ANATOMICAL DONOR PROGRAM
UNIVERSITY OF NEW ENGLAND
COLLEGE OF OSTEOPATHIC MEDICINE
11 Hills Beach Rd
BIDDEFORD, ME 04005
(207) 602-2202

INSTRUCTIONS AND INFORMATION

PURPOSE OF THE DONATION PROGRAM

The Anatomical Donor Program at the University of New England College of Osteopathic Medicine (UNECOM), provides anatomical material that is essential for the pursuit of new medical knowledge. Most of the donors are used for teaching anatomy to medical students, resident physicians, and students in other health professions such as physical therapy, occupational therapy, physician assistants, athletic training and nurse anesthesia. Other donors are used for biomedical research and advanced training of physicians and surgeons. In addition to providing anatomical material to educational programs at the University of New England, the Anatomical Donor Program also provides material to other universities and colleges in the New England area that have medical and allied health programs, including Northeastern University, Boston University, and Husson College.

RESPECT AND GRATITUDE

Family may derive comfort from knowing that the respect and dignity for those who have donated is maintained at all times. The generous contribution that participants in the Anatomical Donor Program have made is fully recognized and appreciated. The anatomy facilities are restricted areas and only medical students, health profession students, physicians, faculty and staff are authorized to access the laboratories. Confidentiality and anonymity of the donors is a high priority and is maintained at all times.

HOW TO COMPLETE FORMS

Enclosed are copies of the following 6 forms:

- Anatomical Donor Form (make 4 copies)
- Supplemental Information Form
- Special Use Form
- Disposition Form
- Medical Records Release Form
- Authorization to Release Health Care Information form

The Anatomical Donor Form requires that you obtain three (3) additional signatures: signatures of two (2) witnesses and the signature of your next-of-kin/executor. Witnesses can be family members or friends who are at least 18 years of age. Following completion of all forms with the necessary signatures, please submit the **ONE COPY** of the **Anatomical Donor Form,** the **Supplemental Information Form**, **Special Use Form**, **Disposition Form, Authorization to Release Health Care Information form,** and **Medical Records Release Form** to the address at the top of this page.

It is your responsibility to give the other 3 copies of the Anatomical Donor Form to the following individuals: ONE COPY is for you the donor to keep for records; ONE COPY is for the witness and/or executor; and ONE COPY is for your physician

Upon receipt of completed forms, your application will be reviewed. If you meet the criteria of the Program, you will be accepted into the Program and will receive a Donor Wallet Card. **NO ONE is considered accepted into the Anatomical Donor Program UNTIL they have received the donor wallet card from us**. The wallet card identifies you as a participant in the Program and contains relevant phone numbers. It is very important that you inform family, close friends, clergy, your physician and attorney, of your wishes to donate to the program. Be sure they are familiar with the

program and the information contained in this instruction sheet; particularly the information in the sections **When Death Occurs** and **Disposition Form**.

Upon entering a hospital, request that a copy of your Anatomical Donation Form or a copy of your Donor Wallet Card be attached to your medical chart. Should you have any questions regarding the enclosed forms or the Anatomical Donor Program, please do not hesitate to call the Anatomical Donor Program at the University of New England (207-602-2202).

Your Donor form will remain on file until your death. There is NO NEED to renew your card. Please update changes of address with our office. If you wish to cancel the donation in the future, please contact us in writing and we will remove your file from our records. We will NOT take a cancellation request over the phone.

