

ANATOMICAL DONATION PROGRAM

Frequently Asked Questions



The University of Toledo (hereafter referred to as the “University”) is deeply grateful for your interest in the **Anatomical Donation Program** (hereafter referred to as the “Program”). The Program began accepting bodies in 1969 and is administered by the Department of Neurosciences in the College of Medicine.

FAQ

Q: Who may donate?

A: Any individual at least 18 years of age may donate their body to the Program.

First-party donations (self-donation): The Program primarily accepts applications that are initiated and completed by the donor.

Second-party donations (e.g., those made by an individual other than the donor): If there is reasonable evidence that donation complies with the donor’s wishes, the Program may accept a donation initiated by an attorney in fact (i.e., person who has legally been given Power of Attorney) for the donor who signs donation papers during the donor’s life. Alternately, a spouse, spouse, child, parent can make a donation after death.

Communicable Diseases: Any individual diagnosed to have a communicable disease (e.g., Hepatitis B, Hepatitis C, HIV, MRSA) is not eligible for the Program.

Weight Limitation: The Program reserves the right to refuse donations of individuals who exceed 250 lb in weight at the time of death. Thus, it is possible that, at the time of death, your donation may have to be refused.

Autopsy: If the Coroner requires an autopsy, the Program will still accept the donation; if they are not useful for educational or scientific purposes they will be cremated immediately. If a party other than the Coroner requests an autopsy the Program may not accept the donation.

Q: Can I donate my body even if I am also an organ donor?

A: Yes. The Program considers donation of vital organs to be life-saving gifts that should not be hindered or discouraged. Therefore, we encourage individuals to be both registered organ and body donors and we will accept the donated body of a donor after viable organ(s) have been collected for transplantation.

Q: Can I change my mind?

A: Yes. The Donation Forms are legal documents, but they may be cancelled at any time by a phone call or letter to the Anatomical Donation Program requesting that the forms be removed from the donor files and destroyed.

Q. Is there a cost for donation?

A: Yes. Although body donation is an act of selfless concern for the advancement of medicine and science, there are associated costs that make it necessary for the University to require a non-refundable \$100.00 fee. This fee provides for partial recovery of costs for administrative and technical services, and cremation. A check or money order in this amount made payable to The University of Toledo, Department of Neurosciences must be enclosed with your application.

ANATOMICAL DONATION PROGRAM

Frequently Asked Questions



Q. What happens at the time of death?

A: At the time of your death, the person or institution in charge of your body should call The University of Toledo at **(419) 383-4109** for permission to have the remains accepted by the Program. If accepted, the body should be transported to the Health Sciences Campus of The University of Toledo.

Q. Who pays the cost of transportation?

A: The Program does not provide funds for the transportation of the donated body to the Health Sciences Campus of The University of Toledo. Your estate or family is responsible for arranging for transportation of your body to the University. An ambulance service, transportation service, or a funeral home can be contacted to provide transportation. Please call the Program for information about preferred providers for this service.

Q. Can my remains be viewed at the Program facility?

A: No. The Program facility is in a highly restricted area that is not suitable for family viewing. However, upon advance arrangement with the Program, viewing arrangements may be made with the funeral home of your choice prior to transporting the body to the Program.

Q: How are donated bodies used?

A: Anatomical donations are used for education or research at the University of Toledo, as well as at other educational and health care institutions (these other facilities use donations in the same way as does The University of Toledo, and they return the remains to the University when they have completed their use of the donation). A donated body will be used by the Program and others in a manner to be determined exclusively by the Program, pursuant to the policies and procedures that are in effect at the time of the donor's death or as they may be revised thereafter. When making a donation, the donor, their survivors and/or responsible parties cannot designate the use(s) to which the body will be put nor the persons or entities that will use the same.

Q: Will my family receive a report of medical findings, cause of death, or details of the specific studies?

A: No. We do not provide any reports of pathological findings, cause of death, or details of specific studies.

Q: What happens when the studies of the body are completed?

A: Upon completion of the use of the body, the Program will arrange for the remains to be cremated. After cremation, there are two options:

1. The Representative designated by the Donor on the Disposition Authorization Form will be notified by Certified Mail that the cremated remains (known as **“cremains”**) may be picked up at the Program office.
2. If the Donor does not designate a Representative, the Program will arrange for the cremains to be interred in the University's communal memorial plot at the Historic Woodlawn Cemetery in Toledo, Ohio.

