



READ THIS FIRST

Thank you for your interest in the education of physicians, surgeons, and other health professionals. Their training depends in part upon people like you who give their bodies for anatomical study and research.

Enclosed are the forms for offering your body to Emory's Medical School. You must personally sign the form. It cannot be signed by someone with power of attorney, as a power of attorney expires at the grantor's death. Also, Emory does not accept donations directed in a will or in a durable power of attorney for body donation. One copy is to be returned to Emory and will not be effective until thirty (30) days after it is received by Body Donor Program office. The other copy is for your files. Please type or print all entries except where signatures are required. Provide full names; do not use initials. If there is no middle name or there are initials only, then so state. The Vital Statistics information must be completed. Even if retired, please tell us the type of work done before retirement. **The term "retired" is not acceptable and will result in the form being returned.** When completing the Vital Statistics Information please provide the full names of your parents, even if they are deceased and also provide the full name at birth (**NOT THE MARRIED NAME**) for all females. An attorney or notary public is not necessary to complete the forms. Two (2) persons not related to you must sign and complete the witness portion of the form. Please allow thirty (30) days to receive your wallet card.

The person responsible for carrying out your wishes, normally the next of kin, and as many other close relatives as possible should sign in the Family Endorsements section. We ask for several signatures as the responsible person may die before the donor. Immediate family members should be informed as the donation should not come as a shock or surprise. Be certain to provide their telephone numbers.

The study or research done at Emory or at other accreted institutions does not determine the cause of death. We DO NOT provide any reports after the body is received at Emory. The cause of death will be shown on the death certificate signed by the attending physician, medical examiner, or coroner.

Please note that the family/responsible party is expected to pay the cost of transporting the body to Emory. Most transportation services require payment at the time their services are rendered. There will not be a charge if the family wishes the ashes returned. Emory usually bears all other expenses.

Emory reserves the right to decline bodies not suitable for medical research or study. Suitability is determined prior to transporting the body to Emory. You should have an alternate plan for the disposition of your body in the event it is not accepted by the medical school.

Trusting it will be many years before the provisions of this form are carried out, I again thank you for your interest in medical education and research.

Sincerely,

J. William Eley, MD, MPH
Executive Associate Dean, Medical Education
Professor, Department of Hematology and Oncology

CERTIFICATE FOR GIFT OF A BODY

PHOTOSTATIC COPIES OF THIS FORM ARE NOT ACCEPTABLE

REGISTRATION IS EFFECTIVE 30 DAYS AFTER EMORY'S RECEIPT OF THIS PROPERLY COMPLETED FORM

PLEASE COMPLETE BOTH SIDES OF FORM AND PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES

FULL LEGAL NAME

FIRST

MIDDLE

LAST

I hereby offer my body immediately following my death to:

EMORY UNIVERSITY SCHOOL OF MEDICINE

Body Donor Program

100 Woodruff Circle

Atlanta, GA 30322

Phone (404) 727-6242

24 Hours a Day

My body will be offered for such teaching or benevolent purposes as the University will decide, to include transfer to another accredited institution. Should my death occur at a distance, my body should be offered to the nearest medical school where need exists. **I understand that Emory reserves the right to decline bodies not suitable for medical study. (See "Alternative Arrangements" on reverse side.)** If my body is not acceptable, my family or estate will be responsible for arranging for and paying the cost of final disposition of the body. (See "Alternative Arrangements" on reverse side.) **Policy and procedure are subject to change without notification.**

DONOR

WITNESSES

(Must have two (2)-May be friends or neighbors, but NOT relatives.)

SIGNED: _____
(MUST BE DONOR'S PERSONAL SIGNATURE)

Address _____

Mailing, if different _____

What County? _____

Inside City Limits? Yes _____ No _____

Date: _____

Telephone Number: _____

SIGNATURE _____

Address _____

SIGNATURE _____

Address _____

FAMILY ENDORSEMENTS (SPOUSE, ADULT CHILDREN, OTHERS)

We, the undersigned, understand and support the intent indicated in this certificate.

SIGNATURE

RELATIONSHIP

ADDRESS

PHONE NUMBER

DATE

Remarks:

SUGGESTIONS TO DONOR

Clear with your family. It is important that your family understand your plans, both with respect to their feelings and to assure they carry out your wishes.

What to do with the Certificates. There are two copies of this certificate. Complete both sides on each certificate and return one copy to Emory. **Retain the other for your files.** Registration is effective 30 days after Emory receives the properly completed form.

