



Department of Pathology
and Anatomical Sciences

University of Missouri-Columbia
School of Medicine

M263 Medical Science Building
One Hospital Drive DC055.07
Columbia, MO 65212 USA

PHONE (573) 882-1201
FAX (573) 884-4612
pathology-anatomy.missouri.edu

GIFT OF BODY PROGRAM AGREEMENT BY DONOR

PURPOSE

The donation of one's body historically is an accepted way to contribute meaningfully to essential advances of medical science. Bodies donated to the University of Missouri-Columbia School of Medicine are used for educational purposes in the instruction for students training for the medical, physical therapy, and athletic training professions. Bodies are also used in undergraduate anatomy courses, largely populated by pre-healthcare professions students, and by physicians and researchers who are involved in more specific studies to advance educational and basic science research outcomes in various medical specialties, such as orthopedics, otolaryngology, and plastic surgery.

Any questions concerning the Gift of Body Program ("Program") should be directed to the Gift of Body Program Coordinator, Department of Pathology and Anatomical Sciences, University of Missouri-Columbia School of Medicine, at the above address, or at GOB@missouri.edu, or at 573.882.2288. General information about the Gift of Body Program may be obtained at: <https://medicine.missouri.edu/departments/pathology-and-anatomical-sciences/gift-of-body>.

ENROLLMENT PROCEDURES

The decision to donate your body to the Program is a serious decision, and we strongly encourage you to discuss your decision with your family. The procedure for enrolling in the Program involves completing this Agreement, which includes the Authorization For Donation, Personal Information, Brief Medical History, and Authorization For Disclosure of Health Information, and sending one original, signed copy to the Program Coordinator at the above address. ***It is recommended that a second copy be made for your records, and copies provided to appropriate family members.*** Wallet cards will then be issued to facilitate communication with Program representatives upon your death, and to communicate this information to family and caretakers.

Once you enroll in the Program, the Agreement remains on file in the office of the Department of Pathology and Anatomical Sciences permanently. If you decide to revoke the Agreement, the "Notice of Revocation of Authorization for Donation of Body" must be sent to the Program Coordinator at the above address. Your donation cannot be revoked or overridden by any other person at any time, even after your death.

PROCEDURES UPON DEATH

Upon death, the Program shall provide notification as to where the body is to be transported, either to the Medical Sciences Building at the University of Missouri-Columbia or an alternate location. The cost for transportation and ensuring an appropriate condition of your body until delivered must be paid from your estate or your next of kin. Other costs typically include the following: 1) completion and filing of the Missouri Department of Health Certificate of Death by the appropriate

authority (hospital or funeral home); and 2) timely removal of the body (within 12 hours) by a funeral home and holding it in refrigeration until transportation can be arranged to the Medical Sciences Building or an alternate location as directed by the Program. Length of refrigeration can affect acceptance to our Program (see below) so the funeral home must be promptly advised about the intent for your body to be donated. If your body cannot be accepted into the Program, representatives of the Program will communicate with your family and/or funeral home regarding the lack of acceptance.

CONDITIONS FOR ACCEPTANCE

In general, conditions leading to rejection of a body donation include: (1) body not intact (e.g. autopsy or organ donation with exception of eye donation); (2) presence of a communicable disease (e.g., tuberculosis, AIDS, or hepatitis) or any bacterial infections; (3) exceeds the maximum weight of 200 lbs.; (4) body not processed in a timely manner following death; or (5) any recent surgeries resulting in incisions not completely healed. Occasionally there are times our Program is full; if we are unable to accept a body, it will be the family's responsibility to make other arrangements for the body.

While most bodies donated to the Program are accepted, acceptance cannot be guaranteed. The final acceptance of a donation is dependent on the body being in a condition suitable for use by our Program at the time of donation. Please make family members aware of this as it will alleviate distress if your body is not accepted by the Program. Completion of this Agreement does not constitute a contract with the University of Missouri, but rather is an indication of your desire to contribute your body to the MU School of Medicine.

USE OF DONATED BODIES

A donated body will be used by the Program in a manner to be determined exclusively by the Program, pursuant to the policies and procedures that are in effect at the time of your death or as they may be revised thereafter.

Donors to the Program understand the following:

- The acceptance and exact use of the donor's body will be at the discretion of the Program. Examples of how the body may be used for education or research include, but are not limited to: medical education and training; advanced clinical training skills; forensic sciences (e.g., pathology, engineering, anthropology).
- For the purposes of education or research, the Program reserves the right to permanently preserve and retain certain tissues and organs of the donor, and/or to create photographic, video, or media images of parts of donors in ways that respect the donor's dignity.
- At times, other accredited institutions have need of body donors. In such cases, the donor body may be transferred to another, approved institution at the discretion of the Program.

Typically after 2-3 years, the remains of the donor's body, except for any remains retained by University for educational and research purposes, will be cremated and either interred or returned as stated in the "Authorization for Donation of Body." ***If the person designated in the Authorization to be contacted for the return of the remains fails to claim the remains within 2 years of cremation***

after being notified at the address listed on the Authorization or any updated address, the remains will be interred at the Memorial Park Cemetery. The cost of interment in Memorial Park Cemetery is born by the University. The gravesite at Memorial Park represents the commingled remains of many individuals. Once interred at Memorial Park Cemetery, remains cannot be retrieved. The location of graves is indicated by a large memorial stone. Individual graves are marked with headstones indicating the year of interment. Names of all individuals interred are maintained on a master list, one copy of which is held at the offices of Memorial Park Cemetery.

