

Thank you so much for inquiring into our Willed Body Program. Your desire to further medical education by donating to medical science is admirable.

Attached are 7 pages for you to review and complete. The information is straight forward. **You need only to return pages three (3), five (5), six (6), seven (7) and eight (8) after you have made copies for yourself.**

Should you have any questions, please feel free to contact us at 817-735-2043. Our office hours are from 8:00 a.m. to 5:00 p.m., Monday through Friday.

Sincerely,

Robin Belcher
Director, Anatomical Services

3500 Camp Bowie Blvd.
Fort Worth, TX 76107

**INFORMATION AND INSTRUCTIONS FOR INDIVIDUALS
WISHING TO WILL THEIR BODIES TO THE
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH**

The Texas laws allow a person of legal age to will his/her body for the advancement of medical science by signing a statement to that effect. The document requires the donor's signature and the signatures of two witnesses of legal age. No administrator, executor or formal Will is necessary.

The University of North Texas Health Science Center at Fort Worth is one of the member schools designated by the Anatomical Board of the State of Texas to receive willed bodies.

Enclosed are the forms to be completed. One copy of the Willed Body form should be signed and dated in the presence of the two witnesses that also sign the documents. Please include your full name (no initials) and if applicable, include your maiden name. While you are not legally required to inform your relatives of your donation, we urge you to do so to prevent any misunderstandings in the future.

One copy of the Willed Body Form and the Information for Death Certificate Form should be sent to:

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH
Department of Integrative Physiology & Anatomy
3500 Camp Bowie Boulevard
Fort Worth, Texas 76107
Telephone (817) 735-2047 or (817) 735-2043 FAX (817) 735-2126
(If no answer after business hours and holidays, please call (817) 735-2210)**

Retain the other copy of the Willed Body form for the purpose of informing either: family, friends, attorney, physician, minister or other authorized persons.

Upon receiving the completed Willed Body Form, the University will return to the donor a wallet-sized card as acknowledgment. The donor should sign this card upon its receipt and carry it upon his/her person at all times.

When death occurs, the hospital or nursing staff in charge of the body, or the family should notify the University of North Texas Health Science Center at Fort Worth, by calling the Department of Physiology & Anatomy, at (817) 735-2047 (M-F, 8 am to 5 pm) or the Campus Police Department at (817) 735-2210 (after hours and holidays). Upon receiving notification, the University will make the necessary arrangements for receipt of the body. The following conditions and arrangements are to be met:

- 1. The institution receiving the body will bear the expenses for preparation of the body including embalming.**
- 2. The institution will bear the transportation cost within Tarrant County. If the deceased is located beyond Tarrant County, transportation costs will be borne by the estate of the deceased. The body must be transported by the mortician service designated by the institution.**
- 3. The policy of the receiving institution does not allow it to receive willed bodies that have been autopsied, a body that has tuberculosis, syphilis, AIDS, chronic infection, or any other communicable disease as determined by a physician.**
- 4. The institution must be notified within 6 hours of death or the institution will be unable to accept the donation.**
- 5. The policy of the receiving institution is to cremate all bodies before final disposition. The receiving institution (UNTHSC) will charge a cremation fee of \$225.**



DONATION OF BODY TO MEDICAL SCIENCE / Individual

DATE: _____

TO WHOM IT MAY CONCERN

BE IT KNOWN THAT I, _____

now residing at _____

Being of sound mind, do hereby will and bequeath, at my death, my body to the Anatomical Board of the State of Texas for the purpose of advancement of medical science and education.

It is my desire that my body be assigned to University of North Texas Health Science Center at Fort Worth. However, to assure that maximum benefit is derived from this contribution, I authorize the Anatomical Board to transfer my body to other teaching or research institutions within the State of Texas. If the institution designated above does not have need of my body. Moreover, I authorize the Anatomical Board of the State of Texas to transport the willed/donated body herein described out of the State of Texas in the event that the holding institution and the Executive Secretary of the Anatomical Board of the State of Texas have determined that an excess of bodies currently exists in the State of Texas.

