



OHSU Body Donation Program

3181 Sam Jackson Park Road L341

Portland, Oregon 97239

(P): 503.494.8302 (F): 503.418.0588

(E): donation@ohsu.edu

How to Donate Your Body to OHSU's Body Donation Program:

About us: OHSU's Body Donation Program was founded in 1976. It is the oldest non-profit whole body donation program in Oregon. We follow all federal and state laws when caring for all donated bodies, including the Oregon Anatomical Gift Act (revised 2007).

Why donate: Physicians, surgeons and medical residents use donated bodies to train for surgeries and to use for research. They are also used to help teach anatomy to medical learners at OHSU and similar teaching institutions in the Pacific Northwest.

Who can donate: The Body Donation Program only accepts donations from people 18 years and older. The program can accept or decline a donation at the time of death. Common reasons for decline are recent unhealed surgeries, autopsy, contagious disease, physical state of the body (extreme trauma, decay), pathology that inhibits adequate preparation procedures, and a low or high body weight. **If a donation is declined at the time of death, the next of kin/authorizing agent needs to make other arrangements for final disposition.** The program is not responsible for any expenses for other arrangements. Our program does not perform autopsies or release formal medical reports or any reports related to medical studies.

How to donate: You can enroll now to our program to donate your body later, when you die. If someone has died and is not enrolled with our program, their legal next of kin (authorizing agent) can enroll them

To donate YOUR body:

1. Fill out **Form 1** and the **Authorization to Use and Disclose Protected Health Information form**. You must be legally be able to make decisions at the time you fill out the form.
2. Sign the form in front of two witnesses, and have them sign
3. Send the form to: OHSU Body Donation, 3181 SW Sam Jackson Park Road L341, Portland, OR 97239, Fax: 503-418-0588, Email: donation@ohsu.edu

To donate SOMEONE ELSE'S body:

1. Fill out **Form 2** and the **Authorization to Use and Disclose Protected Health Information form**. You must be legally be able to make decisions about their body
2. Sign the form in front of two witnesses, and have them sign
3. Provide a copy of the health care directive or other documentation that states you can legally decide what to do with the body
4. Send the form and copy of the health care directive to: OHSU Body Donation, 3181 SW Sam Jackson Park Road L341, Portland, OR 97239, Fax: 503-418-0588, Email: donation@ohsu.edu

Once the program receives the form, we will send you a letter letting you know we received them. You may be able to change or cancel your intent to donate but certain restrictions apply (call 503-494-8302 for details)

What to do at the time of death:

1. Report the death by calling 503-494-8302 and follow voice prompts
2. We will do a verbal medical assessment to see if we can accept the body. We prefer to do this with hospital or caretaker staff
3. If we accept the donation, we will arrange to have the body transferred to us. Call 503-494-8302 to find out transportation fees for counties outside of the Portland Metro region.
4. Our contracted transportation vendor will contact the next of kin a few days after the death to get more information to file the death certificate. If a donor has already pre-arranged with a funeral home, please share our information with them.

Revised June 28, 2023



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Form 1: Enrollment Form for Individual Donating

Donor Information: (Please Print Legibly)

Legal Name: _____ Name in use: _____

Sex Assigned: _____ Pronouns: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Veteran, branch: _____ Please send copy of DD214

Marital Status: Single: ☐ Widowed: ☐ Married: ☐ Name of Spouse: _____

Next of Kin Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Authorizations: (write your initials where you agree) I will authorize OHSU to:

1. _____ Return my remains as soon as studies are done (usually 18+ months but no more than 3 years)
2. _____ Keep my brain and soft tissues for teaching collection
(rest will be cremated and returned if #1 is also selected)
3. _____ Keep my remains for an indefinite period (no remains will be returned)

What to do with my remains: (write your initials next to one option below)

I direct and authorize one of the following to happen to my remains:

1. _____ Do NOT cremate my remains. Release body to: _____ Funeral Home.
(I understand my Next of Kin will need to pay for any expenses)
2. _____ Cremate my remains and deliver to _____ Cemetery for the purpose of inurnment.
(I understand my Next of Kin will need to pay for any expenses)
3. _____ Cremate my remains. Remains will not be returned and OHSU will inter in a shared gravespace for whole body donors in a cemetery of OHSU's choice
(OHSU does not charge for this service)
4. _____ Cremate my remains and return to:

Name: _____ Relationship: _____

Address: _____

* ☐ If this box is not checked, regardless of the selection for disposition of my remains above, I authorize my next of kin, to direct disposition of my remains under applicable law, as he/she/they determines.

