ANATOMICAL DONATIONS PROGRAM
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
OFFICE OF MEDICAL EDUCATION
3767 MEDICAL SCIENCE II BUILDING
1135 E. CATHERINE ST.
ANN ARBOR, MICHIGAN 48109-0608

Information for funeral directors concerning

Anatomical Donation to the University of Michigan Medical School

We have supplied this brief document to assist you in the process of anatomical donation to the University of Michigan Medical School.

We do not guarantee acceptance until after the death has occurred. All funeral directors must contact our office before transportation.

The forms required are as follows:

1. **Burial Transit Permit**.
   - The Method of Disposition is simply "Donation"
   - The Place of Disposition is "The University of Michigan Medical School"
   - The county is "Washtenaw"
   - Do NOT fill in the cremation section

2. Photocopy of the **Death Certificate**
   - The Method of Disposition is simply "Donation"
   - The Place of Disposition is "The University of Michigan Medical School"

3. **Release by Legal Next of Kin or Court Appointed Executor** form, which must be signed and witnessed by two people.
   - The family must choose to **Permanently Donate** or **Temporarily Donate**.
   - **Temporary Donation** means the ashes will be ready for return or interment within approximately 18 months. Next of Kin should indicate the address for the return of the ashes.
   - **Permanent Donation** gives the University the option to keep the donor indefinitely and removes any time constraints on the use of the body. Following use of the body, the University of Michigan will bury the ashes at the University burial plot. If a family chooses Permanent Donation, they must realize that they will not be able to receive the ashes of their family member.

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Release by Legal Next of Kin or Court Appointed Executor

I (print) ________________________________, being legally responsible for the disposition of the human remains of (print)________________________________, pursuant to the Uniform Anatomical Gifts Law, hereby donate his/her body to the Anatomical Donations Program of the University of Michigan Medical School, to be utilized in any manner that is deemed necessary and appropriate. I also give permission for the release of medical information and history concerning the donated person to the University of Michigan Anatomical Donations Program.

Check only one below

_____ It is my intention to **permanently** donate the above human remains to the University of Michigan. If selected, the attached **Permanent Donation Form** must be completed by legal next of kin.

OR

____ It is my intent to **temporarily** donate the above human remains to the University of Michigan. If selected, choose final disposition of remains below.

It is my intent to donate the above human remains to the University of Michigan.

Upon completion of the utilization of the above donor, the cremated remains will be (check one):

____ Interred at the University of Michigan burial plot.

OR

____ Returned by registered mail to the following address:

Name: ____

Address: ____

____

Phone: ____

Signed: ____ Date: _________________________________

Next of Kin (Printed Name):____

Relationship: _____________________________ Phone: ____

Address: ____

Witness (two signatures required):

Witness One ____ Date: _______________________

Witness Two: ____ Date: ______________________

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PERMANENT ANATOMICAL DONATION RELEASE

TO BE COMPLETED BY THE LEGAL NEXT OF KIN
OR COURT APPOINTED EXECUTOR

Do not complete this form for temporary donations

I (print) ____________________________________, being legally responsible for the disposition of the human remains of (print)____________________________________, pursuant to the Uniform Anatomical Gifts Law, hereby donate his/her body to the Anatomical Donations Program of the University of Michigan Medical School, to be utilized in any manner that is deemed necessary and appropriate. I understand that such use may involve public display of anatomical structures for educational purposes, within or external to the University of Michigan. I also authorize the release of medical information and history concerning the donated person to the University of Michigan Anatomical Donations Program.

I also would like to make it known that the University of Michigan has permission to permanently keep the body of the above said, and I understand that the body or ashes will not be returned. Upon completion of the University's utilization of the above deceased, the cremated remains will be interred at the University of Michigan burial plot.

Signed: ____ Date: ________________________________

Next of Kin (Printed Name):____

Relationship: _____________________________ Phone: ____

Address: ____

Witness (two signatures required):

Witness One ____ Date: _______________________

Witness Two: ____ Date: _______________________

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Medical History From Next of Kin

Name of Donor: ____

Donor medical histories are a very important part of our studies. To aid us in obtaining a complete medical record, please respond to the following questions. Your assistance in informing us of the following facts will significantly help us to advance medical education and research. Thank you.

Please list all primary care providers and institutions from which donor has received medical care (including providers in towns/cities of former residence):

____
____
____
____

Please list all contagious diseases including TB, Hepatitis, MRSA, VRE, HIV, AIDS, etc.

____

Has the donor had any of the following surgeries? (check all that apply)

Joint Replacement ______ Year ___________ Joint(s)_________________
Heart Surgery ______ Year ___________
Spine Surgery ______ Year ___________
Gall Bladder Removed____ Year ___________
Appendix Removed ______ Year ___________
Tonsils Removed ______ Year ___________

If donor has a history of cancer, please list the type of cancer and any treatments the donor received such as radiation, chemotherapy, surgical or palliative care.

____
____
____

For Female Donors:

Hysterectomy ______ Year __________
Cesarean Section ______ Year (s)________

Please list any other surgeries, injuries, or illnesses not listed above (and year):

____
____
____
____(Attach additional sheets if necessary)