EXCLUSIONS

Under the terms of the Uniform Anatomical Gift Act of 1969, the Anatomical Donor Program at the University of New England has the right to accept or to reject a body dependent upon the acceptability of the body for the purposes intended. Examples of body rejection would include but not be limited to:

- Bodies that have been autopsied or mutilated
- Decomposition of bodies prior to embalming or bodies previously embalmed
- Bodies that have had organs or parts removed for donation (other than eye donation)
- Bodies missing limbs and/or major organs (arm, lung, spleen, etc.)
- Delivery of remains 48 hours or more after death
- Contagious disease including but not limited to:
  - hepatitis, herpes, tuberculosis, methicillin-resistant Staphylococcus aureus (MSRA), autoimmune deficiency syndromes (HIV), dementias such as Creutzfeldt-Jacob type
- Obesity, emaciation, body contractures, or bodies deemed too heavy
- Bodies in conditions not acceptable for the purposes of anatomical study
- Dispute of donation by family members

In addition, due to increased enrollment, we must reserve the right to decline the body donation if our facility is full. There is no way we can predict such a situation, and we mention this to you now so you and your family can make alternative plans if the need arises.

DISPOSITION FORM

Normally, our studies take from one to four years. After our studies are completed, all bodies are individually cremated **WITHOUT EXCEPTION**. The cremated remains will then either be returned to the family or buried in the University Cemetery, in accordance with the donor's selection at the time of enrollment. Please be sure to complete the **Special Usage** and **Disposition Forms** enclosed within this packet.

There is no charge for the cremation and burying of the cremated remains at the University Cemetery. However, if at a later date the family wishes to have the buried cremated remains returned, the family will be responsible for all costs associated with exhumation.

There is no charge for the cremation and return of the cremated remains to family. However, the families are then responsible of all costs of burying or scattering of ashes. Remains are returned in a container provided by the crematorium. Urns are **NOT** provided. Prior to mailing of the cremated remains, the designated next-of-kin, or executor, will be notified by a letter from the Anatomical Donor Program indicating that the remains are ready to be mailed. All cremated remains will be sent to the designated next-of-kin, executor, or specified funeral home by registered mail with the United States Postal Office. Please be sure to specify if the remains are to be returned directly to family member/executor or to a local funeral home on the **Disposition Form**. Cremated remains **CANNOT** be picked up at the University of New England.

MEDICAL RECORDS RELEASE FORM
For educational purposes it is beneficial for the students and faculty to have detailed knowledge of the donor's medical history. This information will give students a better understanding of the donor's anatomy and any surgeries that the donor underwent. The **Medical Release Form** allows the Anatomical Donor Program to obtain copies of your medical records and images (e.g. X-rays, MRI's) following your death. Be assured that all medical information received will remain confidential and will only be used for educational, research, and scientific purposes. Please understand that our educational/research activities do not include doing an autopsy or determining cause of death. No such reports are ever generated by our educational/research activities.

WHEN DEATH OCCURS
At the time of death, the family should immediately notify the donor's physician and Hope Memorial Chapel, which works with the Anatomical Donor Program, to arrange immediate pick-up and transport of the **unembalmed** donor. The Hope Memorial Chapel 24-hour phone number is **207-282-6300**.

HOW TO OBTAIN A DEATH CERTIFICATE
Certified copies of the Death Certificate can be acquired from the clerk's office in the town or city of death. Certificates are not normally available until five to eight working days after the date of death. The Anatomical Donor Program does not provide death certificates.

IMPORTANT INFORMATION ABOUT RESIDING OUTSIDE OF MAINE
Many registered donors periodically travel to other parts of the United States to visit family and friends, or live part of the year elsewhere. If you do, we strongly suggest that you join a body donation program in the area of travel to provide coverage while away. IF DEATH OCCURS OUTSIDE THE STATE OF MAINE, medical personnel or your family are to contact the nearest medical school or Anatomy Board to make the donation in that State. We will not make arrangements for your body to come back to Maine. If you relocate your residence outside of the State of Maine, please notify the Anatomical Donor Program **immediately** in writing so that we may withdraw you from our program and assist with your enrollment in a program in your new state of residence. For assistance with finding a local body donation program outside the state of Maine please contact the Anatomical Donor Program at the University of New England (207-602-2202) or the Living Bank in Houston, Texas at 800-528-2971.

