

149H. *Persons who may become donees, and purposes for which anatomical gifts may be made.*

The following persons are eligible to receive gifts of human bodies or parts thereof for the purposes stated:

(a) *Any licensed hospital, surgeon or physician; for medical education, research, advancement of medical science, therapy, or transplantation to individuals.*

(b) *Any accredited medical school, college, or university engaged in medical education or research; for therapy, educational research, or medical science purposes.*

(c) *Any person operating a bank or storage facility for blood, arteries, eyes, pituitaries, or other human parts; for use in medical education, research, therapy, or transplantation to individuals.*

(d) *Any specified donee; for therapy or transplantation needed by him.*

149-I. *Manner of executing anatomical gifts.*

(a) *A gift of all or part of the body for purposes of this Act may be made by will, in which case the gift becomes effective immediately upon death of the testator without waiting for probate. If the will is not probated, or if it is declared invalid for testamentary purposes, the gift, to the extent that it has been acted upon in good faith, is nevertheless valid and effective.*

(b) *A gift of all or part of the body for purposes of this Act may also be made by document other than a will. The document must be signed by the donor in the presence of two witnesses, who, in turn, shall sign the document in the donor's presence. If the donor cannot sign in person, the document may be signed for him, at his direction and in his presence, and in the presence of two witnesses, who, in turn, shall sign the document in the donor's presence. Delivery of the document or gift during the donor's lifetime is not necessary to make the gift valid. The document may consist of a properly executed card carried on the donor's person or in his effects. The document and/or card shall conform substantially to the following form:*

"Certificate of Authorization for Post-Mortem Study and Examination or Removal of Tissues or Organs

I, the undersigned, this.....day of.....19....., desiring that my.....be made available after my demise for

A. Any licensed hospital, surgeon or physician; for medical education, research, advancement of medical science, therapy or transplantation to individuals;

B. Any accredited medical school, college or university engaged in medical education or research; for therapy, educational, research or medical science purposes;

C. Any person operating a bank or storage facility for blood, arteries, eyes, pituitaries, or other human parts, for use in medical education, research, therapy or transplantation to individuals;

D. The donee specified below, for therapy or transplantation needed by him or her;