Dear Donor,

The Anatomical Donation Program at Lincoln Memorial University-DeBusk College of Osteopathic Medicine deeply appreciates your interest in bequest.

The LMU-DCOM Anatomical Donation Program is a “Whole Body” gift program instituted for the study of human anatomy. This program will provide body bequeathal information to anyone who is of sound mind, eighteen years of age or older and desires to give his or her body to the LMU-DCOM Anatomical Donation Program.

Our goal here at LMU-DCOM is to provide the best education possible for our future physicians. Your unselfish gift will help establish a solid educational foundation for our students of medicine. The education provided by you, to our students, will endure far beyond the scope of this program. Your gift will also give future physicians the ability to help others and teach others as they go out and pursue their own careers. Dignity and respect are ALWAYS our highest priority next to the quality of education your gift provides.

This packet contains all the forms required for joining our Pre-registered donor’s list; acceptance guidelines, information for donors and information for next-of-kin are also provided. Always feel free to contact our program with any questions you may have.

Respectfully Yours,

Stan Iliff
Program Director
Dept. of Anatomy
LMU-DCOM deeply appreciates your interest of bequeath to our Anatomical Donation Program. Your unselfish gift will provide a great foundation for training our future health care professionals. Your gift will always be held in the highest regards and treated with respect by LMU-DCOM.

**FAQ’s about the program**

- **What is the mission of this donation program?**
  
  Our goal at LMU-DCOM is to provide the best education possible for our future physicians, academic and health care professionals. Your unselfish gift will help establish a solid educational foundation for our students. The education provided by you, to our students, will endure far beyond the scope of this program. Your gift will also give future physicians the ability to help others and teach others as they go out and pursue their own careers. Dignity and respect are ALWAYS our highest priority next to the quality of education your gift provides.

- **Will I or my family receive any payment for my donation to the program?**
  
  No, it is unlawful for exchange of money for anatomical donations.

- **Are there age limits to be a donor?**
  
  You must be 18 years or older and of sound mind. There is no upper age limit.

- **How far away can I be when I die and still donate my body to LMU/DCOM?**
  
  The servicing limits for LMU-DCOM are within 150 miles of Harrogate, TN.

- **How much will the donation cost me or my family?**
  
  All expenses are paid by the University, for transportation (within our service limit) at the time of death to final disposition. However, the university will not be financially responsible for any arrangements made outside the guidelines of the program (e.g. memorial service).

- **Who should I tell about my wishes to be a donor?**
  
  A copy of your donor form should be given to the next-of-kin or executor in order to insure that your wishes are carried out. Also, informing a close family member of your wishes and who to contact in the event of death is advised.

- **Are there any factors that would disqualify me from donating my remains to the University Medical School even though I am on the Pre-registered donor list?**
  
  Yes, there are certain factors that would disqualify someone from a donation;
  
  - Autopsied
  - Extreme obesity
  - Mutilation of remains (car accident, etc...)
  - Advanced decomposition
  - Missing limbs or major organs.
  - Infectious disease such as, but not limited to: HIV/AIDS, Hepatitis and MRSA
  - Facility at capacity
  - Any condition of the body that may deem it unacceptable for medical study. For example, loss of limbs or major surgery just prior to death

- **If I am an organ donor can I still be admitted to the Anatomical Donation Program?**
  
  No, the remains are deemed unacceptable for anatomical study after organ donation. However, we do encourage you to consider organ donation first. Eye donation does not disqualify someone from this program.

- **If my wishes are to donate my body to the LMU/DCOM Anatomical donation program but after death my family objects to my pre-registered wishes to donate, will you still accept the donation?**
  
  No, we will not challenge the wishes of your family, therefore, the donation will not be accepted by our program.

- **Can my family contact the school about any medical findings?**
  
  No, we do not perform autopsies nor can we disclose information about findings during or after the course of study. The mission of this program is to give our students of medicine a hands on learning experience in the study of human anatomy.
If I become a donor, how long will you keep my body?
Studies may be conducted for up to two years

Can I withdraw from the program at any time?
Yes, simply contact the Anatomical Donation Program by mail or phone if you wish to be withdrawn from the Pre-registered donor list at any time. No questions will be asked.

Can I have my cremated remains returned to my family?
Yes, upon completion of the study the remains will be cremated. At that time the next—of-kin or executor (or designated representative of the donor) will be contacted regarding their desire for final disposition. If there is no desire by the family to have the cremains returned to them or attempts to contact families or representatives of the donor is not successful at the end of the 90-day period following cremation; the cremated remains will be properly interred according to the policies of the LMU/DCOM Anatomical Donation Program.

Can I be recognized by name for my contribution?
Yes, a donor has the choice of either being memorialized by name for their contribution to the medical school or one may choose to remain anonymous (see attached anonymity form).

