

## Stanford University's Anatomical Gift Program – Information for Donors

The decision to enroll in Stanford's Anatomical Gift Program represents a priceless gift to medical education and a tremendous opportunity for the students who will one day be among our society's most talented—and best trained—doctors and scientists. Thank you for your consideration in making such a generous donation. Our faculty, students, and staff are very grateful for the kindness our registrants have extended, and donations are treated with the greatest respect while in our care.

### How the Program Works

Once you register to become a donor to the Anatomical Gift Program, Stanford University's Division of Clinical Anatomy will keep your name and contact information on file. Upon your passing, a caregiver or family member will need to call 911 or hospice nurse (if appropriate) or medical professional (in a hospital) to have the donor declared deceased by a professional. In order to collect the necessary information, please have the hospice nurse or hospital nurse or police contact us right away as we must receive your donation promptly into our facility, within 12 hours of death.

We take calls 24 hours/day, every day of the year unless unforeseen events occur to prohibit us from accepting donors. If accepted, we then arrange for a funeral home to transport the donor to Stanford Medical School. Stanford will only transport donors from within a 150-mile radius of the campus.

Once study of the donor is complete, the remains are cremated and scattered or interred in a thoughtful and respectful manner. The Anatomical Gift Program incurs all preparation, cremation, and disposition expenses.

Please share this important information with your next of kin, power of attorney, caregivers, physician and/or anyone else you deem necessary. Please also have it attached to your medical chart if you are in a hospital or facility.

**Registration Options:** 

Online: Please visit our website <u>https://med.stanford.edu/anatomy/donate.html</u>, to print and return the completed registration form by mail, fax or email.

Mail: Call us at 650-725-6624 and we will mail you the registration forms.



#### Frequently Asked Questions

#### Can Stanford decline my offer to donate?

Yes, Stanford may decline. We cannot guarantee in advance that your body will be accepted for donation. We urge you to prepare a backup plan with your family or caregiver(s) and inform them of the donation procedures so there will be no misunderstandings in the event your donation is declined.

#### What are the reasons Stanford would decline a donation?

Stanford has the right to refuse a donation and may do so for a variety of reasons including space, resources and timing. The following are a few of the reasons a donation will be declined: Being out of the 150-mile range of Stanford Campus, weighing over 220 pounds, infectious diseases (e.g. HIV, Hepatitis C, Hepatitis B, Tuberculosis, VRE or MRSA infection), if the body has been transported to the coroner's office or is on a coroner's hold, if an autopsy has been performed, if death occurred during major surgery, and if the donor is jaundice. \*This is not a complete list—there may be other circumstances in which we cannot accept a donation.\*

#### Does the program cost anything?

Donors do not receive payment for their participation in the program, nor are they charged for participating. Stanford covers the cost of transporting the donor to campus, as well as the costs of cremation.

#### What if I change my mind?

Registering for the program indicates your intent to be a donor. However, it is not a legally binding contract. If you change your mind, simply notify us and we will remove you from our registration list.

#### Can I donate my body if I am also an organ donor?

No, bodies that have had their organs donated at the time of death are not eligible for our program. However, if at the time of passing the body can't be used for organ donation, the body can be donated to Stanford AGP.

#### Is there an upper age limit?

No, there is no upper age limit to donate.

#### What are my family's options for a funeral?

Because we must receive the donation promptly into our program (within 12 hours of death), it is not possible for the donor to be present at a funeral or viewing.

#### Will my loved ones receive my remains back?

As of January 1, 2020, the Anatomical Gift Program does not return cremated remains to family members. The remains of our donors are scattered at sea in a private ceremony.

#### Who should my family contact for a death certificate?

Stanford will assist in the completion of the death certificate, but we do not provide donor families with a certified copy. Your loved ones can request a copy at the County Clerk's office in the county where death occurs.

#### What happens after I register?

Within three weeks after registering for our program, you should receive a donor wallet card in the mail. Please call us at 650-725-6624 if you do not receive this. We only accept pre-registered donors into our program.



## Instructions for Family & Caregivers:

Thank you for helping to fulfill this donor's wishes by contacting the Stanford Anatomical Gift Program. You are playing an important part in the education of medical students at Stanford University.

Upon the death of a pre-registered donor, please call 911 or hospice nurse (if appropriate) to have the donor declared deceased by a professional. Please have the hospice nurse or hospital nurse or police **notify us at 650-723-2404 as soon as possible.** This phone number is monitored 24 hours a day, every day of the year.

When you call this number at time of death, please make it known you are calling in regard to Stanford's "Anatomical Gift Program."

At the time of the telephone call, a final determination is made as to whether the body can be accepted into our program. Acceptance into our program at time of death is dependent on many variables such as the condition of a body, resources, and space. We strongly recommend that donors have a backup plan in place in case unforeseen circumstances prevent us from accepting your body donation at the time of death. If, at our discretion, we are unable to accept the registrant, your family must make alternative arrangements. If a donor is accepted into our program, we will arrange for their pickup and transportation to Stanford University's School of Medicine.

Please be advised, pickup for accepted donors at time of death can be up to 10 hours (4-6 is typical) which is based on variable factors beyond our control such as distance, time of day, and call volume.

# Please remove all personal effects that you want to keep from the donor before the he/she is removed from the premises.