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Consent:

- I understand that by completing this Form, I am authorizing OHSU to accept and use my body-or transfer it to a qualified institution- for medical education and research. When I die, my body may be embalmed, dissected, disarticulated or plastinated (preserved forever). Part of these procedures may make a small amount of material unrecoverable or destroyed in its process.
- I understand the program will do certain lab tests, and results may be reported to the Oregon Health Authority as required by law.
- I understand that the Body Donation Program may loan my body to other educational or research institutions for medical education or research purposes. Under the Anatomical Gift Act, when OHSU loans a donated body to an outside institution, they will reimburse OHSU for reasonable costs to remove, process, preserve, quality control, store, transport or cremate the body.
- I understand and authorize OHSU to take pictures or video (and keep the images or recordings) in any format, related to medical education and research studies. I understand that OHSU will take care to protect my identity and dignity, and images and video recordings will be acquired only when necessary to document and demonstrate educational or scientific findings.
- I understand and agree that OHSU or an entity authorized to video record a donated body for medical education may receive compensation as part of an educational program. I understand that any video recordings will not be returned to me and I waive all rights, title, claims or interest I may have to control or approve the use of the video recordings for such purposes. I understand and agree that I will not receive, and will have no rights to, any royalties or other compensation arising from or related to the use of the video recordings.
- I understand and agree that a donated body could be used in making a discovery that could, in the future, be patented or licensed to a company, which could result in a possible financial benefit to that company or OHSU. I understand that there are no plans to pay me if this happens and agree I will not have any property rights or ownership or financial interest in or arising from products or data that may result from the donated body.
- I understand that a donor or next of kin (authorized agent) cannot choose how the body is used or who uses it.
- I understand and agree that OHSU's ability to return cremated remains, may be affected by weather, road conditions, and other things beyond its control. I agree that OHSU or people acting on its behalf will not be responsible for any such delay.
- I understand that OHSU might not accept my body at the time of death. I understand that if this happens my next of kin (authorizing agent) must make other plans for final disposition and pay the cost.
- I agree that a copy of this Enrollment Form is valid as an originally signed Enrollment Form.
- I understand that I can change or cancel my donation at any time prior to death.

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Consent Continued:

- I acknowledge that I am at least 18 years of age and competent to make decisions on my own behalf and that I have signed this Form in the presence of at least two adult witnesses.

Authorized Signature:

I have read (or had read to me) this whole document. I have had the chance to ask questions, and get answers. I fully understand this document. By signing below, I consent to have my body donated and my remains handled as described. In signing below, I represent myself as the Donor named on this form.

Signature of Donor

Date

Signature of Witnesses:

Two witnesses must sign this form so you can donate your body to OHSU. One of the two witnesses **must be** a “disinterested witness.” That means **one of the witnesses CANNOT BE:**

- Your spouse, domestic partner, child, parent, sibling, grandchild, grandparent, extended relative or guardian of the donor; or
- An adult who shows special care and concern for the you; or
- Someone who represents an institution (including a hospital, accredited medical school, dental school, college, university) or organization (including an organ procurement organization, eye bank, tissue bank)

By signing below, I declare that I watched the person listed above, signed this form and they appeared to be of sound mind and not acting under duress (pressure) fraud or undue influence. (Please print clearly)

Witness Signature

Disinterested Witness Signature

Full Name of Witness

Full Name of Witness

Relationship

Relationship

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Form 2: Next of Kin (Authorizing Agent) to Donate a Body to OHSU

Donor Information: (Please Print Clearly)