Will my family be able to visit the University Memorial Garden to donors?
Yes, in fact a memorial service is conducted every year on campus by the first year medical students to honor donors. Families of donors are always welcome to attend. Families will be notified in advance as to times and dates of the memorial service.

If I die and I am not a registered donor, can my family donate my remains to the medical school?
Yes, the next-of-kin or executor to the estate may sign a family member up in the program. However, all surviving family members must be in agreement to the donation. If there are any objections among family members the medical school will not accept the donation.

If I have further questions, may I contact the school regarding my concerns?
Absolutely, contact information is included in this packet.

In the event of a denial by the University, alternative final arrangements should be discussed by the donor and/or the family.

<table>
<thead>
<tr>
<th>Bequeathal Information</th>
</tr>
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<tbody>
<tr>
<td>If I am a donor, what should my family do in the event of my death?</td>
</tr>
<tr>
<td><strong>At home</strong></td>
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<tr>
<td><strong>At hospital or care facility</strong></td>
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<tr>
<td><strong>Outside servicing limits</strong></td>
</tr>
<tr>
<td><strong>Transport</strong></td>
</tr>
<tr>
<td><strong>Time of study</strong></td>
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<tr>
<td><strong>Completed Studies</strong></td>
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</tbody>
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Instructions for completing forms

(Form 1) Anatomical Donor Form: Signature requirements for joining the program.
Part A: Donor information and signature. In the event the donor has not signed up for the program prior to death, the next-of-kin or executor may fill in the appropriate information.
Part B: To be filled out by two adult witnesses. One of whom must be a disinterested witness. A disinterested witness is someone other than a close family who did not exhibit special care and concern for the donor.
Part C: To be filled out by the Next-of-Kin or Executor.

(Form 2) Statistical Information Form: Required for the completion of the Death Certificate.
* Very important that this information is filled out as correctly as possible*

(Form 3) Special Usage Form (optional choice). Please declare your intent
Anonymity: Gives the donor the choice to be recognized or not be recognized by name for their gift to the University Medical School.

Change of statistical Information: To be used for letting LMU/DCOM Anatomy Department know of any changes in your personal information.

Once the donor forms are completed please mail to:
LMU-DCOM
Anatomy Dept. / Anatomical Donation Program
6965 Cumberland Gap Parkway
Harrogate, TN 37752

After we have received the completed donor forms we will mail back to you:
- Two photocopies of the completed donor forms; One copy for the donor’s records and one copy for the Next-of-Kin or Executor to keep in the event of the donor’s death.
- Donor wallet card with contact information.

Contact Information:
LMU-DCOM
Anatomy Department / Anatomical Donation Program
6965 Cumberland Gap Parkway
Harrogate, TN 37752

Phone: 423.869.6745 or 865.585.7428
After Hours/Weekends: 865.585.7428 or 423.869.6911
Fax: 423-869-6006
Lincoln Memorial University - DeBusk College of Osteopathic Medicine

*-ANATOMICAL DONOR FORM-*

Being of sound mind and legal age it is my desire to bequeath my remains, if acceptable at the time of my death, to Lincoln Memorial University-DeBusk College of Osteopathic Medicine for the advancement of medical education.

If this donor form or a copy thereof is found on my person or among my effects at the time of my death, I authorize and request any person attending or present at such time to request the attending physician or the physician certifying my death to notify the appropriate institution for transport of my unembalmed body to LMU-DCOM. No autopsy should be performed. If death occurs within the servicing limits set forth of 150 miles, I understand that LMU-DCOM will bear all costs of transportation from the place of death to the medical school.

I direct my next-of-kin, executor, or agency entitled to my body after death to cooperate with Lincoln Memorial University/DeBusk College of Osteopathic Medicine to carry out my wishes in this donation as indicated on this form. Having read this donor form in full and understanding its content, I hereby sign it in the presence of two (2) undersigned witnesses.

A. DONOR INFORMATION or *NEXT-OF-KIN or EXECUTOR (see below)

*In the event death occurs prior to enrollment in the Anatomical Donation Program the Next-of-Kin or Executor may enroll the deceased by filling out and signing the Donor information below (part A) along with the (2) witness signatures part B. If the Next-of-Kin or Executor is the agent of the deceased, the address and phone number of the signee are to be filled in.

Printed Legal Name of Donor

Legal Signature of; Donor or *Next-of-Kin or Executor (if the donor is deceased)

Date

Street Address    City    State    Zip Code

Phone: Donor or *Next-of-Kin or Executor (if the donor is deceased)

*Agent of the deceased; is the mailing Address of the deceased same as above? □ Yes    □ No

If no, please fill in the address of deceased below.

