INSTRUCTIONS

Part I  HOW TO COMPLETE THE FORMS

For each person, two copies of the Gift Document need to be signed and dated in the presence of two witnesses. The witnesses will then sign the documents. The Personal Data Sheet should be completed. It provides the necessary information required by the State of Oregon for completing an Oregon State Death Certificate and information that will be of value for our studies.

ALL INFORMATION PROVIDED BY YOU REMAINS CONFIDENTIAL AND SECURE.

A. Return University Copy of Gift Document and Personal Data Sheet to:

Western University of Health Sciences
Body Donation Program
200 Mullins Drive
Lebanon, Oregon  97355

B. Retain Donor Copy of Gift Document for your records. Inform your family, close friends, attorney and physician of your wishes. Be sure they are familiar with Part II below. Give your family a copy and upon entering a hospital, request a copy of your Gift Document to be attached to your Medical Chart.

Part II  WHAT TO DO WHEN DEATH OCCURS

When death occurs, the Body Donation Program office at Western University of Health Sciences must be notified immediately. This office will arrange to have the decedent transported to Western University. When our representative arrives, they will contact the physician or County Coroner’s Office, if necessary. They will also file the Death Certificate with the County Health Department in which the death occurred.

To report a Death, please call:  (541) 259-0256

If it is after Program hours (8:30 AM to 4:30 PM Monday through Friday) or a weekend or holiday, please follow the Voice Mail instructions to obtain immediate assistance.

NOTICE: Western University of Health Sciences RESERVES THE RIGHT TO REFUSE ACCEPTANCE OF A REGISTERED DONOR’S REMAINS under certain conditions. Among these are: Diagnosis of Creutzfelt-Jacobs Disease, Hepatitis, HIV, or Tuberculosis, Jaundice or amputation, autopsy or major organs harvested, extensive burns, trauma or surgery 4 weeks prior to death.  Weight: Men over 235 lbs.;  Women over 210 lbs.

Other particular conditions may also preclude acceptance of a registered donor’s remains.
I hereby state that it is my wish to donate my body or a loved one to Western University of Health Sciences, immediately upon death, for teaching purposes, scientific research, or such purposes as Western University of Health Sciences or its authorized representatives shall, in their sole discretion, deem advisable. The body, when delivered to the University, should be un-embalmed, un-autopsied, and intact. Western University of Health Sciences will perform or have performed any needed embalming.
I agree to inform Western University of Health Sciences regarding any changes of address.

Date ___________________________  (Print name of donor)

Signed ____________________________  Donor or Next of Kin

Address ____________________________  (Street Address)  (City, State, Zip Code)

My wishes are that the University have the body cremated and:

_________Scattered at Sea  ________Returned to Family

We, the undersigned witnesses, hereby affirm with our signatures that the above donor or donor family signed and dated this document in our presence.

Witness 1 (signature) ____________________________

Address ____________________________  (Street Address)  (City, State, Zip code)

Witness 2 (signature) ____________________________

Address ____________________________  (Street Address)  (City, State, Zip code)

In the event of death, call (541) 259-0256, for complete instructions.  UNIVERSITY COPY
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Address______________________

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Witness 2 (signature)______________________________________________

Address______________________

(Street Address) (City, State, Zip code)

In the event of death, call (541) 259-0256, for complete instructions. **PERSONAL DONOR COPY**
DONOR

FULL NAME_________________________________________

DATE OF BIRTH_________________ STATE OF BIRTH_________________

SS#____________________________ MILITARY SERVICE: YES OR NO__________

MARITAL STATUS_________________ YEARS OF EDUCATION_______________

RACE_________________ USUAL OR LAST EMPLOYER________________________

OCCUPATION (NOT retired)______________________________________________

KIND OF BUSINESS_________________ YEARS IN OCCUPATION____

RESIDENT ADDRESS____________________________________________________

CITY & ZIP_____________________________________ YEARS IN COUNTY_______

FULL NAME OF SPOUSE (Maiden)__________________________________________

FULL NAME OF YOUR FATHER__________________________ BIRTH STATE_______

FULL NAME OF YOUR MOTHER__________________________ BIRTH STATE_______

(Maiden)

I have completed the personal data above and verify it as accurate. I also understand that my body may be sent to another medical institution of higher learning that is approved by WesternU for the betterment of medical science.

Sign ________________________________ Date ________________

UNIVERSITY COPY