MEMORIAL SERVICE
Each Fall the Anatomical Donor Program conducts a non-denominational memorial service for those donors who have been cremated that year. The donor's next-of-kin will be notified the year that the study of their loved one has been completed and the scheduling of the next memorial service.

PLEASE SAVE THIS INFORMATIONAL SHEET FOR FUTURE REFERENCE

Do not hesitate to contact the University of New England Anatomical Donor Program if you have any questions

207-602-2202

ANATOMICAL DONOR FORM

University of New England
College of Osteopathic Medicine

Being of sound mind and legal age (at least 18 years of age pursuant to 22 M.R.S.A. §2902), in my desire to further the advancement of medical training and research, I hereby bequeath my body to the Anatomical Donor Program at the University of New England College of Osteopathic Medicine, if acceptable at the time of my death, for the purpose of medical education and research.

If this donor form or a copy thereof is found on my person or among my effects at the time of 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 Hope Memorial Chapel, Biddeford, Maine (207-282-6300), for transport of my **unembalmed** body to the Anatomical Donor Program at the University of New England. **No autopsy is to be performed, unless required by law. If my body is not embalmed or autopsied and is otherwise acceptable for the purposes intended,** I understand that the Anatomical Donor Program will bear all costs of transportation from the place of death to the University of New England.

I direct my next-of-kin, executor, or agency legally entitled to my body after death to cooperate with the Anatomical Donor Program at the University of New England to carry out my wishes in this donation as indicated in my application forms submitted to the program. Having read this donor form and all accompanying application materials and understanding their content, I hereby sign it in the presence of two (2) undersigned witnesses:

_____ _____
Printed Name of Donor Social Security Number Date of Birth

_____
Legal Signature of Donor Date Phone Number

_____
Mailing Address City State Zip Code

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 Date

_____
Mailing Address City State Zip Code

2) _____ _____
Printed Name of Second Witness Legal Signature of Second Witness Date

_____
Mailing Address City State Zip Code

NEXT-OF-KIN OR EXECUTOR

_____ _____
Printed Name Legal Signature

_____
Mailing Address City State Zip Code

_____ _____
Relationship to Donor Phone Number

INSTRUCTIONS AT TIME OF DEATH

1. Physician should be contacted at time of death. No autopsy or embalming can be done.
2. Notify Hope Memorial Chapel (207-282-6300) to arrange for transport of donor to the Anatomical Donor Program at the University of New England College of Osteopathic Medicine.

White Copy – Donor Program; Yellow Copy – Donor; Pink Copy – Witness/Executor; Blue Copy – Primary Care Physician

SUPPLEMENTAL INFORMATION FORM
Anatomical Donor Program

Please provide the following information. If an item is not known, please write UNKNOWN.

This information will assist the Anatomical Donor Program in completing paperwork required by the State of Maine for the Department of Human Services and Veterans Administration. It will also provide information that might benefit the study of the anatomical material.

Be assured that information released to the Anatomical Donor Program will be kept in the strictest confidence and used for the purposes mentioned above.

Name:_____ Sex:_____

Address:_____
Street City County State Zip code

Date of Birth:_____ Place of Birth:_____
(mm/dd/yyyy) (City,State)

Citizenship:_____ Education:_____
(Elementary/Secondary, College)

Ancestry:_____ Race:_____
(French, English, Spanish, etc.) (white, black, American Indian, etc.)

Height:_____ Weight:_____
(feet, inches) (pounds)

Veteran:___ Military Branch _____ Dates in service:_____
(Y or N)

Marital Status (circle one): married never married widowed divorced

Please give name of most recent spouse:_____
(maiden name of wife or husband's name) Please fill in even if deceased or divorced

Smoker:_____ Number of Years:_____
(Y or N)

Donor's occupation (be specific: teacher, nurse, lathe operator, mechanic, etc.)

_____
(if retired, indicate occupation prior to retirement)

Place of Occupation (be specific: elementary school, hospital, factory, etc.)