I understand that I cannot be guaranteed that my body will be acceptable at the time of death, and in that event, my survivors will need to make other arrangements for the final disposition of my body. I understand that if I have a contagious disease, AIDS, tuberculosis, syphilis or other communicable disease, my body is damaged by violence at death, an autopsy has been performed, or if I commit suicide, my body will not be acceptable to the Willed Body Program. If my body is acceptable, I authorize release of pertinent radiographs and information from my medical records to officials at the institution named above for the purpose of enhancement of the use of my body in medical education and research. **I fully understand and agree that the scientific research, and educational use of my body may involve an extended period of time to complete; usually, but not necessarily limited to TWO or MORE YEARS in DURATION.**

I hereby instruct those who will arrange for disposition of my body to notify the above institution at the following address and phone number so that appropriate arrangements can be made at the time of my death.

UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH

Department of Integrative Physiology & Anatomy

3500 Camp Bowie Boulevard

Fort Worth, TX 76107

Telephone: 817-735-2047 FAX: 817-735-2126

(If no answer after business hours & holidays, please call 817-735-2210)

CREMATION AGREEMENT

In compliance with Texas Administrative Code §479.4, UNTHSCFW will agree to return or final disposition of the available cremated human remains of an individual person ONLY under the conditions presented in this agreement.

When a body is donated to science in the state of Texas, it reaches its permanent and final legal destination when it arrives at the institution to which it is donated. In this case, the institution is The University of North Texas Health Science Center, Fort Worth (UNTHSCFW). The relevant statute is contained in the Health and Safety Codes of The State of Texas, §691. A body that is donated to science at UNTHSCFW may be used in health education, research or both. In the process of education and/or research, parts of the body may be completely destroyed, or they may be kept for teaching purposes. These parts will **NOT** be available for cremation.

Cremation is a non-reversible process in which human remains are burned in a gas flame at a temperature of about 1800oF. At this temperature, all soft parts of the body vaporize and only burned bone remains. The pieces of burned bone are removed and processed to resemble ash or sand. These processed cremated human remains become the “ashes” which can then be returned if requested.

If the cremated remains are **NOT** to be returned to the legal next of kin or a designated individual, UNTHSCFW will attend to final disposition of the remains.

Before the remains of an individual human are further processed, the cremator is cleaned thoroughly before cremation. The available remains of only one human body is cremated at a time. After the cremation, the machine is thoroughly cleaned and the cremated remains are processed for return or internment.

In order to provide the cremation services associated with the return or internment of available cremated human remains of an individual, a fee of \$225.00 is charged.

Your signature indicates you have read and understand the conditions that UNTHSCFW places upon agreeing to return the available cremated remains of a human donor to whom you designate. It also indicates that you, or your designated next-of-kin or Power of Attorney, will hold harmless the university and its employees in this process.

I understand that the receiving institution does not have the facility for family viewing and is obligated to pay only standard fees for embalming and transportation of my body, within Tarrant County from the institution. If my death should occur beyond Tarrant County, my estate will be obligated to pay the difference. Transportation of my body must be by the mortician service designated by the institution; otherwise, my estate will be obligated to pay the transportation expense. The final disposition of my body will be cremation, and a fee of \$225.00 is due for the cremation, at the time of my death.

It is my understanding that final disposition of my body shall be cremation, and State law does not make the return of remains an institutional requirement.

_____ **I DO NOT WISH** to have my cremains returned. (Sign or Initial one of the following options:

_____ **Option 1: UNTHSC burial crypt at an area cemetery**

_____ **Option 2: Veterans can be placed at The DFW National Cemetery**

_____ **Option 3: Cremated remains can be scattered/or entombed at sea. Ask for details about making independent arrangements with a designated burial at sea company.**

_____ **I WISH** to have my cremains returned to:

Name: _____ Telephone: _____

Address: _____

Relationship: _____ Email Address: _____

I hereby relinquish all rights and claims regarding my body, by any person whatsoever, and direct that in accepting and using this body for scientific purposes, and disposing of my body, neither the Anatomical Board of the State of Texas nor the receiving institution shall incur any liability, and no claim shall arise against that institution in any manner. I understand that complaints or inquiries regarding a willed or donated body should be directed to the Executive Secretary 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.

WITNESS my hand this _____ day of _____, A.D., 20_____.

