

BEQUEST TO THE UNIVERSITY OF MINNESOTA

by Next of Kin/Agent

MISSION:

The University of Minnesota is most grateful for the bequest of the body of your loved one. It is such consideration that makes medical advancements possible. The University of Minnesota Medical School Anatomy Bequest Program has been developed to ensure the availability of human bodies to aid in anatomy education, research, clinical practice and biomedical device design. With the growing emphasis on education in the health sciences, the need for adult human remains for anatomical study has never been more important. Anatomical donations are valuable in helping to identify causes of disease and health conditions and instrumental in identifying new treatments and cures. The Anatomy Bequest Program supports statewide education of undergraduate and graduate level students and citizens.

CONDITIONS:

Under the terms of the Minnesota Uniform Anatomical Gift Act, the University of Minnesota has the right to accept or decline a donation dependent upon the needs of the University of Minnesota and the medical history of the potential donor at the time of death. Remains that have been mutilated, are decomposed, or have a communicable disease are not acceptable for the purposes of anatomical study. In addition, the University of Minnesota reserves the right to decline a bequest if the condition or pathology of the potential donor's remains precludes adequate preparation, storage or study.

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

INSTRUCTIONS AT THE TIME OF DEATH:

The health care institution, physician or the next of kin/executor 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/executor will be responsible for making final disposition arrangements, and all expenses will be the responsibility of the estate. Donation must be consistent with the entire family's needs or wishes and the intentions of the deceased.

NOTE: The Anatomy Bequest Program supports transplantable anatomical donation and will accept a person as a donor when transplantable eye, organ and/or tissue procurement has been performed, if all necessary donation qualifications are met. Previous funeral services are also allowed prior to whole body donation. Please have the funeral director in charge of the funeral service contact the Anatomy Bequest Program for directions immediately following the death.

RESTRICTIONS OVER THE USE OF A BODY FOR ANATOMICAL STUDY:

The Anatomy Bequest Program functions to ensure the availability of bodies for anatomy education, research, clinical practice and biomedical device design. Within Minnesota, there are other institutions of higher learning that require human anatomy access for their anatomy education programs. As such, donor remains occasionally leave the University of Minnesota system for study. On occasion, an organ or body part may be exceptionally useful for teaching purposes and it is desirable to preserve and retain it permanently in order to educate more than one group of students.

I have checked the statements below that apply to the intended donation of

_____ (please fill in donor’s name).

_____ No restrictions (if selecting this option, do not check the options below)

_____ The University may not retain any structures for permanent preservation

_____ Donor’s body may not be used away from a location within the University of Minnesota system (Twin Cities, Duluth, Crookston, Morris)

FINAL DISPOSITION 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/agent 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 the final disposition of

_____ (please fill in donor’s name here).

_____ The University of Minnesota will cremate the remains and return the cremated remains to the next of kin/agent for final disposition of their choice. The expenses of the cremation and the return of the cremated remains to the next of kin/agent will be the responsibility of the University of Minnesota.

_____ The University of Minnesota will cremate the remains and inter the cremated remains in Lakewood Cemetery. The expenses for the cremation and interment of the cremated remains in Lakewood Cemetery will be the responsibility of the University of Minnesota.

_____ The University of Minnesota will return the entire body for burial in a cemetery. All expenses for the burial will be the responsibility of the estate.

CONSENT:

- In accordance with the Minnesota Uniform Anatomical Gift Act, it is my desire that the University of Minnesota accept and use the body of the below stated donor to aid in anatomy education, within the restrictions (if any) that I 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 the below stated donor, at the completion of the anatomical study, in accordance with my above selected final disposition option.
- I have been informed of the University of Minnesota Anatomy Bequest Program procedures as described on pages one and two of this document.
- I authorize the release of medical information for the below stated donor to the University of Minnesota Anatomy Bequest Program.
- I am the next of kin/executor with the highest degree of kinship and I have the right to control final disposition for the below stated donor.

We have read and understand the above information. It is our understanding that

_____ desires(ed) to donate his/her body.

Signature of Next of Kin/Agent

Date

Address

Relationship

1) Witness Signature

Date

2) Witness Signature

Date