Legal Name: _____ Name in use: _____

Sex Assigned: _____ Pronouns: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Veteran, branch: _____ Please send copy of DD214

Marital Status: Single: ☐ Widowed: ☐ Married: ☐ Name of Spouse: _____

Next of Kin Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Authorizations: (write your initials where you agree)

I, as the next of kin (authorized agent) authorize OHSU to:

1. _____ Return the remains of the person named above as soon as studies are done
(usually 18+ months but no more than 3 years)
2. _____ Keep the brain and soft tissues of the person named above for teaching collection
(rest to be cremated and returned if #1 is also selected)
3. _____ Keep the remains of the person named above for an indefinite period
(no remains will be returned)

What to do with the remains: (write your initials next to one option)

I direct and authorize one of the following to happen to the remains:

1. _____ Do NOT cremate the remains. Release body to: _____ Funeral Home.
(I understand the Next of Kin will pay for any expenses)
2. _____ Cremate the remains and deliver to _____ Cemetery for the purpose of inurnment.
(I understand the Next of Kin will pay for any expenses)
3. _____ Cremate remains. Remains will not be returned and OHSU will inter in a shared gravespace
for whole body donors in a cemetery of OHSU's choice.
(OHSU does not charge for this service)
4. _____ Cremate the remains and return to:

Name: _____ Relationship: _____

Address: _____

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Consent:

- I am authorized to make this donation on behalf of the person named in Form 2. I can provide the health care directive or other documentation that proves I can legally make the donation.
- I am not aware of any record (signed or not) made by the person named in Form 2, where they refuse to donate their body.
- I understand that by completing this form, I am allowing OHSU to accept and use the body- or transfer it to a qualified institution- for education and research. And when they die, the body may be embalmed, dissected, disarticulated or plastinated (preserved forever) Part of these procedures may make a small amount of material unrecoverable or destroyed in its process.
- I understand and authorize OHSU to take pictures or video (and retain images or video) of the body, in any format, if it is related to medical education and research studies. I understand that OHSU will take care to protect the identity and dignity. Images and video recordings will only be taken when necessary to document and demonstrate the educational or scientific findings.
- I understand and agree that OHSU or an entity authorized to video record a donated body for medical education may receive compensation as part of an educational program. I understand that any video recordings will not be returned to me and I waive all rights, title, claims or interest I may have to control or approve the use of the video recordings for such purposes. I understand and agree that I will not receive, and will have no rights to, any royalties or other compensation arising from or related to the use of the video recordings.
- I understand and agree that a donated body could be used in making a discovery that could, in the future, be patented or licensed to a company, which could result in a possible financial benefit to that company or OHSU. I understand that there are no plans to pay me if this happens and agree I will not have any property rights or ownership or financial interest in or arising from products or data that may result from the donated body.
- I understand that a donor or next of kin (authorized agent) cannot choose how the body is used or who uses it.
- I understand and agree that OHSU's ability to return cremated remains, may be affected by weather, road conditions, and other things beyond its control. I agree that OHSU and people acting on its behalf will not be responsible any such delay.
- I understand that OHSU may not accept the body for donation at the time of death. I understand that if this happens the next of kin (authorizing agent) must make other plans for final disposition of the body and pay for the cost.
- I agree that a copy of this Form is valid as an originally signed Form.
- I understand that I can change or cancel a donation only as allowed by law.
- I am at least 18 years of age. I have signed this Form in the presence of at least two adult witnesses.
- I understand that they will perform certain lab tests on the body and they may need to report the result to the Oregon Health Authority when required by law.

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Consent Continued:

- I understand that the Body Donation Program may loan the donated body to other educational or research institutions for education or research. Under the Anatomical Gift Act, when the OHSU loans the donated body to an institution outside of OHSU, the entity will reimburse OHSU for its reasonable costs to remove, process, preserve, quality control, store, transport or cremate the body.

Authorized Signature:

I have read (or had read to me) this whole document. I have had the chance to ask questions, and get answers. I fully understand this document. By signing below, I consent to the donation and disposition of the remains as described. By signing below, I represent myself as the Next of Kin (Authorizing Agent) named on this form.

