1121694

Consent for Autopsy

1121695

Sample

P-61 (6-50)
Oak Ridge Institute of Nuclear Studies
Medical Division

CONSENT FOR AUTOPSY

Date _____

I _____
bearing the relationship of _____

to _____

a patient recently deceased in the hospital of the Oak Ridge Institute of Nuclear Studies,
hereby grants permission to the Institute to make and perform a complete autopsy upon the
above named deceased. Permission is also given for the removal, for study at the hospital
of tissues and organs.

Witness:

X _____
(Nearest Relative)

(Additional Relative)

AEC, Oak Ridge, Tenn. 6-15-50-1000-A7713

1121696

Redacted

P-61 (6-50)
Oak Ridge Institute of Nuclear Studies
Medical Division

CONSENT FOR AUTOPSY

Date July 1951

bearing the relationship of

husband

to

a patient recently deceased in the hospital of the Oak Ridge Institute of Nuclear Studies.
hereby grants permission to the Institute to make and perform a complete autopsy upon the
above named deceased. Permission is also given for the removal, for study at the hospital
of tissues and organs.

Witness:

LLS

X _____

(Nearest Relative)

(Additional Relative)

AEC, Oak Ridge, Tenn. 6-15-50-1000-A7713

1121697

Instructions for Release of Body

1121698

Sample

INSTRUCTIONS FOR RELEASE OF BODY

Body of _____ to be released to _____ FUNERAL HOME.
(name of deceased)

Signed _____ Relationship _____ Date _____

NOTICE TO FUNERAL HOME

Mr. _____ of _____ FUNERAL HOME NOTIFIED OF

death at _____ a.m.
p.m.

Signed _____

) Funeral Home notified Body is ready to be released at _____ a.m.
p.m.

Signed _____

RELEASE OF BODY

Body of deceased released to and accepted by _____ FUNERAL HOME.

Signed _____

Date _____

Redacted

INSTRUCTIONS FOR RELEASE OF BODY

Body of _____ to be released to Martins FUNERAL HOME.
(name of deceased)

Signed _____ Relationship _____ Date 6- -67

NOTICE TO FUNERAL HOME

Mr. _____ of _____ FUNERAL HOME NOTIFIED OF
death at _____ a.m. p.m. Signed _____

Funeral Home notified Body is ready to be released at _____ a.m. p.m.
Signed _____

RELEASE OF BODY

Body of deceased released to and accepted by Martins FUNERAL HOME.

Signed Don [Signature]

Date 6- -67

Volunteer Consent

1121701

Policy of Medical Division, Oak Ridge Associated Universities, Concerning
Recruitment of Human Volunteers

March 23, 1967

I. Definition of Normal Human Subject Volunteer -

A person in apparent sound physical and mental health, 21 years of age or older, participating without coercion as a subject in a medical research project. This category is to be distinguished from a "patient volunteer" who registers in the Medical Division as a patient for the investigation and possible treatment of a medical disorder.

II. Recruitment -

1. Methods should be discreet and in the bounds of propriety. Solicitation in public communications media can be made only through the Human Use Committee (procedure attached).
2. Conscious efforts will be made with ORAU employees to have recruitment free of any suggestion of coercion or implication that participation is expected. For example, announcements that ask for volunteers will be used rather than personal solicitation. Participation or non-participation shall have no bearing on merit evaluations, status, or promotion in ORAU. An ORAU employe should have concurrence of his supervisor so that regular work assignments are not handicapped.
3. A reimbursement may be offered to the volunteer.

III. Release Form - An agreement signed and witnessed that:

1. Participation is of the person's own volition,
2. Subject understands that this experience is for experimental purposes, not for diagnosis or treatment.
3. Subject understands the nature, procedures, and probable effects, if any, of the experiment. (These features should be listed or described briefly in the agreement.)
4. The volunteer, whether or not he is an employee of ORAU, is not considered an employee insofar as the experiment is concerned.

Gould A. Andrews M.D.
Chairman, Medical Division

Whole Blood and/or Skin Biopsy Procurement Release and Payment Authorization

1121704

Sample

OAK RIDGE ASSOCIATED UNIVERSITIES

WHOLE BLOOD AND/OR SKIN BIOPSY PROCUREMENT, RELEASE AND PAYMENT AUTHORIZATION

I, the undersigned, do hereby acknowledge that I have on this day, of my own free will and accord, delivered and sold to the Oak Ridge Associated Universities (hereinafter referred to as "Association") _____ cc's of my own blood, by direct vein aspiration, and/or _____ mm² of my own skin, by direct skin biopsy.

It is understood that I am to be paid the specified sum by the Association in consideration of which I do hereby release and discharge the Association, its successors and assigns, from all claims, actions and causes of action, at law or in equity, which I do now or may hereafter have against the Association, resulting from or growing out of the sale of said blood and/or skin and its removal from my body. It is further understood and agreed that I am to retain no control whatsoever over the said blood and/or skin or the use thereof.

_____ 0 - 100 cc	\$ 5.00}	
_____ 101 - 200 cc	10.00}	
_____ 201 - 300 cc	15.00}	BLOOD
_____ 301 - 400 cc	20.00}	
_____ 401 - 500 cc	25.00}	
_____ 1 - 2 mm ²	10.00}	SKIN

This _____ day of _____, 19__.

Name of Donor (Please print)

Signature of Donor

Mail check to

City State Zip

Witnesses:

Account to Charge: _____

Blood received by

Division approval

1121705