ANATOMICAL DONATION PROGRAM

Frequently Asked Questions



Q: How long will it be before my family receives the cremains?

A: Donated bodies may be used for up to three years.

Q: What happens to my donation if I move away from the Toledo/northwest Ohio area, or die out state?

A: If you die at some distance from The University you may still have the body transported to the Program. However, you or your family/estate may wish to transfer your donation to a medical school in your new area. Please call the Program and we will assist you or your family in this process.

Q: Are there any alternatives to cremation?

A: Yes. In addition to cremation, a third option that is offered is the possibility for the donor to consent to having their entire body preserved through a process called **plastination**, through which the body remains as a permanent model that can be used for educational purposes. If this is the donor's choice, **the body will not be cremated and will not be returned to the family.** Details of this option are described in a separate document.

Q: Is there an annual memorial service

A: During the spring of each year, our students, clinicians, and researchers who have had the opportunity to learn from the donations hold a memorial service in which they honor the Donors who passed in the previous calendar year. Families and friends of these Donors are invited to attend.

Q: How can I get more information?

A: Inquires regarding the Program should be directed to:

Phone: (419) 383-4109

Email: bodydonation@utoledo.edu

Mail: Diane Durliat
Coordinator, Anatomical Donation Program
Department of Neurosciences
College of Medicine and Life Sciences
The University of Toledo
Mail Stop #1007
3000 Arlington Avenue
Toledo, Ohio 43614-5804

ANATOMICAL DONATION PROGRAM

Application Process



Registering as a Body Donor. To register for the Anatomical Donation Program (hereafter referred to as the “**Program**”), a properly completed application must be returned to The University of Toledo, Department of Neurosciences. Some forms require signature by “disinterested witnesses”, e.g., individuals who are 18 years or older and who are non-family members; they also cannot be either students or employees of The University of Toledo.

To register as a Donor, please return the following in the envelope provided or to the address noted below to the Department of Neurosciences:

- Authorization for Anatomical Donation (Ivory color).** This form requires two witnesses. A Notary Public can also notarize this form.
- Medical Record Release (Gray color).** This form authorizes the release of your medical records after death. These records are important for education and scientific purposes. This form requires two witnesses; a Notary Public can also notarize this form.
- Vital Statistics Sheet (Lilac color).** The information requested on this sheet is used by the University to complete the Death Certificate. This sheet must be completed as fully as possible.
- Cremation and Disposition Authorization (Buff color).** This form provides information about your wishes for the final disposition of your donated body. Besides signing to acknowledge your understanding of this process, you also need to identify how you wish your cremated remains to be handled. This form requires two witnesses; a Notary Public can also notarize this form.
- Check or money order for \$100 (payable to The University of Toledo, Department of Neurosciences).**

Please feel welcome to call the Program at (419) 383-4109 with questions or for assistance in completing the forms. All information provided will remain confidential to the extent allowed by law.

When the completed application is returned to the Department of Neurosciences, you will receive copies for your personal records and a wallet-sized Donor Card. The Donor Card, which should be carried in your wallet or purse, furnishes information on your donation intent and will assist in contacting the Program at the time of Death.

All forms must be completed and returned to the Department of Neurosciences at least one calendar week prior to the Donor’s death.

The University of Toledo, College of Medicine will process legal forms that must be filed with the local registrar for vital statistics, such as the Death Certificate, and notification to Social Security.

ANATOMICAL DONATION PROGRAM

Authorization Form for Anatomical Donation



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 (hereafter referred to as the "**Program**") of The University of Toledo (hereafter referred to as the "**University**"), which is located 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 transported immediately to The University of Toledo, College of Medicine and Life Sciences. I also understand that bodies may not be suitable for education or research following an autopsy. However, if an autopsy is required by the Coroner or requested by the family, the Program may still accept my remains if it is determined that it would still be useful for education or research. If they are not useful for educational or scientific purposes they may be cremated immediately.

I direct that immediately following my death, the person or institution in charge of my body notify the 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 or research at the University, or at other educational and health care institutions. The University 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 distribution 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 or research, 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.