Street Address    City    State    Zip Code

B. ADULT WITNESSES' ATTESTATION

Signed in our presence and we hereby subscribe our names as witnesses:

(1) ____________________________    ____________________________

Printed Name of First Witness    Legal Signature of First Witness

Street Address    City    State    Zip Code

(2) ____________________________    ____________________________

Printed Name of Second Witness    Legal Signature of Second Witness

Street Address    City    State    Zip Code

C. NEXT-of-KIN or EXECUTOR

Printed Name

Legal Signature

Street Address    City    State    Zip Code

Phone

Relationship:

INSTRUCTIONS AT TIME OF DEATH

1) Physician should be contacted at the time of death. No autopsy or embalming should be done.

2) Notify the University within 48 hours to arrange transportation of my body to the medical school (Phone: 423-869-6745 or 865-585-7428, after hours and weekends call 865-585-7428 or 423-869-6911).
Donor Information:
Legal Name: ________________________________

(First)   (Middle)   (Last)

☐ Female       ☐ Male

Address: ________________________________

Street Address    City    State    Zip Code

▲ Is the address above within the city limits?  ☐ Yes  ☐ No

Social Security Number: ________________________________

Date of Birth (Month, Day, Year): ________________________________

Birthplace (City and State or Foreign Country): ________________________________

Race: ________________________________  Hispanic Origin?  ☐ Yes  ☐ No

U.S. Armed Forces:  ☐ Yes  ☐ No

Branch of Service:  ☐ US AIR FORCE  ☐ US ARMY  ☐ US COAST GUARD

☐ US MARINE CORPS  ☐ US NAVY

Marital Status:  ☐ Married  ☐ Married but separated  ☐ Widowed

☐ Divorced  ☐ Never Married  ☐ Unknown

Spouse (if wife, give name prior to first marriage): ________________________________

Usual Occupation (Type of work done during most of your life): ________________________________

Kind of Business/Industry: ________________________________

Education:  Elementary/Secondary (0-12): ________________________________

College (1-4 or 5+): ________________________________

Parents:

Father’s Name: ________________________________

(First)   (Middle)   (Last)

Mother’s Name: ________________________________

(First)   (Middle)   (Maiden)
Programs offered in addition to **Whole Body Donation** at Lincoln Memorial University-DeBusk College of Osteopathic Medicine:

(a) **Special use of specific organs and body parts:**
Organs and body parts can be used for long term study by medical students. By allowing the University to keep organs and parts it creates a wonderful educational tool for students of medicine. The handling of these parts will be done in the same manner as Whole Body Donation, with respect and by the laws governing this institution. Once the parts are removed, final disposition will be handled according to the donors wishes.

Please circle your desire for this program:

Yes

No

(b) **Multi-year use of the entire body:**
This would allow the University to use the *whole body* for a longer period over the set forth time of two years here at Lincoln Memorial University-DeBusk College of Osteopathic Medicine.

Please circle your desire for this program:

Yes

No

(c) **Multi-year use of the entire body at another institution:**
This would allow Lincoln Memorial University-DeBusk College of Osteopathic Medicine to send the entire body to another institution (Medical School) which does not have a donor program of its own.

Please circle your desire for this program:

Yes

No

(d) **Permission for anatomically relevant photography to be utilized in teaching, publication in research journals and other research related efforts:**
Your generosity will extend to our medical students yet another very important resource in broadening their education about health, disease, life and death. Under no circumstances are identifying structures or features of the individual revealed that will in any way compromise the anonymity of the individual. This policy is strictly enforced.

Please circle your desire for this privilege.

Yes, I give LMU-DCOM the right to utilize photography as a teaching and research tool

No, I do not give LMU-DCOM the right to utilize photography as a teaching and research tool

______________________________
Print Name

______________________________
Signature       Date
Respect, dignity and anonymity are high priority within our Anatomical Donation Program here at LMU-DCOM. Each year the University will hold a memorial service honoring those donors that we completed our studies on in the preceding year. The donor decides whether or not to remain anonymous for their contribution to our program. If one chooses to be recognized for their contribution a plaque bearing the name of the donor will be placed within the University’s memorial garden. If one chooses not to be individually recognized for their contribution the donor will still be honored but will remain anonymous.

Please check your choice whether to be recognized by name or to remain anonymous for your contribution to the program.

☐ I choose to be recognized by name for my contribution to the Anatomical Donation Program at LMU-DCOM.

If you choose to have your name on a plaque please print clearly below exactly how you would like your name to be recognized.

______________________________

☐ I do not choose to be recognized by name for my contribution to the Anatomical Donation Program at LMU-DCOM.

Please sign below verifying your wishes.

Signature______________________________