DONATING YOUR BODY TO MEDICAL EDUCATION

Every year, over 150 altruistic citizens of Oregon and the greater Pacific Northwest donate their bodies, placing their trust in OHSU to honor and carry out their final wishes.

Our pledge to these remarkable individuals and their families is that we will ensure their bodies are used for the advancement of medical education and scientific research throughout Oregon and the greater Pacific Northwest.

All donated remains are handled with the greatest respect and in accordance with the highest ethical standards and in full compliance with federal and state laws and regulations (Anatomical Gifts Act).

The OHSU Body Donation Program is the oldest whole body donation program in the state (founded 1976) and is a non-profit program that does not, and will never engage in, profiteering from the use of human remains.

We strongly encourage all donors and donor families to discuss their last wishes with their family and to make pre-arrangement for any professional services desired with their local funeral home.

Not every donor is acceptable to the program at time of death especially if there have been extensive surgeries, autopsy, or disease processes that would make study difficult; in which case, all donors should have a plan for alternate arrangements.

We strongly encourage all of our donors to have completed a pre-arrangement with a local funeral home because our program is not responsible for any charges associated with a donor that is not accepted.

The “D” for donor designation on your driver’s license does not apply to whole body donation and a separate contract is required to enroll in our program.

There are two procedures for donation: pre-application by the donor (see Form 1) and application by family members for a person not previously enrolled (Form 2).

If you are the donor: By completing and signing this form you are authorizing:
- The donation of your entire body to the Oregon Health & Science University, School of Medicine, for the advancement of medical education and scientific research.
- Your Agent to notify the OHSU Body Donation Program as soon as possible after death to go over instructions regarding a physical screening, care, and transport to our program.

If you are donating someone else’s body: By completing and signing this form, you are authorizing:
- The donation of the entire body of the person listed below (under “Donor Information”) to the OHSU, School of Medicine, for the advancement of medical education and scientific research.
- You, as the decedent’s Agent, to notify the OHSU Body Donation Program as soon as possible after death to go over instructions regarding a physical screening, care, and transport to our program.

If you have any questions, consult our website: www.ohsu.edu/bodydonation or contact our program staff at (503) 494-8302, Monday through Friday, 7:30 a.m. to 3:30 p.m. If they are not available, please leave a message and we will return your call by the following business day. If your needs are more urgent, please follow instructions on our phone message menu for rapid response.

Thank you for your interest in whole body donation at OHSU. We appreciate it that you would consider giving our program the opportunity to extend your contribution or that of a loved one beyond the grave. This is a gift like no other and is sincerely appreciated.

William Cameron, Ph.D., Executive Director, Body Donation Program and Demonstrator for Anatomy for Oregon
FORM 1: ENROLLMENT FORM FOR THE OHSU BODY DONATION PROGRAM
BY INDIVIDUAL

By completing this Enrollment Form, I am authorizing Oregon Health & Science University (“OHSU”) to use my body, or transfer it to a qualified institution in the state of Oregon or the Pacific Northwest for education and/or research. I have read and considered all of the information contained in the document titled “Information Regarding a Donation to the OHSU Body Donation Program” and specifically agree or acknowledge as follows:

BODY DONOR INFORMATION
(Please Print Legibly)

Name: __________________________________________
Address: __________________________________________ Phone: ______________________
City: ____________________________ Zip: __________________________
Date of Birth: __________ Birth Place: ____________________________ Sex: ________
Social Security No.: ____________________________ Veteran: ____________________________
Service & Serial Number Claim Number
Contact Person*: ____________________________ Phone number: ______________________
Address: __________________________________________

*This person will serve as the spokesperson for your estate and be contacted by the OHSU Body Donation Program in the event that any questions arise regarding the execution of your final wishes as described herein.

Donor Status:  □ Married  □ Registered Domestic Partnership  □ Single  □ Domestic Partnership

Name of Spouse/Registered Domestic Partner/Domestic Partner: ____________________________

ACKNOWLEDGMENTS

(1) I understand that every effort will be made to accept a donor body; however, OHSU may, at its sole discretion, reject a donation at the time of death. I understand that if this situation arises, the designated survivor/responsible party will be required to make alternative arrangements for the disposition of the remains.

(2) I understand that OHSU may provide a donated body and/or part of the body to other educational institutions, research institutions or non-profit entities. When making a donation, donors, survivors and/or responsible parties cannot designate the use to which the body will be put, nor the persons or entities that will use the same.

(3) I understand that I may revoke a donation at any time prior to death and that no other person can revoke my donation.

(4) I understand that OHSU may keep my remains for an indefinite period. However, if it is important to me that my remains are returned to my family within a specified time, I have so indicated below. OHSU will use its best efforts to ensure my remains are returned or released as set forth below.