ANATOMICAL DONATION PROGRAM
Authorization Form for Anatomical Donation



SIGNATURES

DONOR		
Date	Social Security Number	Date of Birth
Donor's Legal Signature		Telephone
Street Address		
WITNESSES		
The Donor signed this Authorization Form for Anatomical Donation, and we, in his/her presence and at his/her request, have provided our names as witnesses to his/her signature. We state that the Donor is at least eighteen years of age and appears to be of sound mind and not under or subject to undue influence. We further state 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 and Life Sciences.		
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 and Life Sciences. 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.		
Signature of Notary Public: _____		
My Commission Expires On: _____		

ANATOMICAL DONATION PROGRAM

Medical Records Release Form



I, _____ (“Donor”), have made a gift of my body to The University of Toledo (hereafter referred to as the “**University**”), College of Medicine and Life Sciences for use by the University for education and research.

In order to increase the education and research value of this gift after my death, I authorize and request any hospital or institution in which I was a patient at any time within two years prior to my death, and any physician who at any time attended me within two years prior to my death, to furnish any and all records concerning my case history, treatment, and examination that I may have received. These records can be forwarded to:

Coordinator, Anatomical Donation Program
Department of Neurosciences
The University of Toledo, College of Medicine and Life Sciences
Mail Stop #1007
3000 Arlington Avenue
Toledo, Ohio 43614-5804

I release, on behalf of my heirs and estate, any such physician, hospital or institution from any and all responsibility or liability that may arise from complying with this authorization.

ANATOMICAL DONATION PROGRAM

Vital Statistics Sheet



Vital Statistics Sheet

Please provide the information below as completely as possible. This information is necessary for us to file a death certificate, as required by law, at the time one's remains are received. This information will remain confidential.

Name (First/Middle/Last)			Sex	Today's Date		
Address (Number and Street/City/Zip)						
Social Security Number		Telephone Number		State of Residence	County of residence	
Race (White, Black, American Indian, etc.)		Is Donor of Hispanic Origin? (Yes or No)		Education (Highest Grade/Degree Completed)		
Date of Birth (Month/Day/Year)		Birthplace (City/State, if not USA, indicate Country)			Citizenship	
Occupation (work done during most of working life, even if retired)				Kind of Business/Industry		
Ever in Armed Forces?		Branch of Service		Date of Entry/Date of Separation		Type of Separation or Discharge
Marital Status (Specify: Married, Never Married, Widowed, Divorced, Separated)				Spouse Name (if wifealso , give maiden name)		
Father's Name (First/Middle/Last)				Father's Birthplace		
Mother's Maiden Name (First/Middle/Last)				Mother's Birthplace		
Name of Nearest Relative (First/Middle/Last) and Relationship (Telephone Number of Nearest Relative		
Address of Nearest Relative (Number and Street/City/State/Zip)						
Your Physician's Name and Address						

ANATOMICAL DONATION PROGRAM

Cremation and Disposition Authorization Form



The State of Ohio requires that this authorization form be completed and signed prior to the cremation. Your body, which you are donating to The University of Toledo (hereafter referred to as the “**University**”) will be cremated after the University has completed its educational or research use. Cremation is an irreversible and final process.

It is important that you understand the cremation process that is described in the authorization form prior to signing it. We will be pleased to answer any questions about the cremation process or any other information in this form.

If you decided to authorize plastination of your entire body: Even if you are donating your body for plastination, please complete this form in you’re your body cannot be plastinated.

THE CREMATION PROCESS

Cremation is performed at a licensed crematory and is done to prepare the Donor’s remains for final disposition. The process consists of placing the Donor’s remains in a cremation chamber where they are subjected to intense heat and flame. Only bone fragments and some fine metals remain after cremation. Any metallic substances will be disposed of by the crematory in a non-recoverable manner so that only bone fragments remain. Following a cooling period, the cremated remains are gathered from the cremation chamber. Although reasonable efforts are made to remove all of the cremated remains from the chamber, it is impossible to remove all of them, as some dust and other residues from the process will be left behind. Due to the repeated use of the chamber, a small amount of mixing with remains from previous cremations is a possibility, and you need to understand and accept this fact in order to authorize the cremation. The skeletal remains often will contain recognizable bone fragments. These fragments will be mechanically pulverized which may cause incidental mixing with the residue from previously pulverized remains. It is impossible to recover all of the dust and residue from the cremation and processing. The collected remains of a Donor, which are virtually unrecognizable as human remains, will be placed into a designated container.

ANATOMICAL DONATION PROGRAM

Cremation and Disposition Authorization Form



THE UNIVERSITY OF
TOLEDO
1872

Please read the following statements carefully.

