

Anatomical Donation Program

Jack and Pearl Resnick Campus
1300 Morris Park Avenue, Rm F627N
Bronx, NY 10461
Phone: 718.430.3142
Fax: 718.430.8997
anatomical.gifts@einstein.yu.edu

We sincerely thank you for your interest in the Anatomical Donation Program of the Albert Einstein College of Medicine. Your generous gift will truly make a difference in the education of our students, and will positively impact not only their learning, but the care of their future patients.

Enclosed please find detailed information about our policies and procedures and several forms that must be completed for enrollment in our program. Please complete these forms and return them via mail, email or fax using the contact information above. Once we receive your documentation you will be sent a letter of confirmation, two copies of the completed "Registry of Intent for Whole Body Anatomical Donation" and a donor wallet card that should be carried with you at all times.

We are always available to answer your questions and our Program Supervisor can be contacted at 718-430-3142. We also encourage you to visit our website, at: <https://www.einstein.yu.edu/departments/anatomy-structural-biology/anatomical-gift.aspx>.

Forms that must be completed and returned to us include:

1. **"Registry of Intent for Whole Body Anatomical Donation"**- indicates your intent to be an anatomical donor. Please complete this form in its entirety. We will return two copies; one for your records and one for your next of kin.
2. **"Donor Statistical Information Form"**- provides the Anatomical Donation Program with information needed for completion of the death certificate and to meet our compliance standards.

Please complete these two forms, sign them, and return them to us in the enclosed pre-paid envelope.

Please be advised that the completion and submission of the "Registry of Intent" *does not* constitute a legal contract. The intent to donate one's body after death is taken as an expression of one's personal wishes: you are simply making a prior arrangement (not commitment) with an institution that is able to comply with these wishes. We recommend that you advise your immediate next of kin of your wishes for anatomical donation.

Again, thank you for your interest in donating to the Albert Einstein College of Medicine. The need for anatomical donations is great, and each gift is valued and honored.

Sincerely,



Sherry A. Downie, PhD
Program Director



Christopher Martinez, LFD
Program Supervisor

“Registry of Intent for Whole Body Anatomical Donation”

To be completed by the prospective donor

Being of sound mind and 18 years of age or more, I _____ direct that immediately upon my death, my whole body (and any part thereof) be made available to the Anatomical Donation Program (“Donation Program”) of the Albert Einstein College of Medicine for educational and/or research purposes. In doing so, I give permission for embalming of my body as needed for study.

I have read the Donation Program documentation and agree to abide by its procedures and policies regarding Whole Body Anatomical Donation. I understand that there are certain circumstances under which a donation may not be accepted, described in the Official Program Policies. I acknowledge that it is my responsibility, or the responsibility of my next of kin, to make alternative arrangements for the disposition of my body in the case that it is not able to be accepted for use by the Donation Program.

I authorize the Donation Program to transfer my remains to another institution that is legally authorized to receive anatomical gifts in the event that the purpose of medical education and/or research would be best served by this action. I understand that anatomical studies generally take between two and three years.

Should my death occur within 50 miles of the Albert Einstein College of Medicine (defined as the “donation area”), I request that the Albert Einstein College of Medicine be designated to carry out my wishes in accordance with their donor procedures and policies.

Should my death occur outside of the donation area, I direct that:

(Check ONE of the following two statements)

- A. _____ My body be made available to the nearest medical school, and my designated legal representative be authorized to pay transportation costs from my estate.
- B. _____ My body be transported to the Albert Einstein College of Medicine at the full expense of my designated legal representative.

I authorize my remains to be cremated at a licensed crematory at the expense of the Donation Program. After cremation, I request that my remains are:

(Check ONE of the following two statements)

_____ scattered at the discretion of the Albert Einstein College of Medicine.

_____ returned to the person listed below who will assume full responsibility for them.

My remains should be made available to (please print):

Name: _____ Relationship to donor: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: () _____ - _____ E-mail: _____

I agree to the above conditions and the policies and procedures of the Albert Einstein College of Medicine. I acknowledge that after my death, consent to donate is required from my next of kin or an authorized party.

This form must be signed by the prospective donor and witness.

