

## **INTRODUCTION & INSTRUCTIONS**

*Please keep a copy of this complete packet for your records*

At the University of the Incarnate Word School of Osteopathic Medicine, the Willed Body Program provides anatomical material that is essential for educating students in various health professional programs such as medicine and allied health sciences, as well as some advanced studies in later years of training and residency. Donor bodies may also be used by biomedical scientists in research aimed at the solution of specific health problems or the development of new medical or surgical procedures or devices. In all cases, the Willed Body Program retains control of the body. Our students, faculty, and staff treat each donor with the utmost respect and dignity and are responsible for their treatment in a manner befitting a human body.

### ***WHO MAY DONATE?***

Texas law (Health and Safety Code of the State of Texas, Title 8, Chapters 691-693) allows persons 18 years of age or older and competent to make the decision to donate their bodies for use in the advancement of medical science. Donating your body is not a binding contract between the medical school and the individual donating their body. This donation does not require the consent of relatives. If you are interested in being an anatomical donor, complete the Willed Body Program agreement provided, have it properly witnessed by two other persons of legal age, return it to our office, and keep a completed copy for your records. The form does not need to be notarized. Spouses, relatives, neighbors, etc., may sign as witnesses. Having family members witness the form can avoid misunderstanding among the survivors. It is advisable to discuss your wishes with your loved ones who will be responsible for your intentions after death. Many donors do not make it to our program simply because their loved ones did not know of their intentions.

### ***REGISTRATION OF THE FORM WILLING YOUR BODY***

If you wish to will your body to The University of the Incarnate Word School of Osteopathic Medicine under the foregoing conditions, complete the Willed Body Program agreement and fax, email, or mail it to the Willed Body Program address at the top of this page. After your donation agreement form is entered into our records, you will be mailed a registered copy designating The University of the Incarnate Word School of Osteopathic Medicine as the recipient of your body, along with a wallet card that identifies you as a body donor. A copy of the donation form and instructions should be kept with your personal papers, but do not place it in a safe deposit box in a bank vault. It is important to use these forms and follow this procedure, since a bank box may not be opened, or your formal Last Will and Testament may not be read until it is too late to comply with your intentions to have your body used for medical purposes. Other copies of the form may be provided to inform the person who is likely to manage your affairs at the time of your death that you wish your body to be used in medical science. Also notify your family, attorney, doctor, and friends of your bequest. It may be helpful to provide a copy of the donation agreement to the funeral home of your choice. **A donor may cancel their bequest in writing at any time.**

### ***ARRANGEMENTS FOR DELIVERY OF YOUR BODY TO THE UNIVERSITY***

Bodies for medical studies must be specially embalmed as soon after death as reasonably possible; if embalming is not begun within six to ten hours of death, the body may not be acceptable. At the time of death, family members or medical staff should contact the Willed Body Program, **(210) 283-6414, 24/7**, immediately after a doctor, nurse, or Justice of the Peace has made a pronouncement of death. In case of difficulty in reaching the department office phone, please call our contracted mortuary service at **(210) 924-4137**. The Willed Body Program can help make transportation arrangements. If the family prefers to make private transportation arrangements with a funeral home, the Willed Body Program should be informed at the time of death and then called by the funeral home when the body is ready to be released.; in this case, it may be helpful to provide a copy of the Willed Body Program forms and these instructions to the chosen funeral home.

If a funeral is desired, it must be coordinated with the Willed Body Program, our office notified at the time of death and all services must adhere to a strict timetable. The funeral home handling the services must comply with our strict embalming protocol. Failure to do so may affect the eligibility of the donation. All funeral services must be conducted before the University takes possession of the remains. The Willed Body Program should be called soon after the service, to arrange for transporting of the body.

### ***FINAL DISPOSITION OF REMAINS***

After the study of the body is completed, the remains will be cremated. It is not unusual for the length of study to require three (3) to five (5) years, but it may be shorter. We will neither promise nor agree to a time span for the length of our studies. Available cremated remains will **NOT** be returned to the family. ALL cremated remains will be INTERRED at a site designated by the University of the Incarnate Word School of Osteopathic Medicine at no cost to the family. Each year a Service of Remembrance and Gratitude will be held for those individuals and their families who have donated their physical beings or their loved ones to medical education. If family members or friends would like to attend the Memorial Services, please provide a valid email address to receive an invitation when your loved one is included in the service.