_____

Donor's Social Security Number:_____

Father's Full Name:_____
(even if deceased)

Mother's Full **Maiden** Name:_____
(even if deceased)

Please notify us of any changes to donor information

DISPOSITION FORM

The Anatomical Donor Program will contact the recipient (next-of-kin/executor and/or designated funeral home) at the time the cremated remains are available. In the event the Anatomical Donor Program is unable to locate the recipient, after notification by mail, I understand that the Anatomical Donor Program will hold the cremated remains for at least ninety (90) days and I authorize that in the absence of any other instructions, that the cremated remains be buried at the University Cemetery

Please check ONE of the following 3 options:

1. ☐ I wish to have my cremated remains returned to my next-of-kin/executor

I authorize the University of New England College of Osteopathic Medicine Anatomical Donor Program to return the cremated remains to the individual whose signature appears below. The cremated remains will be sent via United States Postal Service Registered Mail

2. ☐ I wish my cremated remains returned to my local funeral home.

I understand that the next-of-kin/executor or a member of family will be responsible for any charges by the funeral home for this service

.

_____

Name of Recipient of Cremated Remains

_____

Address

_____

City, State, Zip Phone Number

_____

Printed Name of Donor Signature of Donor Date

_____

Printed Name of Next-of-kin/executor Signature of Next-of-kin/executor Date

3. ☐ I wish to have my cremated remains buried at the University of New England Cemetery

SPECIAL USAGE FORM

There are three special usages and preparations of donor organs and structures that can be of great educational benefit to the Anatomical Donor Program: **(1)** Utilization of specific organs or structures from a donor for several years by UNECOM. In these cases, the anatomical material would be kept indefinitely and disposed of according to Anatomical Donor Program policy. The remainder of the donated body would be cremated and returned to your next-of-kin or your local funeral home or buried at the University Cemetery, as designated by you. **(2)** It is often of great educational and research value for the UNECOM to utilize the donor for longer than the typical 1-4 years for special projects. Following completion of these special projects, the donor will be cremated and returned or buried at the University Cemetery. **(3)** The promotion of medical education by other authorized schools in Maine including the University of Maine System, Colby College, Bates College and Bowdoin College or any recognized medical school in New England, including nursing training and premedical education. Such schools needing bodies for lectures and demonstrations shall first be supplied, and from time to time an authorized physician or surgeon. In this case, we transport the donors to and from the requesting institution, physician or surgeon and the remains are handled by us in the usual manner (e.g., cremated and returned or buried at the University Cemetery). Please indicate below your desire to participate in any of these areas of the donor program and sign the form.

If you have questions regarding these options, please do not hesitate to call us at 207-602-2202.

Please circle your desired choice(s):

1. **YES NO** **Special use of specific organs or structures by UNECOM**
In addition to UNECOM's use of donor for the typical 1-4 years, this allows indefinite use of certain organs or structures for educational/research purposes/activities at UNECOM.

2. **YES NO** **Use of donor body by UNECOM for longer than the typical 1-4 years**.
This allows the use of the donor for long-term teaching and research purposes/activities at UNECOM, beyond the typical 1-4 years.

3. **YES NO** **Use of donor body at another institution**
This allows the donor to be distributed and delivered to an authorized school and from time to time to a physician or surgeon.

_____
Print name

_____ _____
Signature Date

Authorization to Release Health Care Information

(22 M.R.S.A. § 1711-C(3) and 45 CFR §164.508(c) (HIPAA))
This authorization complies with both the Maine Statutes and HIPAA requirements.

Anatomical Donor Program

Please complete this form only if you are willing to release your medical records at time of death to the Anatomical Donor Program.

I, ____ have donated my body to the University of New England, College of Osteopathic Medicine, Anatomical Donor Program, for educational, research, and scientific purposes.