Date of Birth: _____ Signed: _____
Printed Name: _____

Social Security Number: _____ Address: _____

Signature and addresses of **two (2) witnesses**, preferably anticipated survivors:

I, the undersigned witness, hereby certify that I am over 18 years of age on this date and that I have witnessed the signature of the Donor above.

WITNESS 1:

Signature

Relationship

City and State

WITNESS 2:

Signature

Relationship

City and State

**CREMATION AGREEMENT
FINAL DISPOSITION OF REMAINS**

I understand, along with my next-of-kin or power of attorney, these conditions and that I have the option of all of my available cremated remains to be returned or remain in the custody of the UNTHSCFW Department of Integrative Physiology & Anatomy for final disposition.

I understand that in fulfilling the purpose of donating a body to science that parts of the body may have been completely destroyed or they may have been kept for teaching purposes.

I will hold harmless The University of North Texas Health Science Center at Fort Worth and employees of The University of North Texas Health Science Center at Fort Worth in this process.

Signed: _____

Date: _____

INFORMATION FOR DEATH CERTIFICATE

PLEASE PRINT

Donor's Full Name (**no initials, please**):

Last	First	Middle	Maiden
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Social Security Number: _____ **Sex:** Male Female

Race: _____ **If of Spanish origin, please specify Mexican, Cuban, etc:** _____

Citizen of What Country: _____ **Date of Birth:** Month _____ Day _____ Year _____

Birthplace: City _____ State _____ or Foreign Country _____

Current Address: _____

Inside City Limits? Yes No **County of Residence:** _____ **Telephone#** _____

Education indicate number of years completed:
High School (0-12) _____ **College (1-4)** _____ **Postgraduate** _____

Your usual occupation (indicate type of work done during most of your working life (do not use "retired"**)):**
_____ **Type of Business/Industry** _____

Have you ever served in the U.S. Armed Forces? Yes No **Branch of Service:** _____

Serial Number of discharge papers or adjusted service certificate/Service number: _____

Marital Status / Please Check One: Never Married Married Widowed Divorced

Spouse's Full Name: _____

Last	First	Middle	Maiden
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Father's Full Name: (Even if Deceased)

Last	First	Middle
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Mother's Full Name: (Even if Deceased and please include MAIDEN Name)

Last	First	Middle	Maiden
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Person Designated to Represent Your Affairs After Death: **Telephone#** _____

Name _____ **Relationship** _____

Address: _____

Street	City	State	Zip Code
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(10/05/2010)

Fort Worth Eye Bank 1010 West Rosedale Street Fort Worth, Texas 76104 (817) 927-2020 Office (817) 927-2024 Fax TISSUE AUTHORIZATION FORM	Donor Name: _____ ME/PA #: _____ Donor #: _____
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I, _____ (donor)

Born on _____ (donor's DOB) and who resides at:

_____ (donor's street address)

_____ (donor's city state, zip code)

Hereby donate the following tissues in accordance with the Texas Anatomical Gift Act:

- Eyes (cornea and sclera) _____
 Corneas only _____
 Bone & Soft Tissue _____
 Other _____

I am aware of no contrary indication for the donation of these tissues or any opposition by those members of my immediate family who will be considered survivors after my death.

I understand that these tissues may be used for any lawful purpose including transplantation, training, therapy, or research. I also understand that any of the tissues may be used by Fort Worth Eye Bank, or may, without further consent or notice, be recovered by another institution for transplantation, training, therapy, or research.

I consent to any appropriate testing regarding the suitability of donor tissues for donation. I also give permission for the release of any protected health information pertinent to the evaluation or follow-up of the donated tissues.

I understand that I will incur no expense for the retrieval of donated tissues. I also understand that I will receive no compensation for any donated tissues.

Furthermore, I understand that neither Fort Worth Eye Bank or the Willed Body Program at the University of North Texas Health Science Center at Fort Worth is affiliated, but give consent for the removal of whole eyes or corneas (as determined above) for transplantation, training, therapy, or research purposes in association with this Whole Body Donation.

 Printed Name of Donor

 Donor Telephone Number

 Signature of Donor

 Date / Time

 Witness Signature
 (10/05/2010)

 Date / Time