Printed Name: _____

Address: _____ City: _____ State: _____

Zip: _____ E-mail: _____

Signature of Prospective Donor: _____ **Date:** _____

Witness

Printed Name: _____ Relationship to donor: _____

Address: _____ City: _____ State: _____

Zip: _____ E-mail: _____

Signature of Witness: _____ **Date:** _____

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“Consent to Donate for Whole Body Anatomical Donation”

To be completed by the legally authorized representative

I, _____, am the legally authorized representative of _____ (the donor). As such, I release the whole body remains of the donor to the Anatomical Donation Program (“Donation Program”) of the Albert Einstein College of Medicine for educational and/or research purposes. In so doing, I give permission for embalming of the remains as needed for study.

I have read the Donation Program’s Official Program Policies and agree to abide by the procedures and policies of the Donation Program regarding whole body donation.

I authorize the Donation Program to transfer the donor’s remains to another institution legally authorized to receive anatomical donations in the event that the purpose of medical education and/or research would be best served by this action. I understand that anatomical studies generally take between two and three years.

I authorize that the remains of the donor be cremated at a licensed crematory at expense of the Donation Program. After cremation, I request that the remains be:

Check ONE of the following two statements.

_____ scattered at the discretion of the Albert Einstein College of Medicine.

_____ returned to the person listed below who will assume full responsibility for them.

The remains should be made available to (please print):

Name: _____ Relationship to donor: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: ____ - ____ - _____ E-mail: _____

I agree to the above conditions and the policies and procedures of the Albert Einstein Anatomical Donation Program. This form must be signed by the authorized representative and a witness.

Authorized Representative

Printed Name: _____ Relationship to donor: _____

Address: _____ City: _____ State: _____

ZIP: _____ E-mail: _____

Signature: _____ Date: _____

Witness

Printed Name: _____

Address: _____ City: _____ State: _____

ZIP: _____ E-mail: _____

Signature: _____ Date: _____

“Telephone Consent to Transfer and Prepare”
Albert Einstein College of Medicine Anatomical Donation Program

I, _____, certify that I have received verbal consent for the transfer and anatomical preparation of the whole body remains of _____ (name of decedent), who died at _____, on _____, to the Albert Einstein College of Medicine Anatomical Donation Program.

This consent was communicated from the next of kin/legally authorized representative, _____, with the relationship of _____ to the decedent. The next of kin/legally authorized representative resides at _____, and can be reached at (____) _____.

Additional Comments:

Name of person receiving verbal consent: _____

Signature: _____ Date: _____

ALBERT EINSTEIN COLLEGE OF MEDICINE

ANATOMICAL DONATION PROGRAM POLICIES

Mission Statement

The Anatomical Donation Program of the Albert Einstein College of Medicine is dedicated to facilitating the medical education and research needs of health professionals, supporting the mission and values of the College of Medicine, and fulfilling the wishes of our donors in an atmosphere of professionalism, scholarship and reflection.

The Donation Process - Donor Registry

The Albert Einstein College of Medicine Anatomical Donation Program maintains an Anatomical Donor Registry. The Donor Registry allows individuals to complete a "Registry of Intent for Whole Body Anatomical Donation", expressing their intent to donate their body upon their death. Please be advised that the completion and submission of the "Registry of Intent for Whole Body Anatomical Donation" application does not constitute a legal contract. The decision to donate one's body after death is taken as an expression of one's personal wishes: you are simply making a prior arrangement (not commitment) with an institution that is able to comply with these wishes. We recommend that you advise your immediate next of kin of your wishes for anatomical donation and/or include your intent as a codicil in your will. You must be at least 18 years of age (no maximum age limit) and of sound mind to establish a body donation to the College of Medicine's Anatomical Donation Program.

Documentation required to enter our *Donor Registry*:

1. **"Registry of Intent for Whole Body Anatomical Donation"**- Indicates your intent to be an anatomical donor; please complete this form in its entirety. We will return two copies; one for your records and one for your next of kin.
2. **"Donor Statistical Information Form"**- Provides the Anatomical Donation Program with information needed for completion of the death certificate and for our compliance standards.