1. **Do you have a pacemaker, defibrillator, radioactive device, or other electronic device implanted in your body at this time?**

Yes **No** (check one)

If you answered **YES** above, please describe the device:

2. I understand that the Anatomical Donation Program will attempt to collect personal property that arrives with my body and will contact my appointed Representative for retrieval of such personal property. Please note that if your appointed Representatives has failed to make arrangements to pick up personal property within sixty (60) days after being mailed a notice by certified mail, The University of Toledo, College of Medicine and Life Sciences will transfer the personal property to the Office of Risk Management of The University of Toledo Hospital for disposition.

If my body has an autopsy: I understand further that the Anatomical Donation Program will **not** collect personal property that arrive with my body following an autopsy and that my body will be cremated with such personal effects.

3. I understand that the crematory is to cremate my remains together with the container supplied by the University in which my remains are delivered to the crematory.
4. I understand that my remains will be cremated alone and not with the remains of any other Donors.
5. I understand that no person other than crematory personnel may be present in the holding room or cremation room prior to or during cremation, or during the removal of my cremated remains from the chamber.
6. I understand that after my remains are cremated, the cremated remains will be processed and pulverized according to the practice of the crematory. Such processing includes removing and discarding foreign matter (especially metal from dental work, prostheses or containers) that remains after cremation. Some small pieces, however, may escape human detection and be included in the cremated remains.
7. I understand that although the crematory will take reasonable efforts to remove all of my cremated remains from the cremation chamber, it is impossible to remove all of them.
8. The Department of Neurosciences at The University of Toledo, College of Medicine and Life Sciences is authorized to receive my cremated remains from the crematory. The cremated remains will be in a temporary container. My appointed Representatives (listed below) will receive notification by certified mail when the cremated remains are available. Or, if I select, my cremated remains will be buried in the University's communal memorial plot for Donors at the Historic Woodlawn Cemetery in Toledo, Ohio.

ANATOMICAL DONATION PROGRAM
Cremation and Disposition Authorization Form



Please indicate your choice with your initials and information requested

Initial _____	Cremains to be received by this First Representative:	
Name	Relationship	
Address	Phone	
Second Representative (if First Representative becomes disqualified or is not available):		
Name	Relationship	
Address	Phone	
I request the following instructions be given to my Representative with respect to how my cremains are to be handled:		

OR

Initial _____	Cremains to be buried in the University's communal memorial plot for donors at the Historic Woodlawn Cemetery, Toledo, Ohio	
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If your indicated Representatives above, but they are not available, The University of Toledo Anatomical Donation Program will assign the right of disposition to the following adults, if they can be located with reasonable effort, in the priority listed in section 2108.81 of the Ohio Revised Code as follows:

- Donor's spouse
- Donor's adult child (if there is more than one child, all of them collectively)
- Donor's parent(s)
- Donor's adult sibling, whether of whole or half blood (if there is more than one sibling, all of them collectively)
- Donor's grandparent(s)
- Donor's guardian
- Any person willing to assume the right of disposition.

PLEASE NOTE: if your appointed Representatives has failed to make arrangements to pick up your cremated remains within sixty (60) days after being mailed a notice by certified mail, The University of Toledo is permitted to place them in the University's communal memorial plot for donors at Historic Woodlawn Cemetery in Toledo, Ohio.

ANATOMICAL DONATION PROGRAM



THE UNIVERSITY OF
TOLEDO
1872

Cremation and Disposition Authorization Form

SIGNATURES. I, the Donor, being 18-years-of-age or older and of sound mind, do willfully and voluntarily sign this Cremation and Disposition Authorization. I understand that all decisions made by my Representative, if I so appointed one on the previous page, with respect to the right of disposition of my cremains is binding. If the First Representative should become disqualified due to their prior death, resignation or refusal to act, inability to be located or as otherwise described in section 2108.75 of the Ohio Revised Code, then the Successor Representative will serve in this capacity. This authorization becomes effective upon my death and revokes any prior decisions I have made regarding cremation and disposition. No person who acts according to the Cremation and Disposition Authorization will be liable for damages of any kind associated with the person's carrying out this Authorization.

DONOR		
Date	Social Security Number	Date of Birth
Donor's Legal Signature		Telephone
Street Address		
WITNESSES		
The Donor signed this Authorization Form for Anatomical Donation, and we, in his/her presence and at his/her request, have provided our names as witnesses to his/her signature. We state that the Donor is at least eighteen years of age and appears to be of sound mind and not under or subject to undue influence. We further state 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 and Life Sciences.		
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 and Life Sciences. 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. Signature of Notary Public: _____ My Commission Expires On: _____		