### ***COST***

The University of the Incarnate Word will pay nominal fees for the mortician's basic services in preparation and transportation of your body from the place of death to the University when death occurs within 100 miles of San Antonio. Additional mileage costs will be the responsibility of the family. These rates are set by and paid to our local contracted mortuary service. **The Willed Body Program will not accept charges for funeral home services, memorial/funeral services, counseling, etc., or for transportation of bodies beyond 100 miles from San Antonio.** If the death occurs closer to another University Medical School, families are referred there to minimize cost, but cannot guarantee success in this effort. The families may have to complete that institution's donation forms. We do not accept body donations from other states or out of the country. If you move out of this institution's radius, your donation agreement to this University should be canceled in writing, and a substitute arrangement made with an approved institution closer to your new home.

### ***EXCLUSIONS***

Human bodies are an essential benefit and are used mainly in medical training and education of physicians and health professional students and for some minor medical research and procedures. The usefulness of a body is greatly diminished if all parts are not intact. Therefore, bodies with parts removed at the time of death for transplant purposes or during an autopsy will not be accepted to the Willed Body Program. A Willed Body Program donor cannot be an organ donor. Exceptions to this general rule are that the corneas (but not the whole eyes) may be donated to an eye bank (through a separate willing or donation process).

The Willed Body Program cannot guarantee acceptance of a willed body. A body will not be acceptable if any of the following conditions are present:

1. Removal of organs (**organ donors are not accepted, except those donating corneas only**) that have been removed at or following the time of death for transplantation or in an autopsy.
2. Unclaimed bodies.
3. Decomposition of the body prior to embalming.
4. Severe trauma, such as death from drowning, burning, homicide, suicide, or motor vehicle accident.
5. Open wounds, recent major surgery, or ulceration of the body.
6. Contagious diseases, especially viral, such as virulent herpes, hepatitis, tuberculosis, HIV/AIDS, MRSA, and other drug-resistant infectious diseases, as well as dementias from Creutzfeldt-Jacob.
7. Excessive obesity, fluid retention weight (edema), emaciation, or body contractures.
8. No one over 6.5ft. tall.
9. No amputations.
10. Ruptured aneurysm.
11. Malignancy that has spread to involve multiple adjacent organs, especially within the abdominal region.

If a body is rendered unfit for use in anatomical studies for these or other reasons, the survivors will need to make other arrangements for the final disposition of the body. In addition, there is not a guarantee that a body will be acceptable at the time of death. The Willed Body Program reserves the right to refuse any donation which is, in the opinion of the Director, unfit for its use.



WILLED BODY PROGRAM
AFTER DEATH AGREEMENT

Mail, Email or Fax the original completed forms to:

Willed Body Program • 7615 Kennedy Hill • San Antonio, Texas 78235

Email: willedbodyprogram@uiwtx.edu or Fax to: (210) 283-6414

KEEP A COPY OF THIS FORM AND THE INSTRUCTIONS YOUR RECORD

If you have questions about the program or need assistance completing these forms, please call (210) 283-6414

To Whom It May Concern:

I, \_\_\_\_\_, Legal Next of Kin, Executor, or other person authorized by statute of, (Please Print Name)

(Mr./ Mrs./ Ms./ Miss) FIRST MIDDLE LAST (the "Donor") Male Female (EXECUTOR REQUIRES LEGAL DOCUMENTS)

do hereby give and grant the body of said deceased to the Anatomical Board of the State of Texas through its member institution, THE UNIVERSITY OF THE INCARNATE WORD SCHOOL OF OSTEOPATHIC MEDICINE, for the purpose of advancement of medical and research education as provided by the Anatomical Board of the State of Texas.

As the person donating the body of the above-referenced Donor, I acknowledge and understand as follows:

In accordance with Section 692A.009 of the Texas Health and Safety Code, I understand that donation of the Donor's body may be made by the following classes of persons who are reasonably available, in the order of priority listed: 1) an agent of the Donor at the time of death who could have made an anatomical gift under Section 692A.004(2) immediately before the Donor's death; 2) the Donor's surviving spouse; 3) the Donor's adult children; 4) the Donor's parents; 5) the Donor's adult siblings; 6) the Donor's adult grandchildren; 7) the Donor's grandparents; 8) an adult who exhibited special care and concern for the Donor; 9) the person(s) who was acting as the Donor's guardian (e.g. a person appointed by a court of competent jurisdiction to make decisions regarding the support, care, education, health, or welfare of the donor) at the time of death; 10) the hospital administrator; or 11) any other person having the authority to dispose of the Donor's body.

