

**URGENT MEDICAL INSTRUCTIONS**

**1•800•367•2228 or 1•480•922•9013**

**This card belongs to a whole body anatomical donor. Alcor Life Extension Foundation is authorized to take possession of the donation under the Uniform Anatomical Gift Act. It is imperative for medical research that the following instructions be immediately initiated. Please read carefully.**

If the donor is unconscious or seriously injured, call for medical assistance and report the donor condition to the Alcor Medical Director. If the donor has been clinically deceased for less than one hour, report the donor condition to the Alcor Medical Director and begin the protocol listed below immediately upon pronouncement.

- > Start IV and intubate with endotracheal tube
- > Maintain cardiopulmonary resuscitation (CPR)
- > Ensure pulse is present during compressions
- > Begin ventilation via endotracheal tube
- > Administer the following medication to minimize acidosis and inhibit clot formation:



MED EX CALL 24 HRS

TOLL-FREE 800-367-2222

COLLECT 460-922-9073

IN CASE OF DEATH FOLLOW  
THIS BIOSTASIS PROTOCOL

PATIENT A-\_\_\_\_\_

CALL NOW FOR INSTRUCTIONS

PUSH 50,000 U. HEPARIN BY I.V.

AND DO CPR

WHILE COOLING WITH ICE TO 10 C.

KEEP PH TO 7.5

NO EMBALMING

NO AUTOPSY

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If the donor is unconscious or seriously injured, call for medical assistance and report the donor condition to the Alcor Medical Director (1-800-367-2228 toll-free or 1-480-922-9013 collect). Immediately begin the protocol below upon pronouncement of death.

- Start IV and intubate with endotracheal tube
- Maintain cardiopulmonary resuscitation (CPR)
- Ensure pulse is present during compressions
- Begin ventilation via endotracheal tube
- Administer the following medication to minimize acidosis and inhibit clot formation:
  - 50,000U Heparin via IV
- Administer the following medications to reduce ischemic injury:

- 250,000U Streptokinase or equivalent Throbolitic
- 160mg Gentamycin Sulfate
- Continue CPR for a minimum of 15 minutes to circulate medications
- Perform extended CPR unless doing so is not possible or inappropriate because the donor has been deceased for more than one hour
- Pack the donor in ice (especially head, throat, axilla and groin) and/or place a cooling blanket at 2 to 4 degrees Centigrade
- Do not allow the donor to freeze at 0 degrees Centigrade (32 degrees Fahrenheit)



**DO NOT AUTOPSY OR EMBALM!**

It is imperative to this anatomical preservation that Alcor be contacted prior to any required autopsy and that only a limited autopsy be performed

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I, (name \_\_\_\_\_), of (Address \_\_\_\_\_, City \_\_\_\_\_, State, Zip), BEING OF SOUND MIND DECLARE THE FOLLOWING TO BE MY MEDICAL DIRECTIVE AND LIVING WILL:

WHEREAS, I believe that my most important attribute consists of my memories, and that the preservation of my neurophysiological essence is of utmost importance; and

WHEREAS, that our knowledge of medicine has witnessed an astonishing growth in the past several centuries, and that any physical condition from which I may suffer, will at sometime in the future be curable and/or repairable; and

WHEREAS, I am not afraid of so-called "future shock" and believe that I have the personal temperament and desire to survive in any future society or culture; and

WHEREAS, I believe that the experimental procedure of cryogenic preservation (hereinafter referred to as "Cryopreservation") offers the possibility, which I recognize as speculative, of eventual restoration of my human remains, but most importantly, my neurophysiological essence, to life and health; and

WHEREAS, I desire that my human remains, including at a minimum my brain and brain stem, be preserved by Cryopreservation; and

WHEREAS, I have executed separate instruments, entitled "Last Will and Testament," "Consent to Cryopreservation," "Authorization of Anatomical Donation," and "Cryopreservation Agreement," whereby I have arranged for and directed that upon my legal death my human remains be delivered for the experimental procedure of Cryopreservation to (Alcor, C.I., or Suspended Animation), a (state \_\_\_\_\_) Corporation with principal offices in (Address \_\_\_\_\_, City \_\_\_\_\_, State, Zip), including any agent of said organization; and

WHEREAS, I believe that the timeliness and thoroughness of the experimental procedure of Cryopreservation and the possibility of my human remains being restored to life and health will be enhanced if damage to or deterioration of my tissues, especially my brain and brain stem, from disease, pre-mortem ischemia, post-mortem ischemia, and autopsy is avoided or minimized up to the time that the cryogenic preservation of my human remains can begin; and

WHEREAS, I desire that whenever my life expectancy is limited, the primary purposes of any health care decision be to avoid or minimize damage to or deterioration of my tissues, especially my brain and brain stem, from disease, pre-mortem ischemia, post-mortem ischemia, and autopsy up to the time that the cryogenic preservation of my human remains can begin, and otherwise to enable timeliness and thoroughness in the ensuing procedure of cryogenic preservation of my human remains; and

WHEREAS, I desire to appoint and empower an Agent to make health care decisions on my behalf whenever I have been determined to be incapable of making an informed decision about providing, withholding, or withdrawing medical treatment.