I will be responsible for completing my physician’s and/or health care facility’s Release of Protected Medical Information Authorization Form. Upon my death, my physician and/or health care facility will release my medical information to the OHSU’s Body Donation Program in order to facilitate the donation of my body. In addition, I give the Body Donation Program permission to release my medical information to their faculty, staff and the faculty and staff of any recipient organization when needed in order to facilitate the preparation and study of my remains for educational and/or research purposes.
OHSU Body Donation Program  
School of Medicine  
3181 S.W. Sam Jackson Park Road  
Portland, OR 97239-3098  
(503) 494-8302  
http://www.ohsu.edu/bodydonation/

AUTHORIZATIONS  
(Please read carefully and check where appropriate):  

I hereby authorize OHSU to keep my remains for (Please initial option one or two, and three if it applies to your wishes):  

(1) Initial _____  An indefinite period (eventually to be buried at sea)  
(2) Initial _____  Return as soon as possible (usually no less than 18 months and no more than 3 years)  
(3) Initial _____  I authorize OHSU to permanently retain my brain for further education.  

DISPOSITION OF REMAINS  

I HEREBY DIRECT AND AUTHORIZE THE RELEASE/DELIVERY OR SHIPMENT OF SAID REMAINS AS FOLLOWS:  

(Select and initial one of the following four options):  

(1) Initial _____  Do not cremate my remains. Release my body to: ____________________________ funeral home.  
(I understand there may be a charge for this service at the funeral home; my family or estate will be responsible for payment)  

(2) Initial _____  Cremate my remains and deliver to _____________________ cemetery for the purpose of inurnment.  
(I understand there may be a charge for this service at the cemetery; my family or estate will be responsible for payment)  

(3) Initial _____  Cremate my remains and bury them at sea as dictated by maritime law.  
(I understand that OHSU does not charge for this service)  

(4) Initial _____  Cremate my remains and return ashes (OHSU does not charge for this service) to:  

_________________________________________________________________________  
Name/Relationship  
_________________________________________________________________________  
Street                      City                      State                      Zip  

AUTHORIZED SIGNATURE  

I acknowledge that I have read (or had read to me) this document in its entirety. I have had the opportunity to ask questions, have had my questions answered, and I fully understand this document. By signing below, I consent to the donation and disposition of my remains as described above. In signing below, I represent myself as the Donor named on this form.  

_________________________________________________________  
Signature of Donor (or Authorized Representative of Donor)  
_________________________________________________________  
Date
SIGNATURES OF WITNESSES

Two witnesses must sign this form indicating their willingness to abide by your wishes to donate your body to OHSU. One of the witnesses should be the person to whom we will send an acknowledgment letter of your donation at the time of death and the other witness must be a “disinterested witness”, meaning someone other than:

- a spouse, domestic partner, child, parent, sibling, grandchild, grandparent or guardian of the donor; or
- an adult who exhibited special care and concern for the donor; or
- a representative of an institution (including a hospital, accredited medical school, dental school, college, university) or organization (including an organ procurement organization, eye bank, tissue bank) or other person to whom an anatomical gift could pass to for research or education purposes.

By signing below, I declare that the person who signed this Body Donation Form above is personally known to me, that he/she signed this Body Donation Form in my presence that he/she appeared to be of sound mind and not acting under duress, fraud or undue influence, and that I witnessed his/her signature. Please print the information legibly.

<table>
<thead>
<tr>
<th>Witness Signature</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Witness to Receive Acknowledgement Letter</td>
<td>Full Name of Second Witness</td>
</tr>
<tr>
<td>Witness Relationship to Donor</td>
<td>Witness Relationship to Donor</td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
</tbody>
</table>
FORM 2: ENROLLMENT FORM FOR THE OHSU BODY DONATION PROGRAM
Certificate for Bequeathing Body of Next-of-Kin

By completing this Enrollment Form, I, ________________________, as agent for the person named below, authorize Oregon Health & Science University (“OHSU”) to use the body of the person named below or transfer it to a qualified institution in the state of Oregon or the Pacific Northwest for education and/or research. I have read and considered all of the information contained in the document titled “Information Regarding a Donation to the OHSU Body Donation Program” and specifically agree or acknowledge as follows:

**BODY DONOR INFORMATION**

(Please Print Legibly)

| Name: ____________________________ | Phone: ____________________________ |
| Address: ____________________________ | Phone: ____________________________ |
| City: ____________________________ | Zip: ____________________________ |
| Date of Birth: ____________________________ | Birth Place: ____________________________ | Sex: ____________________________ |
| Social Security No.: ____________________________ | Veteran: ____________________________ |

*This person will serve as the spokesperson for the donor’s estate and be contacted by the OHSU Body Donation Program in the event that any questions arise regarding the execution of the donor’s final wishes as described herein.