As of the date of my signature below, I am not aware of any person who is reasonably available who has a higher priority than I do with respect to deciding whether to donate the Donor's body. If I am the Donor's agent, adult child, parent, adult sibling, adult grandchild, grandparent, or person who was acting as the donor's guardian at the time of death, I am not aware that any other member of my class objects to the donation of Donor's body to the University of the Incarnate Word School of Osteopathic Medicine to be used for education and research. I direct that neither the Anatomical Board of the State of Texas nor the University of the Incarnate Word or its School of Osteopathic Medicine shall incur any liability related to the donation of this body.

Furthermore, I understand and acknowledge the institution receiving the body agrees to pay only standard fees for embalming and transportation according to rates approved by the UIWSOM Willed Body Program and cremation is the final disposition of the remains of the donated body.

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MONTH / DAY / YEAR

Deceased AKA: \_\_\_\_\_

Residential Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Next of Kin or Executor: \_\_\_\_\_  
(Please Print Name) Relationship Phone Number

Email Address City State Zip

**SIGNATURE:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Next-of-Kin or Executor

**TWO WITNESSES REQUIRED**

Signature of witness Date Address Email

Name (please print) Age City State Zip Phone #

Signature of witness Date Address Email

Name (please print) Age City State Zip Phone #

I understand that determination of actual acceptance for donation cannot be determined until the actual time of death and that a representative of University of the Incarnate Word Willled Body Program reserves the right to refuse the donation if the body does not meet our criteria.

*Please have alternative contingency plans made to cover this possibility.*

Due to the nature and variability of uses for scientific education and research, cremated remains or any by-products, of the cremation process, will **NOT** be returned. ALL cremated remains will be \* **INTERRED** \* at a site designated by the University of the Incarnate Word School of Osteopathic Medicine at no cost to the family.

Complaints or inquiries regarding a donated body should be directed to the secretary-treasurer of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered and is listed in the Texas State Telephone Directory.



**WILLED BODY PROGRAM VITAL STATISTICS INFORMATION**

(Please Print in Black or Blue Ink or Type All Applicable Information and Return with Will Body Program Packet)

1. LEGAL NAME OF DECEASED (First, Middle, Last) (Include AKA's if any)		(Maiden)	2. DATE OF DEATH (Actual or Presumed)	
3. SEX	4. DATE OF BIRTH	5. AGE (Years)	6. BIRTHPLACE (City & State or Foreign Country)	
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE (If wife, give name prior to FIRST marriage)	
	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never <input type="checkbox"/> Unknown			
10a. RESIDENCE STREET ADDRESS		10b. APT NO.	10c. CITY OR TOWN	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. FATHER'S NAME		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
13. PLACE OF DEATH (Check only one)				
DEATH OCCURED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		DEATH OCCURED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
14. COUNTY OF DEATH	15. CITY/TOWN (If outside city limits, give precinct no.)		16. FACILITY NAME (If not institution, give street address)	
17. LEGAL NEXT OF KIN or INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF Next of Kin or INFORMANT (Street and Number, City, State, Zip Code)		
43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)				
<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> AA, AS <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PhD <input type="checkbox"/> MD				
44. DECEDENT OF HISPANIC ORIGIN		45. DECEDENT'S RACE		46. EVER IN U.S. ARMED FORCES?
<input type="checkbox"/> No, not Spanish, Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino  (Specify) _____		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native  _____ (Name of the enrolled principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  Branch of Military:  _____
47. EVER A PEACE OFFICER IN THIS STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		48. OCCUPATION (List last applicable occupation. (Do not list "Retired")		49. TYPE OF BUSINESS OR INDUSTRY (Do not list "Employer's Name")

By signing below, I agree that all information listed above is true and accurate. I have also verified that spellings and dates are correct. I understand that the state of Texas charges a fee of \$15 for the amendment to correct the death certificate. There will also be additional fees if I need to re-purchase corrected death certificates from the State. I understand that I will be responsible for paying these fees if any errors needing to be corrected are a result of inaccurate information, misspellings, or incorrect dates on this document. I also understand that any such corrections could take up to six months to be corrected at the State Bureau of Vital Records in Austin.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date