UNIVERSITY OF MINNESOTA
ANATOMY BEQUEST PROGRAM DONATION CONSENT

MISSION:

The University of Minnesota Medical School Anatomy Bequest Program ("Program") ensures availability of anatomical donations for undergraduate and graduate medical education, outreach, and research at the University of Minnesota, other similar teaching institutions, and medical and biomedical device research facilities throughout the state. The Program strives to create a network of donors, researchers, educators, students and healthcare providers to meet the challenges of existing health care needs within our community and promote the advancement of medicine for future generations.

CONDITIONS:

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

It is not possible for a donor or next of kin/authorized person to select the use or user of the anatomical donation. The Program cannot guarantee the scientific outcomes of an anatomical donation. The Program does not perform autopsies or release any formal report or findings pertaining to its studies.

PROCEDURE FOR MAKING A DONATION:

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

Send the completed Consent to:

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

Direct telephone: 612-625-1111 (calls 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 Consent 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

FINAL ARRANGEMENT OPTIONS:

Our studies range from 2 months to 18 months in length. If the anatomical studies extend beyond 18 months, the 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.

_____ 1. 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.

_____ 2. The University of Minnesota will cremate my remains and inter my cremated remains in a grave space shared by other 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.

_____ 3. 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.

USE RESTRICTIONS:

External Entities: I give the Program permission to support medical education and research at external degree-granting institutions, surgical training laboratories, research entities, and biomedical device organizations located in the state of Minnesota. I understand that each entity is appropriately screened prior to receiving tissue and the anatomical tissue is returned to the University of Minnesota for final disposition.

____ YES- This option allows the Program staff flexibility to maximize the impact of the donation.

____ NO- This option should be selected if you would prefer to limit the use of your donation exclusively to the University of Minnesota system (Crookston, Duluth, Morris, Rochester, and Twin Cities).

Long Term Retention: I give the Program permission to retain an organ and/or body part(s) for long term medical research, teaching and/or permanent preservation. I understand the rest of my body will be taken care of as described in the Final Arrangement Options above. When the education and research use of my tissue is completed, I give the Program staff permission to cremate my tissue and inter the cremated remains at Lakewood Cemetery.

____ YES- This option allows the Program staff flexibility to maximize the impact of the donation.

____ NO- This option should be selected if you are not comfortable with the Program retaining tissue for long term teaching or research.

CONSENT:

- In accordance with the Anatomical Gift Act, it is my desire that the University of Minnesota accept and use my body to aid medical education and research. I understand that by consenting to this donation, upon my death, my body may be embalmed, dissected and/or disarticulated. I understand that laboratory and diagnostic tests will be performed and test results may be reported to the Minnesota Department of Health if mandated by law.

- I understand that, under the Anatomical Gift Act, if the Program provides the donated body or tissue to an education or research entity outside of the University of Minnesota system, the entity may reimburse the Program for its reasonable costs of removal, processing, preservation, quality control, storage, transportation, or cremation of the body or tissue.

- I authorize the University of Minnesota to acquire and retain images related to specific medical education and research studies utilizing my remains with the understanding that care will be taken to protect my identity and dignity, and images will be acquired only when necessary to document and demonstrate scientific findings.

- I authorize the Program to facilitate the final disposition of my remains at the completion of the anatomical study, in accordance with the Final Arrangement Option I selected on page 2.

- I understand that the Program's performance under this Consent, such as returning cremated remains, may be affected by weather, road conditions, and other things beyond its control, and I will hold the Program and persons acting on its behalf harmless from any claim I may have based on delay or other breach of the Program's performance.

- I understand that the Program may not be able to accept my body at the time of death. In that case, my next of kin/authorizing person will make other arrangements for final disposition at their expense or the expense of my estate.

- A copy of this Consent will be as valid as an originally signed Consent.

- I authorize the release of my medical information to the Program.

- I accept the policies and procedures described in this document.

- I am at least 18 years of age and competent to make decisions on my own behalf. I have signed this Consent in the presence of at least two witnesses who are adults.

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

Social security number*

**Disclosure of your SSN is not mandatory.*
Your SSN will be used for verification and death certificate purposes and will be securely retained.

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

WITNESS SIGNATURES:

Two witness signatures are required to complete this Consent. 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 medical 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 (calls answered 24 hours/day)**. At that time, the staff of the Anatomy Bequest Program will determine whether the deceased can be accepted for study. If the deceased is accepted for study, the Program staff 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 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 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.