**Donor Status:**
- [ ] Married
- [ ] Registered Domestic Partnership
- [ ] Single
- [ ] Domestic Partnership

**Name of Spouse/Registered Domestic Partner/Domestic Partner:** ____________________________

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**ACKNOWLEDGMENTS**

(1) I acknowledge that I am authorized to make this donation on behalf of the decedent because I am one of the following with respect to the decedent (please check one):

| [ ] Attorney-in-fact or expressly authorized agent for purposes of making an anatomical gift | [ ] grandchild |
| [ ] spouse | [ ] grandparent |
| [ ] adult child | [ ] an adult who exhibited special care or concern for the decedent |
| [ ] parent | [ ] a guardian |
| [ ] an adult sibling | [ ] a person otherwise having authority to dispose of the decedent’s body |

(2) I understand that every effort will be made to accept a donor body; however, OHSU may, at its sole discretion, reject donation at the time of death. For examples of reasons for rejection, see FAQ sheet or website. I understand that if this situation arises, the designated survivor/responsible party will be required to make alternative arrangements for the disposition of the remains.

(3) I understand that OHSU may provide a donated body and/or part of the body to other educational institutions, research institutions or non-profit entities. When making a donation, survivors and/or responsible parties cannot designate the uses to which the body will be put, nor the persons or entities that will use the same.
(4) I understand that this donation may be revoked only by a majority of the decedent’s next-of-kin and only if made before OHSU has begun to prepare the body.

ACKNOWLEDGMENTS (continued)

(5) I understand that OHSU may keep the remains for an indefinite period. However, if it is important to me that the remains are returned within a specified time, I have so indicated below. OHSU will use its best efforts to ensure the donor’s remains are returned or released as set forth below.

(6) I hereby authorize the release of the decedent’s Protected Health Information to OHSU and its Body Donation Program in order that it may facilitate the donation of his/her body and cremation of his/her remains. In addition, I give the Body Donation Program permission to release the decedent’s medical information to their faculty, staff, and the faculty and staff of any recipient organization when needed in order to facilitate the preparation and study of the deceased’s remains.

(7) I am not aware of any record signed or otherwise made by decedent refusing to make an anatomical gift.

AUTHORIZATIONS

I hereby authorize OHSU to keep the remains for (select and initial one of the two following options):

(1) Initial _____ An indefinite period (eventually to be buried at sea)

(2) Initial _____ Return as soon as possible (usually no less than 18 months and no more than 3 years)

(3) Initial _____ Retain my brain for educational coursework

DISPOSITION OF REMAINS

I HEREBY DIRECT AND AUTHORIZE THE RELEASE/DELIVERY OR SHIPMENT OF SAID REMAINS AS FOLLOWS:

(select and initial one of the following four options):

(1) Initial _____ Do not cremate the remains. Release the body to: ____________________________ funeral home. (I understand there may be a charge for this service at the funeral home; decedent’s family or estate will be responsible for payment)

(2) Initial _____ Cremate the remains and deliver to _____________________ cemetery for the purpose of inurnment. (I understand there may be a charge for this service at the cemetery; decedent’s family or estate will be responsible for payment)

(3) Initial _____ Cremate the remains and bury them at sea as dictated by maritime law. (I understand that OHSU does not charge for this service)

(4) Initial _____ Cremate the remains and return ashes (OHSU does not charge for this service) to:

Name/Relationship

__________________________  ____________________________  ____________________________  ____________________________
Street                          City                          State                          Zip
AUTHORIZED SIGNATURE

I acknowledge that I have read (or had read to me) this document in its entirety. I have had the opportunity to ask questions, have had my questions answered, and I fully understand this document. By signing below, I consent to the donation and disposition of the remains as described above. In signing below, I represent myself as the person with legal authority to make the donation on the decedent’s behalf.

<table>
<thead>
<tr>
<th>Signature of Authorized Representative of Donor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Representative’s Full Name: ____________________________________________</td>
<td></td>
</tr>
<tr>
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SIGNATURES OF WITNESSES

Two witnesses must sign this form indicating their willingness to abide by your wishes to donate decedent’s body to OHSU. One of the witnesses should be the person to whom we will send an acknowledgment letter of the donation at the time of death and the other witness must be a “disinterested witness”, meaning someone other than:

- a spouse, domestic partner, child, parent, sibling, grandchild, grandparent or guardian of the decedent; or
- an adult who exhibited special care and concern for the decedent; or
- a representative of an institution (including a hospital, accredited medical school, dental school, college, university) or organization (including an organ procurement organization, eye bank, tissue bank) or other person to whom an anatomical gift could pass to for research or education purposes.

By signing below, I declare that the person who signed this Body Donation Form above is personally known to me, that he/she signed this Body Donation Form in my presence that he/she appeared to be of sound mind and not acting under duress, fraud or undue influence, and that I witnessed his/her signature. Please print the information legibly.

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