Upon completion of these forms, please mail, email or fax them to the College of Medicine. Your acceptance into the Donor Registry will be confirmed when you receive a Donor Wallet Card and copies of your "Registry of Intent for Whole Body Anatomical Donation". We recommend that you carry your Wallet Card on your person and that you provide your legally designated representative with a copy of your "Registry of Intent for Whole Body Anatomical Donation".

You (the donor) have the right to revoke your intent to donate at any time, and this right also applies to the next of kin or authorized representative after you are deceased.

At the Time of Death

When death occurs, the Anatomical Donation Program should be notified as soon as possible so that arrangements can be made immediately for transportation to the Albert Einstein College of Medicine. The party responsible for making the arrangements to donate the body (next of kin or other authorized person) should contact the Anatomical Donation Program by phone. We can be reached at 718-430-3142 M-F, 7am-3pm and at 347-920-0847 at all other times. You will speak directly to our Program Supervisor, who is a licensed funeral director. He will help determine whether the body is acceptable for donation and will walk you through the steps of donation including transfer of the body to our facilities.

Documentation required to formally initiate an anatomical donation includes:

1. ***“Consent to Donate for Whole Body Anatomical Donation”***- serves as the legal consent for entry of the donor into our program. We will return a copy of this form to the legally designated representative of the donor.
2. ***“Donor Statistical Information Form”***- provides the Anatomical Donation Program with information needed for completion of the death certificate and for our compliance standards. (**The Donor Statistical Information Form must be updated, even if your loved one has already completed it.*)
3. ***“Authorization for Cremation and Disposition”***- NY State/City mandated form.

The College of Medicine will pay the cost of transporting the donor’s remains provided if they are located within fifty (50) miles from the College. If death occurs outside of our donation area and donation to the College of Medicine is still desired. Your family may have the unembalmed body transported to the College of Medicine at the expense of the legally designated representative. Alternatively, the body may be donated to a medical school within the region in which death occurred.

The College of Medicine has the right to decline acceptance of remains if they are not suitable for use in medical education or research. See Anatomical Donation Program Acceptance Policy for details.

Anatomical Studies

Understanding human structure is an essential step in the education of health professionals, and your donation allows students hands-on experience with the form of the human body. The majority of donations are utilized directly in the education of medical students at the College of Medicine. Some donations may also be utilized in research or educational activities conducted by medical professionals associated with the College of Medicine. Finally, through our participation in the Associated Medical Schools of New York, bodies may occasionally be provided to other member schools to aid in the education of their health professions students. Upon completion of anatomical studies at these institutions, donations will be returned to our College of Medicine. Anatomical studies generally take between two and three years to complete.

Disposition of Remains

Upon completion of anatomical studies, remains will be cremated at the expense of the College of Medicine at a licensed crematory. In accordance with the instructions of the donor’s legally designated representative, cremated remains are either returned to the designated recipient or scattered at the discretion of the College of Medicine.

FREQUENTLY ASKED QUESTIONS

Q: Who can make a donation?

Competent persons at least 18 years of age may arrange to donate their bodies for the purpose of medical education and research. Donations may also be made after death by the next of kin or other legally designated party. There is no maximum age limit on donation.

Q: Is there any cost to me or my family for participation in the donation program?

There are no costs to the donor or the donor's family, assuming that death occurs within the donation area (within 50 miles of the College of Medicine). The College of Medicine will be financially responsible for the removal of the body, transportation of the body to the College of Medicine facility, permits for transportation and cremation, cremation of remains, and scattering or return to family of remains. We are not financially responsible for funerals, obituaries, or other services not specifically mentioned here.

Q: Will there be any payment received for my donation?

No. The National Organ Transplantation Act and laws of New York State specifically prohibit giving of "anything of value" to donors or next of kin in exchange for bequeathal of organs or bodies.

Q: How will my body benefit the education of health professionals?

Understanding human structure is an essential step in the education of health professionals, and your donation allows students hands-on experience with the form of the human body. The majority of donations are utilized directly in the education of medical students at the College of Medicine. Some donations may also be utilized in research or educational activities conducted by medical professionals associated with the College of Medicine. Finally, through our participation in the Associated Medical Schools of New York, bodies may occasionally be provided to other member schools to aid in the education of their health professions students. Upon completion of anatomical studies at these institutions, donations will be returned to the Albert Einstein College of Medicine.

