

Patient Advance Directive / Living Will

Date: _____

I,

(first name and surname, maiden name if applicable)

born on _____ in _____

currently residing at

(street, postal code and city, state, country)

hereby establish the following Patient Advance Directive, in case I should be permanently no longer able to form my will or to express it in an understandable way.

§ 1 Scope of application of this Patient Advance Directive

This Patient Advance Directive applies,

(1) When I am in all probability inevitably in the immediate process of dying,

(2) if I am in the terminal stage of an incurable terminal illness, even if the time of death is not yet foreseeable,

(3) if, as a result of brain damage, my ability to gain insight, make decisions and interact with other people has, in all probability, been irretrievably lost in the opinion of two experienced doctors, even if the time of death is not yet foreseeable. This applies to direct brain damage, for example due to an accident, stroke or inflammation, as well as to indirect brain damage, for example after resuscitation, shock or lung failure. I am aware that in such situations the ability to feel may be preserved and that waking up from this state cannot be ruled out with certainty, but is unlikely,

(4) if, due to permanent failure of vital functions of my body or due to severe irreversible damage, I am unable to lead a life worthy of a human being, i.e. a life that is bearable for me, not excessively afflicted, conscious and aware of the environment, with my own personality shaping and decision-making power; physical failures such as paraplegia do not lead to the application of this Patient Advance Directive, insofar as brain and consciousness functions are intact;

(5) if I am no longer able to take in food and liquids naturally as a result of an advanced brain degeneration process (e.g., dementia), even with persistent assistance.

(6) if the underlying condition with a hopeless prognosis has taken an irreversible course or comparable conditions of illness or injury not specifically mentioned herein exist, especially situations in which I am in a coma with no prospect of regaining consciousness.

§ 2 Body donation and goals of Tomorrow

(1) In full possession of my mental powers, I have voluntarily and **testamentary** transferred my body after my death to the company "Tomorrow Biostasis GmbH" (Commercial Register Sheet 201918 B, registered in the Commercial Register of the District Court of Berlin-Charlottenburg, Graefestraße 11, 10967 Berlin), hereinafter "Tomorrow". This transfer is for the purpose of a possible restoration of my life and health by Tomorrow at a later date and for the purpose of the general advancement of scientific knowledge in the field of cryopreservation. My irrevocable intention to make this testamentary disposition of my body is hereby expressly confirmed.

(2) This is accompanied by the fact that Tomorrow is solely and exclusively responsible for the care of my corpse. All others, organizations, institutions, authorities and persons, especially my relatives, I exclude from the care of the dead. "Tomorrow" is thus also the sole procurer of the funeral.

(3) Within the scope of the application of this Patient Advance Directive, no decision may be made or action taken that thwarts or complicates the purpose of my body donation to Tomorrow as described above. Tomorrow shall be informed about my state of health in order to be able to prepare the cryopreservation measures in the best possible way.

(4) This advance directive applies worldwide in the event of its application.

(5) I also request that the **following steps be taken immediately** upon my passing:

1. To immediately notify "Tomorrow" of my passing (www.tmwbio.org or 0800 5796645 or +49 30 629 385 37 or any other number given by Tomorrow). "Tomorrow" will arrange for the transfer.
2. To have **two death certificates** issued by the appropriate medical personnel.
3. To apply for the burial certificate and the death certificate at the competent authority (usually the locally competent registry office) upon presentation of a death certificate.
4. "Tomorrow" receives both a death certificate (Sterbeurkunde) and a burial certificate or death certificate (Todesschein).
5. A dissection, for example after a hospital stay, as well as any burial measures are to be omitted.

(6) I release the physicians treating me from the duty of confidentiality towards the following persons: Dr. med. Emil Fritz Kendziorra and all representatives of Tomorrow Biostasis GmbH.

§ 3 Statements on the binding nature for interpretation and enforcement and revocation of the Patient Advance Directive:

(1) I expect that the will expressed in my Patient Advance Directive regarding certain medical and nursing measures will be followed by the attending physicians and the treatment team. My representative (proxy/guardian) should ensure that my will is enforced.

(2) Should a physician or the treatment team be unwilling to follow my will as expressed in this Patient Advance Directive, I expect that other medical and/or nursing treatment will be arranged. I expect my

representative (proxy/guardian) to organize further treatment in such a way that my will is complied with.

(3) In situations not specifically regulated in this Patient Advance Directive, my presumed will is to be determined by consensus of all parties involved, if possible. The measures are to be discussed between the attending physician and my representative (authorized representative/guardian). This Patient Advance Directive shall serve as a guideline for determining my presumed will. In the event of differing opinions on medical/nursing measures to be applied or omitted, the opinion of the following person shall be of particular importance:

my authorized representative, my supervisor, or the attending physician.

(4) I wish the following persons to be given the opportunity to express their views in the determination of my will: _____

The following persons shall not be given an opportunity to comment: _____

(5) If I have not revoked my Patient Advance Directive, I do not wish to have a change in my will imputed to me in the specific situation of application. However, if the attending physicians/the treatment team/my authorized representative/guardian are of the opinion, based on my gestures, looks or other statements, that I do or do not wish to be treated, contrary to the stipulations in my Patient Advance Directive, then it must be determined between the attending physician and my guardian/authorized representative, with consultation of the above-mentioned persons, whether the stipulations in my Patient Advance Directive still correspond to my current will.

In the event that my above injunction is inconsistent in any particular case, I hereby declare that my basic therapeutic goal is exclusively :

the alleviation of symptoms (subject to the grace period of 14 days) or the prolongation of life is and shall not interfere with the objectives of the body donation to Tomorrow. In cases of doubt, the expert opinion of Tomorrow must be sought.

Insofar as I wish or refuse certain treatments, I expressly waive (further) medical information / consultation. However, this waiver only applies if one of the application situations according to § 1 is present.

(6) This Patient Advance Directive is valid until I revoke it.

§ 4 Final remark

I am aware of the possibility of amending and revoking an advance directive and of the content and consequences of the decisions I have made therein. I have drawn up the Patient Advance Directive on my own responsibility and without external pressure and am in full possession of my faculties.

(place and date)

(Signature)