

## *Project My Heart ~ Your Heart*

*A Collaborative of Citizens, Physicians, and Funeral Directors of the State of Michigan,  
University of Michigan Cardiovascular Center, and World Medical Relief*

Each year, thousands of patients with pacemakers or ICDs pass away and, ultimately, are buried or in some cases cremated with these devices fully functional. At the same time, less fortunate patients here in the United States and throughout the world, particularly in developing countries, are effectively sentenced to death simply because they cannot afford – and therefore have no access to – these same life-saving devices.

The University of Michigan, in collaboration with the Michigan Funeral Directors Association and World Medical Relief, Inc., has launched a project with the support of physicians, patients, and funeral directors across the state of Michigan to improve health care options to poor patients around the world. Your loved one had a pacemaker or an implantable defibrillator (ICD). You may be able to help save lives simply by donating that device to our project.

If you agree to donate the device, please sign this page. A funeral director will respectfully remove the device and send it to the University of Michigan. There will be no cost to you or to your loved one's estate.

If you have any questions at all about the My Heart ~ Your Heart project, please do not hesitate to contact:

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**I AGREE TO AND HEREBY DONATE THE PACEMAKER OR IMPLANTABLE DEFIBRILLATOR OF THE PERSON NAMED BELOW TO THE UNIVERSITY OF MICHIGAN FOR THE MY HEART-YOUR HEART PROJECT. I UNDERSTAND THAT THE DEVICE WILL BE USED ONLY FOR RESEARCH AND WILL NOT BE IMPLANTED IN A HUMAN SUBJECT WITHOUT THE EXPRESS APPROVAL OF THE U.S. FOOD AND DRUG ADMINISTRATION.**

**THIS RELEASE MUST BE SIGNED BY THE CLOSEST ADULT RELATIVES OF THE DECEDENT.**

Name of Decedent \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_