



Body Donation Program
1000 Oakland Drive
Kalamazoo, MI 49008-8074
Tel 844.366.9633
Fax 844.366.9633
bodydonation@med.wmich.edu

NEXT-OF-KIN DONATION FORM

Pursuant to the Revised Uniform Anatomical Gift Law, I (we) donate the decedent's body as an unrestricted anatomical gift to Western Michigan University Homer Stryker M.D. School of Medicine to be used in the advancement of medical science, teaching, and study.

I (We) understand there is the potential the donated body may not be accepted by the medical school. This decision is based upon an evaluation for infections that may be transmissible after death, the height and weight of the body, whether an autopsy was performed, and postmortem changes. To aid in this determination, I (we) authorize healthcare providers to release decedent's health information to the Body Donation Program. If the medical school determines the body is not suitable for donation, the next-of-kin are responsible for arranging with a funeral director for either burial or cremation.

DONOR'S LEGAL NAME AND INFORMATION				
First Name		Middle Name		Last Name
Address			City	State Zip
County		Phone		Social Security Number
Sex	Race (Asian, Black, White, etc.)	Ancestry (African, Mexican, Dutch etc.)		Hispanic Origin? (Yes or No)
Date of Birth	Birthplace (City and State)		Name at Birth/Other Names Used	
Education (Highest degree or level of school)		Veteran? (Yes or No)	If yes, when?	
Marital Status (Married, Never Married, Widowed, Divorced)		Surviving Spouse's Name (If wife, give maiden name)		Number of Children
Usual (Life-Long) Occupation	Type of Business/Industry		Childhood Socioeconomic Status (Low, Lower Middle, Middle, Upper Middle, Upper)	
Father's Name (First Middle Last)			Mother's Maiden Name (First Middle Last)	
Height on Driver's License		Weight on Driver's License		Recent Weight Loss? (Yes or No)
Shoe Size	Blood Type		Hair Color (Natural)	Handedness (Right or Left)

DONOR DENTAL HISTORY

Check all that apply: Extensive dental work Lower Dentures Upper Dentures Partial Plate Braces	Dental or Jaw Injury Bridge Gum Disease Dental Disease	Most/All Teeth Few Teeth Missing Many Teeth Missing All Teeth Missing
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DONOR MEDICAL HISTORY

Surgeries (Yes or No)	If yes, please list type of surgery and year performed.
Fractures (Yes or No)	If yes, please list bone fractured and year.
Head Injury/Concussion (Yes or No)	If yes, please list type of injury and year.
Cancer (Yes or No)	If yes, please list type, year of diagnosis, treatment, and length of illness.
Smoker (Yes or No)	If yes, please list years.
Diabetes (Yes or No)	If yes, please list type and year of diagnosis.
Substance Abuse (Yes or No)	If yes, please list type of substance abuse and years.
Other Medical History	

Female Donors:	# of Children Given Birth to:	Hysterectomy (Yes or No; Year)	Cesarean (Yes or No; Year)
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DONOR HABITUAL ACTIVITIES

Please list habitual activities (i.e. jogging, sports activities, repetitive motions, life-long occupation activities, hobbies, etc.)

NEXT-OF-KIN AUTHORIZING DONATION

Length of Body Donation 4 years 6 years Forever	Disposition of Remains Returned to next-of-kin Buried at WMed memorial Remains retained in WMed Skeletal Collection		
Education and Research (Please check all that apply) I (We) authorize WMed to retain organ(s) or tissue samples indefinitely for education and/or research. I (We) authorize WMed to use the donor for forensic injury research and education.			
Donor Use by Other Institutions (Please check one) I (We) authorize the donor to be of service to WMed or another institution/corporation in need. I (We) authorize the donor to be of service to only WMed students, residents, faculty and practitioners.			
Next of Kin 1: First Name	Last Name	Relationship to Donor	
Address	City	State	Zip
Phone		Email or Alternate Phone	
Signature			Date
Next of Kin 2 (if applicable): First Name	Last Name	Relationship to Donor	
Address	City	State	Zip
Phone		Email or Alternate Phone	
Signature			Date
Witness 1 Name (printed)	Witness 1 Signature	Date	
Witness 2 Name (printed)	Witness 2 Signature	Date	

Upon the death of a donor, immediately call **1.844.366.9633**.
 The potential donor will be evaluated and arrangements made
 for transport, if indicated.

For Office Use Only

Verified by: _____ Date: _____

Please print, sign form, and distribute one copy to each: Donee (WMed) | Donor | Physician/Attorney/Relative or Friend

Selected provisions of the Revised Michigan Anatomical Gift Law, Public Act 368 of 1978, amended as Public Act 39 of 2008, are provided below. The full statute may be downloaded at <http://med.wmich.edu/giving/body-donation>.

PLEASE NOTE: Although the information in this guide is about legal issues, it is not intended as legal advice or as a substitute for the advice of your own counsel. While a reasonable effort has been made to compile complete and accurate information in this guide, WMU Homer Stryker M.D. School of Medicine does not assume any liability resulting from any errors or omissions.

Article 10 Part 101 Excerpts from Act No. 368 Public Acts of 1978

Sec. 10102. (1) An individual of sound mind and 18 years of age or more may give all or any physical part of the individual's body for any purpose specified in section 10103, the gift to take effect upon death.

Sec. 10103. The following persons may become donees of gifts of bodies or physical parts thereof for the purposes stated:

- (b) Any accredited medical or dental school, college or university for education, Research, advancement of medical or dental science, therapy, or transplantation.

Sec. 10104. (1) A gift of all or a physical part of the body under section 10102 (1) may be made by will. The gift becomes effective upon the death of the testator without waiting for probate. If the will is not probated, or if it is declared invalid for testamentary purposes, the gift, to the extent that it has been acted upon in good faith, is nevertheless valid and effective.

Sec. 10106. If the gift is made by the donor to a specified donee, the will, card or other document, or an executed copy thereof, may be delivered to the donee to expedite the appropriate procedures immediately after death. Delivery is not necessary to the validity of the gift. The will, card or other document, or an executed copy thereof, may be deposited in any hospital, bank, or storage facility or registry office that accepts it for safekeeping or for facilitation of procedures after death. On request of any interested party upon or after the donor's death, the person in possession shall produce the document for examination.

Sec. 10107. (1) If the will, card or other document or executed copy thereof, has been delivered to a specified donee, the donor may amend or revoke the gift by any of the following methods:

- (a) The execution and delivery to the donee of a signed statement.
- (b) An oral statement made in the presence of 2 persons and communicated to the donee.
- (c) A statement during a terminal illness or injury addressed to an attending Physician and communicated to the donee.
- (d) A signed card or document found on his person or in his effects.

(2) Any document of gift which has not been delivered to the donee may be revoked by the donor in the manner set out in subsection (1), or by destruction, cancellation or mutilation of the document and all executed copies thereof.

(3) Any gift made by a will may also be amended or revoked in the manner provided for amendment or revocation of wills, or as provided in subsection (1).

Sec. 10108. (1) The donee may accept or reject the gift. If the donee accepts a gift of the entire body, the surviving spouse, next of kin or other persons having authority to direct and arrange for the funeral and burial or other disposition of the body may, subject to the terms of the gift, authorize embalming and the use of the body in a funeral service. If the gift is a part of the body, the donee, upon death of the donor and prior to embalming, shall cause the part to be removed without unnecessary mutilation. After removal of the part, custody of the remainder of the body vests in the surviving spouse, next of kin or such other persons having authority to direct and arrange for the funeral and burial or other disposition of the remainder of the body.