

(C) A DOCTOR OF MEDICINE AUTHORIZED BY THIS ACT SHALL BE A DULY LICENSED DOCTOR OF MEDICINE ASSOCIATED WITH OR AUTHORIZED BY A "HOSPITAL" OR "PERSON" AS DEFINED BY SECTION 556 OF ARTICLE 43 AND LICENSED BY THE STATE BOARD OF HEALTH OR AUTHORIZED TO ACT BY A FEDERAL, STATE, COUNTY, OR BALTIMORE CITY AGENCY.

(c) Any person providing for the disposition of his body or portions thereof pursuant to sub-section (b) above shall have the right and authority to revoke such disposition by executing a like instrument and transmitting it to the person holding the original instrument.

(D) ANY PERSON PROVIDING FOR THE DISPOSITION OF PORTIONS OF HIS BODY THEREOF PURSUANT TO SUBSECTION (B) ABOVE SHALL HAVE THE RIGHT AND AUTHORITY TO REVOKE SUCH DISPOSITION BY ACTUAL NOTICE. THE HOLDER OF THE ORIGINAL INSTRUMENT SHALL BE PROTECTED IN EXERCISING THE AUTHORITY OF SAID INSTRUMENT UNLESS IT CAN BE CLEARLY SHOWN THAT ACTUAL NOTICE OF REVOCATION WAS RECEIVED BY THE HOLDER OF THE INSTRUMENT PRIOR TO EXERCISING THE AUTHORITY CONTAINED IN THE ORIGINAL INSTRUMENT. THE ORIGINAL INSTRUMENT SHALL BE TRANSFERABLE TO ANOTHER HOLDER WITH AUTHORITY TO ACT ONLY UPON NOTICE BY THE TRANSFEROR TO THE MAKER OF THE ORIGINAL INSTRUMENT.

(d) (E) The instrument authorizing post-mortem examination AND STUDY or the removal of tissue or organs shall be in CONFORM SUBSTANTIALLY TO the following forms:

CERTIFICATE OF AUTHORIZATION FOR POST-MORTEM STUDY AND EXAMINATION OR REMOVAL OF TISSUES OR ORGANS

*"I, the undersigned, desiring that my.....be made available for.....; do hereby give and donate my..... for said purpose to;; if living and if not, then my.....
(Name) (Address)
(Telephone)
may be used for such purpose by any person.*

I hereby authorize any doctor of medicine, surgeon or hospital to remove any use my.....for said purpose.

I, THE UNDERSIGNED, THIS.....DAY OF.....19....., DESIRING THAT MY.....BE MADE AVAILABLE AFTER MY DEMISE FOR:

- A. MEDICAL EDUCATION AND RESEARCH, AND/OR
- B. TRANSPLANTATION TO THE BODY OF A NAMED PERSON IF LIVING AT THE TIME OF MY DEMISE, AND/OR
- C. THE REPLACEMENT OR REHABILITATION OF THE TISSUES OR ORGANS OF ANY LIVING PERSON WHO COULD BENEFIT THEREFROM;