



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/>

## INFORMATION REGARDING A DONATION TO THE OHSU BODY DONATION PROGRAM

The OHSU Body Donation Program was founded in 1976 as an integral part of medical education and research in the state of Oregon. It is one of several programs that exist under the umbrella service organization, Donate Life Northwest, which includes Pacific Northwest Transplant Bank, Lions Eye Bank of Oregon, American Red Cross Oregon Trail Chapter and Community Tissue Services.

For more than 40 years, the OHSU Body Donation Program has enjoyed a reputation of integrity within the donor community. In compliance with federal and state laws and regulations, all donated remains are handled and treated in accordance with the highest ethical standards. The OHSU Body Donation Program does not, and will never engage in, profiteering from the use of human remains.

Every year between 200 and 300 altruistic citizens of Oregon and the greater Pacific Northwest donate their bodies and place their trust in us to honor and carry out their final wishes. Our pledge to these remarkable individuals and their families is that we will ensure their remains are used for the advancement of medical education and scientific research throughout Oregon and the greater Pacific Northwest region. The service we offer benefits not only the donors and their families but also the entire community of students and practitioners of medical science.

The OHSU Body Donation program works in close collaboration with the state's funeral homes. Completion of this donation form is only one part of end-of-life planning. We encourage all donors and donor families to discuss their last wishes and make pre-arrangement for any professional services desired with their local funeral director. Although OHSU does offer an annual memorial service, this is not meant to provide closure for the family but instead to express appreciation for the invaluable contribution the donor has made to medical education and research. The donor's estate is responsible for all costs associated with the funeral home or cemetery.

OHSU takes pride in partnering with Mount Hood Community College program in Funeral Service Education. As a donor, you have the option of contributing to the education of our future funeral directors by permitting them to process your body prior to transport to OHSU. Select this option would mean the initial perfusion of your body would take place at Mount Hood Community College prior to transport to OHSU and would add no cost or additional arrangements for the donor or their family. Selection of this option in no way detracts from the advancement of medical education and scientific research but simply enhances your donation by training additional professionals.

If you have any questions, please contact Steve Carmichael, program manager of the OHSU Body Donation Program at (503) 494-8302, Monday through Friday, 7 a.m. to 4 p.m. If he is unavailable, please leave a message or follow instructions on the phone message regarding contacting your local funeral home or First Call Plus.

**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 science and scientific research.
- The Body Donation program will provide a copy of form to the funeral director specified for their records
- Your agent will notify your funeral director as soon as possible after death to allow for processing.
- Your funeral director, upon receipt of your body, to notify the OHSU Body Donation Program and to follow instructions from OHSU regarding embalming requirements.

**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 science and scientific research.
- The funeral director to notify the OHSU Body Donation Program and to follow instructions from OHSU regarding embalming requirements.

Thank you for your interest in our program. 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 its significance is graciously appreciated.

William Cameron, Ph.D., Executive Director, Body Donation Program and Demonstrator for Anatomy for Oregon



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**ENROLLMENT FORM FOR THE OHSU BODY DONATION PROGRAM**

By completing this Enrollment Form, I am authorizing Oregon Health & Science University (“OHSU”) to use my body, or the body listed below for which I have legal authority to determine the disposition of, or transfer it to a qualified institution in the state of Oregon or the Pacific Northwest for anatomical education and/or research. OHSU will be responsible for the proper transport, care, and return of all remains to our institution where final preparations will be undertaken for return to the family and/or final inurnment. Our program works in close partnership with the regions funeral homes. Donors and their families are encouraged to make final arrangements in collaboration with local funeral professionals. All expenses associated with these services with the funeral home are the responsibility of the donor’s estate. If you have any additional questions, please review the Donor Information Sheet, call and talk with one of our staff members, or visit our website, (<http://www.ohsu.edu/xd/education/schools/school-of-medicine/bodydonation/>) for more information.

**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: \_\_\_\_\_

\*This person will serve as the spokesperson for your/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: \_\_\_\_\_

**AUTHORIZATIONS  
 (Please read carefully and check where appropriate):**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I have provided my funeral director with an alternate plan should OHSU be unable to accept my remains at the time of death.
<input type="checkbox"/>	<input type="checkbox"/>	I authorize OHSU to permanently retain my brain for educational coursework.
<input type="checkbox"/>	<input type="checkbox"/>	Memorial contributions in my name should to be made to: “Anatomical Research Fund, OHSU”.

**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)

**(Options for Disposition of Remains Continue on Next Page)**



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(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 the remains as described above. In signing below, I represent myself as the Donor named on this form or as the person with legal authority to make the donation on the Donor's behalf.

\_\_\_\_\_  
 Signature of Donor (or Authorized Representative of Donor) Date

If an Authorized Representative signed above, please provide the following information (please print legibly):

Authorized Representative's Full Name : \_\_\_\_\_

Authorized Representative's Relationship to Donor: \_\_\_\_\_

**SIGNATURES OF WITNESSES**

Two witnesses must sign this form indicating their willingness to abide by the donor's wishes to donate his/her 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.

_____	_____
Witness Signature	Witness Signature
_____	_____
Full Name of Witness to Receive Acknowledgement Letter	Full Name of Second Witness
_____	_____
Witness Relationship to Donor	Witness Relationship to Donor
_____	_____
Street Address	Street Address
_____	_____
City, State, Zip	City, State, Zip

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