In order to increase the educational, research, and scientific value of my donation following my death, I authorize and request any health care facility in which I was a patient at any time within two (2) years prior to my death, and any physician who at any time attended me within two (2) years prior to my death to furnish to any representative of the University of New England Anatomical Donor Program, any and all records concerning my case history, treatment and examination which I may have received. I release any such physician or health care facility from any and all responsibility or liability that may arise from this authorization.

Specific Authorization

By circling I DO this means that if this information is documented in your medical record you DO have my authorization to include a copy of it in response to the request for medical records. By circling I DO NOT this means if the information is documented in the records, you do NOT have authorization to release the records.

1. I (DO) (DO NOT) (N/A) authorize release of information which refers to treatment of diagnosis of mental health.
2. I (DO) (DO NOT) (N/A) waive my right to review reports regarding psychiatric illness before they are released.
3. I (DO) (DO NOT) (N/A) authorize release of all records of any other health care provider in the possession of the above named provider.
4. I (DO) (DO NOT) (N/A) authorize release of information which refers to treatment or diagnosis of substance (drug or alcohol) abuse. Such information may not be re-disclosed by the recipient without my specific consent.

* *

I UNDERSTAND:

I may revoke all or part of this authorization at any time by executing a written revocation and delivering it to the practitioner or facility holding this authorization, subject to the rights of any person who relied on the authorization before he or she received my revocation. This revocation will be signed and dated by me and will state that all or part of this authorization is revoked.

I am entitled to authorize disclosure of health care information, and if I refuse or if I revoke the authorization, I understand that such refusal or revocation may result in a lack of information for the Anatomical Donor Program. I understand that treatment or my participation in the Anatomical Donor Program will not be denied if I refuse to sign this authorization.

This authorization shall be effective until revoked by me or another as provided in 22 M.R.S.A. § 1711-C(5) or for 30 months from the date signed, whichever comes first. I understand that such revocation may be the basis for denial of health benefits or other insurance coverage or benefits.

A photocopy of this authorization may be used in lieu of the original. Subsequent disclosures by you and other disclosures by other health care providers may be made under this authorization.

(Form continues on reverse)

_____ _____

Signature Date

_____

Mailing Address

_____ _____

City, State, Zip Phone

_____ _____

Date of Birth Social Security Number

_____

Name of Primary Care Physician

_____

Mailing Address City, State, Zip

_____

Telephone #

All medical information will remain confidential and used only for educational, research, and scientific activities.

Authorization to Release Health Care Information

(22 M.R.S.A. § 1711-C(3) and 45 CFR §164.508(c) (HIPAA))

This authorization complies with both the Maine Statutes and HIPAA requirements.

Anatomical Donor Program

I, _____, have donated my body to the University of New England, College of Osteopathic Medicine ("UNE"), Anatomical Donor Program, for educational, research, and scientific purposes.

By signature below, I understand that and authorize UNE to share my demographic information, such as my name, my date of birth, and my social security number to Hope Memorial Chapel, which Hope Memorial Chapel will use to fulfill its legal obligations with respect to the disposition of my body and the execution of my death certificate. I authorize UNE to provide this information to Hope Memorial Chapel prior to my death.

I UNDERSTAND:

I may revoke all or part of this authorization at any time by executing a written revocation and delivering it to the practitioner or facility holding this authorization, subject to the rights of any person who relied on the authorization before he or she received my revocation. This revocation will be signed and dated by me and will state that all or part of this authorization is revoked.

This authorization shall be effective until revoked by me or another as provided in 22 M.R.S.A. § 1711-C(5) or for 30 months from the date signed, whichever comes first.

A photocopy of this authorization may be used in lieu of the original. .

_____ _____

Signature Date

_____

Mailing Address

_____ _____

City, State, Zip Phone

_____ _____

Date of Birth Social Security Number

_____

Name of Primary Care Physician

_____

Mailing Address City, State, Zip

_____

Telephone #

All medical information will remain confidential and used only for educational, research, and scientific activities.