

**UNIVERSITY OF MINNESOTA
ANATOMY BEQUEST PROGRAM DONATION FORM**

MISSION:

With the growing emphasis on education in the health sciences, the need for adult human remains for anatomical study has never been more important. The University of Minnesota Medical School Anatomy Bequest Program has been developed to ensure the availability of anatomical donations to aid in education and research. Whole body donations are valuable in helping to identify causes of diseases and health conditions, are instrumental in identifying new treatments and cures, and improving clinical practice and biomedical device design. The Anatomy Bequest Program supports statewide education of undergraduate and graduate level students and citizens.

CONDITIONS:

Under the terms of the Minnesota Darlene Luther Revised Uniform Anatomical Gift Act ("Anatomical Gift Act"), the Anatomy Bequest Program may accept or decline a donation depending upon the needs of the Anatomy Bequest Program and the medical history of the potential donor. Remains are not suitable for whole body donation if they have been mutilated, are decomposed, have certain communicable diseases, or their condition or pathology precludes adequate preparation, storage, or study.

The Anatomy Bequest Program does not perform autopsies and does not release any formal report or findings pertaining to its studies.

PROCEDURE FOR MAKING A DONATION:

Please fill out the following pages of this form, including the consent signature portion in the presence of two witnesses. **The original copy of this form must be on file at the University of Minnesota at the time of death. Upon receipt of the completed original, the Anatomy Bequest Program will provide you with a wallet donor card.**

Send the completed form to:

Anatomy Bequest Program
3-005 Nils Hasselmo Hall
312 Church Street S.E.
Minneapolis, Minnesota 55455

Direct telephone: 612-625-1111 (Phone is answered 24 hours/day)

Direct fax: 612-625-1688

Direct e-mail: Bequest@umn.edu

If the donation is made after an advanced health care directive has been completed, please send a copy of the health care directive along with the completed Anatomy Bequest Donation Form to the above address. A suggested form for a health care directive may be found at Minnesota Statutes section 145C.16: <https://www.revisor.mn.gov/statutes/?id=145C.16>

USE RESTRICTIONS:

The Anatomy Bequest Program functions to ensure the availability of anatomical donations to aid in education and research. Within Minnesota, there are other educational or research institutions which require human anatomy access for their anatomy education programs. As such, a donor's remains may occasionally leave the University of Minnesota system for study. On occasion, an organ or body part may be exceptionally useful for anatomy education or research purposes and may be desirable to preserve and retain it permanently in order to educate more than one group of individuals.

I have checked the statements below that apply to my intended donation.

_____ No restrictions. (If selecting this option, do not check either of the restrictions below)

_____ 1. The University may not retain any structures for permanent preservation

_____ 2. My body may not be used at a location outside of the University of Minnesota system (Crookston, Duluth, Morris, Rochester, and Twin Cities campuses)

FINAL ARRANGEMENT OPTIONS:

Our studies average 18 months in length. In the event that the anatomical studies extend beyond 18 months, the Anatomy Bequest Program will contact the next of kin/authorizing person for extension permission if the first or third options are selected from below. Please select one of the following options:

I have checked the option below that applies to my wishes for my final arrangement.

_____ The University of Minnesota will cremate my remains and return my cremated remains to my next of kin/authorizing person. The expenses of the cremation and the return of the cremated remains to the next of kin/authorizing person will be the responsibility of the University of Minnesota.

_____ The University of Minnesota will cremate my remains and inter my cremated remains in a grave space shared by other University of Minnesota Anatomy Bequest Program whole body donors. The expenses for the cremation and interment of the cremated remains in Lakewood Cemetery will be the responsibility of the University of Minnesota. I understand that information pertaining to the interment date is not released.

_____ The University of Minnesota will release my entire body to a funeral home for interment in a cemetery. All expenses associated with the funeral home and the interment will be the responsibility of my next of kin/authorizing person or estate.

CONSENT:

- In accordance with the Anatomical Gift Act, it is my desire that the University of Minnesota accept and use my body to aid in anatomy education and research, within the restrictions (if any) that I have previously designated. I understand that by consenting to this donation, anatomical preservation and dissection may occur.
- I authorize the University of Minnesota Anatomy Bequest Program to facilitate the final disposition of my remains, at the completion of the anatomical study, in accordance with my previously designated final arrangement option.
- I have been informed of the University of Minnesota Anatomy Bequest Program procedures as described in this document. I understand that the University of Minnesota may not be able to accept my body at the time of death, in which case my next of kin/authorizing person will have to make other arrangements for final disposition at their expense or the expense of my estate.
- I authorize the release of my medical information to the University of Minnesota Anatomy Bequest Program.

_____			_____
Donor Signature			Date
_____			_____
(please print) First	Middle	Last	Gender
_____			_____
Street Address			Social Security Number
_____			_____
City, State, Zip			Date of Birth

**See page 4 for Witness Signatures and
Procedure at the time of death**

WITNESS SIGNATURES:

Two signatures are required to complete this form. Signatures must be obtained from people over 18 years of age, who can verify your competency, your intention of donating your remains to the University of Minnesota for anatomy education and research and your identity.

_____	_____
1) Witness Signature	Date

1) Printed Witness Name	
_____	_____
2) Witness Signature	Date

2) Printed Witness Name	

PROCEDURE AT THE TIME OF DEATH:

The health care institution, physician or the next of kin/authorizing person should notify the Anatomy Bequest Program at **(612) 625-1111 (phone is answered 24 hours/day)**. At that time, the staff of the Anatomy Bequest Program will determine whether the deceased can be accepted for study, and if so, will explain the necessary arrangements regarding the transportation of the deceased to the University. If the deceased is not accepted, the next of kin/authorizing person will be responsible for making alternate final disposition arrangements and all expenses will be the responsibility of the estate.

FUNERAL SERVICES: The Anatomy Bequest Program allows for funeral services to take place prior to whole body donation. When the next of kin/authorizing person chooses to have a funeral service with the body present, they should make the necessary arrangements with the funeral home of their choice. The estate must assume all financial responsibility for such arrangements. The Anatomy Bequest Program asks to be notified of such arrangements at the time of death to ensure the program’s policies and procedures are appropriately communicated. Viewing of the donor’s remains is not allowed at the Anatomy Bequest Program’s facility.

TRANSPLANTABLE ANATOMICAL DONATIONS: The Anatomy Bequest Program supports transplantable anatomical donation and will accept a decedent as a whole body donor when transplantable eye, organ, and/or tissue procurement has been performed, if all other necessary donation qualifications are met. An endorsement of “donor” on a form of picture identification references such transplantable anatomical donations.