GIFT OF BODY COMMEMORATION CEREMONY

Donors may be commemorated in a ceremony organized by medical students, faculty, and staff of the University of Missouri-Columbia. Typically, speakers include faculty and physicians, there are videos of student expressions of gratitude for the gifts of bodies, and musical performances. It is a time to pause for reflection of the gifts of bodies for the advancement of medical science at the University of Missouri-Columbia. Information about the Gift of Body Commemoration Ceremony shall be provided to the individual designated to receive the information about the interment.

PRIVACY AND SECURITY OF INFORMATION

Any information that is obtained about the donor is confidential, and its privacy and security are protected from illegal uses and disclosures in accordance with Federal and Missouri laws. Disclosures will only be made as permitted by law and authorized by the donor or legal representative.

AUTHORIZATION FOR DONATION OF BODY

Name (Please Print) _____

Street Address: _____

City, State, Zip Code: _____

I hereby donate my body, following my death, to the Department of Pathology and Anatomical Sciences, University of Medicine–Columbia School of Medicine. I have read and understand all of the information contained in this Agreement.

The remains of my body shall be cremated and:

(Initial applicable statement)

_____ Interred at the Memorial Park Cemetery in Columbia, MO, with information about the interment to be provided to (*name, address, and phone number*):

_____ Returned to (*name, address, and phone number; please consider identifying several individuals in the event the first named individual cannot be located or has died*):

I hereby direct that my body be delivered to the University of Missouri–Columbia to be used for educational and research purposes as set forth in this Agreement.

Signature of Donor

Date

Signature of Witness

Print Name

Relationship to Donor

Date

If the Donor is physically unable to sign this Authorization, another individual may sign this Authorization which shall be witnessed by two adults, at least one of which shall be a disinterested witness. A “disinterested witness” is a person other than the Donor’s spouse, child, parent, sibling, grandparent, grandchild, or guardian. By signing below, you are indicating that the Donor has authorized and directed the making of this anatomical gift.

Signature of Individual Signing at the Direction of Donor

Date

Signature of Disinterested Witness

Date

Signature of Witness

Date

**NOTICE OF REVOCATION OF AUTHORIZATION
FOR DONATION OF BODY**

*I, _____, hereby revoke my Authorization for Donation of
Body, effective immediately.*

Signature of Donor

Date

If the Donor is physically unable to sign this Authorization, another individual may sign this Authorization which shall be witnessed by two adults, at least one of which shall be a disinterested witness. A “disinterested witness” is a person other than the Donor’s spouse, child, parent, sibling, grandparent, grandchild, or guardian. By signing below, you are indicating that the Donor has authorized and directed the revocation of this anatomical gift.

Signature of Individual Signing at the Direction of Donor

Date

Signature of Disinterested Witness

Date

Signature of Witness

Date

PERSONAL INFORMATION

Name: _____

Birthplace (city and state, or foreign country): _____

Date of Birth: _____

Social Security Number: _____

Ever in Armed Forces (yes or no): _____

Marital Status (married, never married, widowed, divorced): _____

Surviving Spouse/Domestic Partner name (if different from married name, provide full original name): _____

Usual Occupation (during most of working life; do not list retired): _____

Kind of Business or Industry: _____

Residence - Street and Number: _____

City, Town, or Location: _____

State and Country: _____

Zip Code: _____

Inside City Limits (yes or no): _____

Years at Present Address: _____

Of Hispanic Origin (yes or no - if yes, specify, Cuban, Mexican, Puerto Rican, etc): _____

Race (American Indian, White, Black, etc): _____

Years of Education - Elementary (secondary 0-12): _____

College and/or post-college (1-5 or 5+): _____

Father's Name: _____

First Middle Last

Mother's Name: _____

First Middle Last

Signature: _____

BRIEF MEDICAL HISTORY

Name: _____

First

Middle

Last

Date this Form was Completed: _____

Gender: _____

Sex Assigned at Birth: _____

Date of Birth: _____

Congenital (Inborn) Abnormalities: _____

Abnormalities Acquired Through Injury or Disease: _____

Major Surgeries and Approximate Dates: _____

Communicable Diseases (examples include hepatitis, HIV, AIDS, pertussis, rabies, tetanus, Methicillin-resistant staphylococcus aureus [MRSA]):

Present State of Health: _____

Additional Information Relating to Physical Condition: _____

Signature: _____

**GIFT OF BODY PROGRAM AUTHORIZATION FOR
DISCLOSURE OF HEALTH INFORMATION**

Donor's Name: _____
Date of Birth: _____
Address: _____
Phone Number: _____

This Authorization is for the Gift of Body Program ("Program") at the University of Missouri-Columbia School of Medicine, Department of Pathology and Anatomical Sciences ("University") to disclose certain information about you if your body is accepted as a gift to the Gift of Body Program. The permissible disclosures may be made to non-University outreach groups for educational purposes only.

The following information about you may be disclosed by University: Name; address; age; occupation; minimal medical information; cause of death.

This Authorization may be revoked by you at any time in writing to University. This Authorization becomes effective upon signing and will expire five (5) years after your death.

Signature of Donor

Date