Q: Can I donate my body and also donate my organs for transplantation purposes?

We require the body to be intact for use in our program. Therefore, prior embalming, organ donation or autopsy would preclude acceptance to our program. However, we encourage consideration of corneal donation, which will not interfere with anatomical studies.

Q: Should I include information about my donation in my will or notify my family prior to my death?

It is not required that instructions regarding your donation be included in your will or as a codicil to your will, although you may do so if you wish. It is advisable that you discuss your intent to donate your body with family members, an authorized representative, your personal physician or an attorney.

Q: What if I change my mind?

Please be assured that you are free to change your mind and revoke your "Registry of Intent for Whole Body Anatomical Donation" at any time.

Q: What will happen to my remains?

Upon completion of anatomical studies, remains will be cremated at the expense of the College of Medicine at a licensed crematory. In accordance with the instructions of the donor's legally designated representative, cremated remains are either returned to the designated recipient or scattered at the discretion of the College of Medicine.

Q: What is the Anatomical Donation Program Donor Registry?

The Donor Registry is a database of individuals who have expressed their desire to become anatomical donors upon their death and have completed the appropriate paperwork. Completion of the “Registry of Intent for Whole Body Anatomical Donation” does not represent a legal contract. The donation of one’s body after death is taken as an expression of one’s personal wishes and does not represent a commitment to donate. Please be aware that the right to revoke the intent to donate also applies to the next of kin after the donor is deceased. After the death of the donor, the donor’s legally authorized representative will complete a “Consent to Donate for Whole Body Anatomical Donation” form.

Q: Is a viewing or wake permitted before donation?

In order for donations to be utilized by our program, it is essential that the unembalmed body be received by our facility within 24 hours of death. Because of this, the body will not be available for a viewing or wake. Of course, a memorial service without the presence of the body is an option.

Q: Will the donor’s next of kin receive an official copy of the death certificate? Why might duplicate copies be needed?

The College of Medicine will provide ONE copy of the official death certificate to the donor’s legally designated representative. If you need additional copies, we can assist you in ordering these. Additional copies of the official death certificate are sometimes required for insurance, financial or other purposes.

ANATOMICAL DONATION PROGRAM ACCEPTANCE POLICY

The College of Medicine has the right to decline donation of remains if they are not suitable for use in medical education or research. Our Program Supervisor will make this determination in consultation with the legally authorized representative of the donor.

The following conditions may prevent the Program from accepting the donation:

- An autopsy has been performed.
- Postmortem organ donation, except for cornea donation.
- Embalming has been done by a funeral home.
- Recent extensive surgery was performed.
- Death was caused by certain infectious diseases, including, but not limited to: AIDS, infectious hepatitis, tuberculosis, Creutzfeldt-Jacob, or advanced cancer, and other conditions at the discretion of the Program Supervisor.
- Extreme trauma or mutilation.
- Severe burns with extreme tissue damage.
- Obesity (or weight more than 225 pounds) or emaciation.
- Amputation or an excessive fetal position condition.
- Decomposition or gangrene.

Although most anatomical donations are accepted, donors and their next of kin should plan alternative arrangements in the event that the donation must be declined. If you have any questions as to whether or not your donation will be acceptable, please contact us as soon as possible.

DONOR STATISTICAL INFORMATION FORM

(PLEASE TYPE OR PRINT)

DONOR'S NAME (First, Middle, Last):

A.K.A.: _____ **DATE OF BIRTH:** _____

PLACE OF BIRTH (City, State and Country):

SEX: Male Female

HEIGHT _____ **WEIGHT** _____

ANCESTRY: Non-Hispanic Hispanic If yes, specify region (e.g. Spain) _____

RACE/ETHNICITY:

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islander,
Specify |
| <input type="checkbox"/> Black | <input type="checkbox"/> Vietnamese | _____ |
| <input type="checkbox"/> Am. Indian/Alaskan
Native | <input type="checkbox"/> Other Asian, Specify | <input type="checkbox"/> Other, Specify |
| <input type="checkbox"/> Asian Indian | _____ | _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian/Chamorro | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan | |

SOCIAL SECURITY NUMBER: _____ - _____ - _____

TELEPHONE: _____ **MOBILE PHONE:** _____

E-MAIL: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

MARITAL STATUS (Check Box)

- | | |
|---|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Domestic Partnership | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Other, Specify _____ |
| <input type="checkbox"/> Married, but separated | <input type="checkbox"/> Unknown |

IF MARRIED, SPOUSE'S FULL NAME: _____

SPOUSE'S MAIDEN NAME (if applicable): _____

MOTHER'S FULL NAME & MAIDEN NAME: _____

FATHER'S FULL NAME: _____

FULL NAME NEXT OF KIN: _____

RELATION TO DECEASED: _____

ADDRESS NEXT OF KIN: _____

HOME PHONE NEXT OF KIN: _____ **MOBILE:** _____

OTHER FAMILY MEMBER(S) and PHONE NUMBERS: _____

SERVED IN U.S. ARMED FORCES: YES NO

(If yes) **BRANCH:** _____ **YEARS:** FROM _____ TO _____

EDUCATION: (Check Appropriate Box)

- | | |
|---|---|
| <input type="checkbox"/> 8th grade or less; none | <input type="checkbox"/> Associate degree (e.g., AA, AS) |
| <input type="checkbox"/> 9th – 12th grade; no diploma | <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Master's degree (e.g., MEng, Med, MBA, MSW) |
| <input type="checkbox"/> Some college credit; but no degree | <input type="checkbox"/> Doctorate (e.g., PhD, EdD, MD, DDS, DVM, JD) |

RELIGION: (Check Appropriate Box)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Protestant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mormon | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Not religious |
| <input type="checkbox"/> Muslim | |

OCCUPATION (Prior to Retirement): _____

KIND OF BUSINESS, INDUSTRY or PROFESSION: _____

NAME of BUSINESS: _____

LOCATION (City, State, Country): _____

MAJOR SURGERIES/PROCEDURES:

MAJOR ILLNESSES/DISEASES:

VR 50 (REV 8/02)

APPLICATION FOR CREMATION PERMIT

To the Office of Vital Records, Department of Health and Mental Hygiene, The City of New York

State of New York

COUNTY OF _____) ss.:

_____ being duly sworn

deposes and says that he*/she* resides at _____

and desires that a permit be issued by the Department of Health and Mental Hygiene of the City of
New York for the cremation of the body of _____

who died at _____ on _____

Deponent's assumption of authority to act is based upon the following:

Deponent further states that the deceased did*/did not* express during life the desire to have his*/her*
remains cremated and his*/her* relationship to deceased is _____ Deponent
assumes all responsibility for the cremation of the remains and authorizes _____

_____,
a licensed funeral director, to make arrangements for said disposal.

Subscribed and sworn to before me this

_____ day of _____

(dd)

(month) (year-yyyy)

Signature

INSTRUCTIONS

Please **ONLY** date and sign the bottom of this form. The details of this form will be completed by a licensed funeral director immediately prior to cremation. Your signature on this form does not need to be Notarized to be a valid declaration of your wishes.

DESIGNATION OF INTENTIONS OF ASHES

Deceased's Name: _____

Cremation: _____
(Scheduled Date) (Location)

Designation of Intentions of Final Disposition of the Cremated Remains (ashes) by the Donor:

Burial at: _____ Return to Family: _____

Entombment at: _____ Other (specify): _____

Disposition of Cremated Remains Designated by:

(Signature)

(Address) (Telephone Number)

Cremated Remains that have not been claimed within 120 days from the date of cremation may be disposed of by the College, in the following manner of disposition:

(Name of Funeral Director)

(Signature of Funeral Director)

(Date)

TO BE COMPLETED FOLLOWING CREMATION AND DISPOSITION OF REMAINS

Cremation: _____
(Actual Date) (Location of Crematory)

Disposition of Cremains: _____
(Manner of Disposition)

(Location)

(Date)

(Name of Person Making Disposition)

(Signature)

(Date)