Wallet Card. Upon receiving the properly completed and signed gift form, Emory will mail you a card to carry in your wallet or purse. **Please allow up to thirty (30) days to receive the wallet card.**

PROCEDURE AT TIME OF DEATH

(Guidance to Survivors)

Telephone the Medical School **IMMEDIATELY** after death at (404) 727-6242.

(Available 24 Hours a Day)

Transportation. It is imperative that the Emory Body Donor Program receives the body within six hours of death (12 hours if refrigerated). Emory Body Donor Program will coordinate transportation from place of death to Emory University School of Medicine. The body **WILL NOT** be transported until Emory Body Donor Program formally accepts the donation. The family or estate must pay cost of transporting body from place of death to Emory University School of Medicine.

INFORMED CONSENT

Any tissue or matter removed from your body will become the property of Emory University. It, and any substances which may be derived, developed, or created from it, may be used in any manner deemed appropriate by the University without permission from or compensation to you, your family, or your agents. With respect to such tissue, matter, or substance, the University will use its best efforts at all times to protect your identity from disclosure.

MEMORIAL OR FUNERAL SERVICE

(At the expense of the family or estate)

A funeral service is a service held with the body present. A **memorial service** is a service held after the body is removed. Both are intended to serve the emotional needs of the survivors. The Medical School, **WITH PROPER COORDINATION**, will allow embalming for viewing and funeral purposes. Otherwise, we must receive the body **IMMEDIATELY** after death, **WITHOUT EMBALMING**.

FINAL DISPOSITION OF REMAINS

Your remains will be cremated and buried at no cost to your family. Burial will be in a common grave in the Georgia Medical Schools Section of Decatur Cemetery, Decatur, Georgia. There are no individual markers at the grave site. A book containing the donors' name, date of death, and grave number is maintained in the cemetery office. If the family desires to have the ashes returned, they will be sent by USPS Priority Mail Express mail. A fee will be charged to cover the cost of special packaging and postage. Ashes may be picked up in person at the annual memorial service.

ALTERNATIVE ARRANGEMENTS

Alternative arrangements should be made for the disposition of your body in the event it is not acceptable for medical study. The following list includes reasons for declination. A body will be declined for **BUT NOT LIMITED TO:** amputation, autopsy, any type of infection (ex. MRSA, VRE, sepsis, C. Difficile), colostomy, below/above a normal body mass index, emaciation, obesity, body not received within six hours from time of death or body not received within 12 hours of death if refrigerated, decomposition, decubitus, severe deformity, infectious disease (ex. HIV, TB, Hepatitis (any), gross edema, feeding tube, gangrene, jaundice, mutilation, suicide, recent major surgery. Also, removal of organs and/or tissue for transplantation makes body unacceptable. Emory will determine the acceptability of the body after healthcare provider, coroner, medical examiner, family and/or estate of a donor has made Emory Body Donor Program aware of donors' death.

VITAL STATISTICS INFORMATION

Emory will normally file the death certificate when a body is donated. Please furnish all information requested below. Please provide complete (First, Middle, and Last) names. If there is no middle name, then so state. Do not use initials, unless there are initials only; then so state. Please provide full name **BEFORE** marriage for females. If you are retired, **DO NOT USE THE TERM "RETIRED"**. Please list the type of work you did most of your life.

ANSWER ALL QUESTIONS. TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK.

FULL Name at birth as it appears on Birth Certificate (first, middle, last)

Citizen of What Country? _____ Served in US Armed Forces? _____

Birth Date: ____/____/____ Social Security Number: ____-____-____

Education: ____ 8th grade or less ____ 9th - 12th grade; no diploma
____ High School Graduate or GED completed ____ Some college; no degree
____ Associate Degree ____ Bachelor's degree ____ Master's degree
____ Doctorate ____ Unknown

CURRENT Marital Status (SELECT ONE) Married _____

Never Married _____ Divorced _____

Widowed _____ Legally Separated _____

If Married, Widowed or Separated Give spouse's **FULL**

Name _____

(If wife, Give **FULL NAME** at Birth)

Usual Occupation _____

Kind of Business or Industry _____

Employer's Name _____

Birthplace (City & State): _____
(If not USA, give Country)

Race: _____
(Black, Samoan, White, etc.)

Gender: Male _____ Female _____

Origin of Ancestry _____
(African, English, Danish, Mexican, etc.)

Father's FULL Name _____
(Even if Deceased)

Mother's FULL
NAME at her Birth _____
(Even if Deceased)