## **Death Certificate**

Stanford will assist in coordinating the filing of this certificate for you but will not provide a certified copy. You can request a copy at the County Clerk's office in the county where the death occurred. (Timing can be 5-7 weeks from the request date.)



## **Stanford's Anatomical Gift Program**

## DONOR REGISTRATION FORM

Please complete the information required below, and then sign, and date the form. Two witness signatures are required for registration. We encourage you to make a copy of the signed document for your own records. We recommend you inform your family, caregivers, physician, and attorney of your wishes to donate to the Stanford Anatomical Gift Program.

Return the completed form to:

Stanford Anatomical Gift Program Stanford School of Medicine 269 Campus Dr. CCSR 0125, MC 5140 Stanford, CA 94305

Alternatively, you may fax the completed form to us at 650-725-8668 or email it to us at anatomicalgp@stanford.edu

This document will be scanned and preserved electronically.

LEGAL NAME:				
	First	Middle	Last	
DATE OF BIRTH: _	_//			
PHONE #:		EMAIL:		
MAILING ADDRESS	S:			
	Street	City	State	Zip
				·
Ma	edical/Healthcare Powe	r of Attorney (if applic	able) or Next of Kin	
	who will provide/confirm		,	ssina.
				-
NAME:		RELATIONSHIP:		_
PHONE #:		EMAIL:		_

MARITAL STATUS						
<ul> <li>Single / Never Married</li> <li>Married Full Name of Surviving Spouse (Maiden if applicable):</li></ul>						
Single Domestic Registered Partnership						
PERSONAL INFORMATION						
<ul> <li>Caucasian/White</li> <li>Black or African American</li> <li>Hispanic, if YES please specify:</li></ul>						
□ Asian						
American Indian     Bi-racial or Multi-racial						
<ul> <li>Other (specify):</li> <li>Prefer not to say</li> </ul>						
Anatomical Sex (Male, Female, Trans Male, Trans Female):						
Height:						
Primary Occupation (prior to retirement):						
Type of Business or Industry:						
Years in Occupation:						
Highest Level of Education Completed:						
Birthplace:						
US Veteran (Yes or No) Branch:						
FAMILY INFORMATION						
Full Name of Father/Parent:						
Birthplace of Father/Parent: USA State OR Foreign Country						
Full Maiden Name of Mother/Parent:						
Birthplace of Mother/Parent: USA State OR Foreign Country						

## Please Initial each item below to confirm you have read and understood each requirement.

initials	I acknowledge that my registration with the Stanford Anatomical Gift Program is not a guarantee of acceptance into the Program and that my donation may be declined by the Program at the time of my death.
initials	I agree that it is at the discretion of the Stanford Anatomical Gift Program Coordinator to accept or decline my donation at the time of my death.
initials	I agree that my donation will be declined if I am positive for any infectious or contagious illnesses including but not limited to: HIV/AIDS, Hepatitis B, Hepatitis C, MRSA.
initials	I acknowledge that if I weigh over of 220lbs (99 kgs.) at the time of my death, my donation will be declined.
initials	I agree that my donation will be declined if Stanford does not receive my body within 12 hours of my death.
initials	I acknowledge that the Stanford Anatomical Gift Program has advised and encouraged me to have an alternative arrangement, should the Program decline my donation at the time of my death.
initials	I agree to inform my next of kin, loved ones and caregivers of my wish to donate to the Stanford Willed Body Program.

initials	I acknowledge that information regarding the utilization of my donation by Stanford is confidential and will not be disclosed to my next of kin or surviving relatives.
initials	I acknowledge that Stanford Faculty, Physicians and Researchers may photograph or videotape my remains for use in education and research at Stanford. These images or footage will not include any identifying features and my anonymity will be maintained.
initials	I understand that Stanford will not provide my family or next of kin with any report of medical findings.
initials	I understand and agree that my donation will be utilized for the purposes of teaching, training, and research, in such manner deemed appropriate by the Stanford Anatomical Gift Program and Stanford School of Medicine.
initials	I understand that Stanford does not guarantee my donation will be used for any specific area of research or educational event related to my diagnosis.
initials	I understand that the Stanford Anatomical Gift Program accepts whole body donation only, which I understand is incompatible with organ donation. Should I undergo organ donation, I understand that I will be ineligible for donation to the Stanford Anatomical Gift Program

SIGNATURE	DATE
I understand and accept that the Stanford Anatomical G remains to my next of kin, surviving relatives o	0

I hereby state that it is my wish to donate my body to Stanford University School of Medicine immediately upon my death, and I agree to all the above listed requirements.

Donor Signature:

Date:

Power of Attorney Signature (if applicable):

#### Witnesses (2 Required):

We the undersigned, have witnessed the signing of this document by the potential donor.

1.	Signature of Witness	
	Printed Name	_
	Address	
	City, State, Zip	_
2.	Signature of Disinterested Witness*	
	Printed Name	
	Address	
	City, State, Zip	

\*"Disinterested witness" means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes or refuses to make an anatomical gift, or another adult who exhibited special care and concern for the individual. The term does not include a person to which an anatomical gift could pass under California Health and Safety Code Section 7150.50

Upon the donor's death, call 650-723-2404 for immediate pickup. We are on-call 24 hours/day every day of the year, and will arrange for a funeral home to take the donor into our care, and transport them to Stanford.