Signature of Next of Kin (Authorizing Agent)

Date

Full Name and Relationship

Address

Phone

Signature of Witnesses:

Two witnesses must sign this form to donate to OHSU. One of the two witnesses **must be** a “disinterested witness.” That means **one of the witnesses CANNOT be:**

- A spouse, domestic partner, child, parent, sibling, grandchild, grandparent, extended relative 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)

By signing below, I declare that I watched the person listed above, sign this form. And, they appeared to be of sound mind and not acting under duress (pressure), fraud or undue influence. (Please print clearly).

Witness Signature

Disinterested Witness Signature

Full Name of Witness

Full Name of Witness

Relationship

Relationship

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Frequently Asked Questions:

Are there any reasons why you would not accept my donation?

Yes. The most common, but not all reasons for decline of a donated body are: low or high body weight, extreme trauma, signs of decay, or contagious disease. Death with Dignity does not in itself exclude one from our program. We can only decide if we can accept a body at the time of death. Please make sure family members know this ahead of time.

Can you guarantee that my body will be accepted?

No. We need a medical assessment at the time of death to see if we can accept the body. Please make alternate plans with a funeral home in case we cannot accept the body.

Will my body be used for teaching or research? Will my family receive a report of the findings?

We do not perform autopsies or give reports. Our main mission is to support anatomy education to medical, dental, or other health students. We only support a small amount of research at this time. Anatomy education is one of the main courses for students during their first year of medical school. We also support continuing education for practicing residents, physicians and surgeons so they can learn about new surgeries and devices.

Will my remains be handled properly?

Yes. We treat all donors with the greatest respect. We follow the highest ethical standards, laws and regulations, including the Oregon Anatomical Gifts Act. All students get an orientation before they work with donors. We restrict embalming and storage areas to authorized personnel only.

What happens when the studies or teaching is completed?

Donors are cremated at OHSU unless you have directed otherwise on your form. We return the remains as directed by you or your family.

How long will it be before my family gets my remains?

It can take up to three years.

Can I change my mind?

Yes. The Form is a legal document that you can change or cancel at any time before death. Call or send a letter to our program to remove the form on file.

If my license has "anatomical donor" on it, will that enroll me in this program?

No. A driver's license with anatomical donor only means you can donate tissue or organs. You have to enroll in the Body Donation Program through a separate form to be completed by the donor or donor next of kin.

If I donate my organs first, will my body still be accepted by OHSU's Body Donation Program?

Maybe. We would need to assess the condition of the body after any organ or tissue donation to see if we can still accept the body.

Is there a memorial service for the donors?

Yes. OHSU has a memorial service every year for donors to our program. We let the next of kin know when and where the service is.

What is an indefinite donation?

This is when you let us use your body for education or research outside of the 3 year range. The remains are cremated and placed in a shared gravespace that OHSU chooses.

Do I get money for being a donor?

No. By law, no one can buy or sell tissue or bodies for transplant, research or education.

How do I complete the MR-1470 form?

The majority of the form is partially completed. You will need to authorize your primary care clinic in the first line to release your records to us, enter your name, initial next to HIV/AIDs information, and sign at the bottom.

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Oregon Health & Science University
Hospitals and Clinics
Health Information Services /
Medical Correspondence
3181 SW Sam Jackson Park Rd,
Mail Code: OP17A
Portland, OR 97239-3098
(503) 494-8521, Fax (503) 494-6970

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Page 1 of 1

Patient Identification

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION
ALL SECTIONS OF THIS FORM MUST BE COMPLETED OR THE AUTHORIZATION WILL NOT BE ACCEPTED.

