

ANATOMICAL DONATION PROGRAM

AUTHORIZATION FORM FOR ANATOMICAL DONATION



THE UNIVERSITY OF
TOLEDO
1872

Mr., Mrs., Ms. _____
(Print or type full legal name of Donor)

I, the Donor, being eighteen years of age or older and of sound mind, with the intention of helping others, do hereby willfully and voluntarily make an anatomical gift of my body to take effect upon my death. This gift is made to the Anatomical Donation Program of The University of Toledo, College of Medicine (the "University"), which is housed in the Department of Neurosciences, 3000 Arlington Avenue, Toledo, OH 43614-5804. I reserve the right to void this donation at any time through written notification to the University.

I understand that, through this donation, my body will not be available for any public or private memorial or funeral service at the time of my death, because my body will need to be immediately transported to the University. I also understand that bodies are not suitable for educational or scientific purposes following an autopsy. If an autopsy is required by the Coroner, the Anatomical Donation Program will still accept my remains, but they may not be used for educational or scientific purposes and will be cremated immediately.

I direct that immediately following my death, the person or institution in charge of my body notify the Anatomical Donation Program at the University by telephone (419-383-4109 or 419-383-3770) in order to carry out this gift.

The exact use of my anatomical gift will be at the discretion of the University. I understand that my body may be used for education, research, or advancement of medical science and health care conducted at the University, or may be loaned to other health centers, or educational institutions for use in their education or research endeavors. The Anatomical Donation Program reserves the right to retain tissues and organs of interest for educational and/or research purposes. I further understand that the University may also use my anatomical gift in the development and dissemination of educational media/products that may have a commercial value, to which I agree to give up any and all rights that may be claimed by my estate and heirs.

I understand that after the University has finished using my donated body for education and research purposes, it will be cremated. I will read and sign the Cremation and Disposition Authorization Form. On the Cremation and Disposition Authorization Form, I will express my wishes as to how my cremated remains will be handled.

Plastination. Plastination is a process by which anatomical donations can be converted into plastic anatomical models that can be used permanently. I have the opportunity (by indicating below) to have my donation used as a permanent anatomical model. I understand, however, that should my body be used as a permanent model, it will not be available for cremation and will not be returned to my family or be available for burial. When plastinated, my body will become the permanent property of the University and used at the University's discretion.

Permanent Anatomical Model	
<input type="checkbox"/> Yes	I consent that my body may be used as a permanent anatomical model.
<input type="checkbox"/> No	<i>If I answer "YES", my body will NOT be returned to my survivors.</i>
Use of Recognizable Likeness	
<input type="checkbox"/> Yes	In the development of educational media products, The University of Toledo, College of Medicine MAY make use of my recognizable likeness.
<input type="checkbox"/> No	<i>If I answer "YES" to Permanent Anatomical Model (above), the "YES" box for "Use of Recognizable Likeness" must also be checked.</i>

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SIGNATURES

DONOR		
Date	Social Security Number	Date of Birth
Donor's Legal Signature		Telephone
Street Address		
WITNESSES		
The Donor signed this Donation form, and we, in his/her presence and at his/her request, have provided our names as witnesses to his/her signature. We attest that the Donor is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence. We further attest that we are at least eighteen years of age and not related to the Donor by blood, marriage or adoption and not a student or employee of The University of Toledo, College of Medicine.		
Witness 1		
Name (Please Print)	Signature	
Street Address, City, State, Zip Code		
Witness 2		
Name (Please Print)	Signature	
Street Address, City, State, Zip Code		
IN PLACE OF TWO WITNESSES – NOTARY ACKNOWLEDGMENT		
State of Ohio		
County of _____ SS.		
On _____, before me, the undersigned notary public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed as the Donor, and who has acknowledged that he or she executed this written Authorization for the purpose of making an anatomical gift to the Anatomical Donation Program of The University of Toledo, College of Medicine. I attest that the Donor is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud or undue influence.		
Signature of Notary Public: _____		
My Commission Expires On: _____		