I authorize: _____
(Name of person / entity/ facility disclosing information)

(Address of person / entity)

(City)

(State)

(Zip Code)

to use and disclose an electronic copy of the specific health information described below; unless you check here ☐ for a paper copy. This release is regarding:

(Name of individual)

consisting of: (see back side for definitions) ☐ Physician reports ☐ X-rays (please see the back side of this form for complete instructions) ☐ Labs ☐ ED ☐ Billing

☐ Other, specify identifying features: e.x., face, tattoos, scars

☐ If outpatient practice/clinic records are needed, please specify the practice(s)/clinic(s) (see back side for practice/clinic list) _____

to: OHSU Whole Body Donation Program

(Name of recipient)

3181 SW Sam Jackson Park RD L341

Portland

OR

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(Address of recipient)

(City)

(State)

(Zip Code)

for the purpose of: (Describe each purpose of disclosure) ☐ Continued Care ☐ Legal ☐ Disability
☐ School Entry ☐ Other, specify whole body donation/medical education and research

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed only if I place my **initials** in the applicable space next to the type of information.

_____ HIV/AIDS information

_____ Genetic testing information

_____ Mental health information

_____ Drug/alcohol diagnosis, treatment, or referral information

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign will mean you will not receive health services is if the health services are solely for the purpose of providing health information to someone else, and the authorization is necessary to make that disclosure. Your refusal to sign this authorization does not adversely affect your enrollment in a health plan or eligibility for health benefits, unless the authorized information is necessary to determine if you are eligible to enroll in the health plan.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. Any uses or disclosures already made with your permission cannot be undone.

To revoke this authorization, please send a written statement to Medical Correspondence, Health Information Services, OP17A, OHSU 3181 SW Sam Jackson Park Rd. Portland, OR 97239-3098, and state that you are revoking this authorization

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS information, mental health information, genetic information and drug/alcohol diagnosis, treatment or referral information.

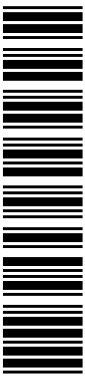
I have read this authorization and I understand it.

This authorization expires one year from the date of signing unless revoked or otherwise specified below:

(enter alternative expiration date or event) five years after death

By: _____ Date: _____
(Signature of individual or personal representative)

Description of personal representative's authority: _____





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ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Continued from page 1

Patient Identification

DEFINITION OF REPORTS:

- Physician reports include Discharge Summary, Discharge instructions, History & Physical exam, any procedures or operations
- X-rays include X-ray reports, Ultra sound, MRI, and special Imaging reports (**If you are requesting for an actual image please make sure to fill out the Authorization Form MR-4775**) The form may be accessed at the following web site: <http://ozone.ohsu.edu/healthsystem/HIS/mr4775.pdf>
- Labs – all laboratory test results
- ED – Emergency Department reports by physician
- Billing – Hospital and / or clinic billing information
- Immunizations – all immunization records
- Other – Specify information not listed

OHSU OUTPATIENT PRACTICES/CLINICS:

Adult Psychiatry
Allergy & Immunology
Anticoagulation
Audiology
Bone & Mineral
Bone Marrow Transplant / Leukemia
Cardiology
Casey Eye Institute
CDRC Eugene
Center for Women's Health
Child and Adolescent Psychiatry
Childhood Development and Rehabilitation (CDRC)
Comprehensive Pain Center
Dermatology
Dermatology Surgery
Diabetes
Digestive Health
Doernbecher Pediatrics - Westside
Employee Health
Endocrinology
Executive Health
Family Medicine at South Waterfront
Gabriel Park
Gastroenterology
General Pediatrics
General Surgery
GI / Hepatology
Health Promotion and Sports Medicine
Hematology / Oncology

Infectious Disease
Intercultural Psychiatry Program
Internal Medicine
Knight Cancer Center/Community Hematology
Oncology
Lipids
Liver Transplant
Marquam Hill Internists
Nephrology & Hypertension
Neurology
Neurosurgery
Oral & Maxillofacial Surgery
Orthopaedics
Otolaryngology
Pediatric Hematology / Oncology
Pediatric Specialties
Perinatal
Plastic Surgery
Pulmonary
Radiation Oncology
Renal Transplant
Rheumatology
Richmond
Riverplace
Scappoose
Sleep Medicine
Surgical Oncology
Urology
Vascular Surgery