



# Western University

OF HEALTH SCIENCES

Dear Applicant,

Thank you for your interest in donation to the Willed Body Program at Western University. Your generous gift enables us to better instruct our medical students by providing a realistic human anatomy experience, and to further important research. The typical period of donation lasts between **1-2 years**.

Enclosed in this packet, you will find the following forms:

1. **Release** – Allows Western University to transport donor from place of death to the University.
2. **Pathology Medical Records Release** – Provides valuable medical information from health care facility to the University, to provide a case history as to pathological conditions the donor may have had.
3. **Gift Document** – Gives Western University permission to embalm and otherwise prepare donor for study for up to 2 years.
4. **Personal Data Sheet** – Provides important vital statistics that are necessary for filing the death certificate.

After the forms are completed and returned to the Willed Body Program (Attention: Stephen Nichols), I will determine eligibility and notify applicant of acceptance or rejection. For those donors **ACCEPTED** into the program, further correspondence will follow regarding how to obtain **certified copies of the death** certificate from the Health Department in the county where the death occurred.

For those donors **DECLINED**, it is due to stringent guidelines that allow the Willed Body Program to select only those donors that will remain well-preserved for prolonged study and safe for our students. **Conditions that preclude donation** include: HIV, TB, Hepatitis, MRSA, VRE, COVID 19, long bone donation, major surgery in past month, autopsy, previous embalming, extreme jaundice, major trauma, major edema, extensive burns, chronic wounds, amputation, and **weight over 200 lbs.**

**NOTE:** *If a donor is accepted, and upon arrival to Western University, it is discovered the donor has any of the aforementioned conditions, the acceptance will be reversed, and the next of kin will be responsible for handling all legal and financial responsibilities regarding final disposition of their loved one, at a funeral establishment of their choice, which may include reimbursement of Western University's costs incurred for transportation fees.*

Once again, thank you for your generous gift, and don't hesitate to contact me with any questions or concerns.

Gratefully,

**Stephen Nichols**

(B Tech., M.F.S.)

**Director of the Willed Body Program**

Phone: (909) 706-3467 Email: [snichols@westernu.edu](mailto:snichols@westernu.edu) Fax: (909) 469-5367



# Western University OF HEALTH SCIENCES

## Release Form

I, \_\_\_\_\_, \_\_\_\_\_  
(print full name) (relationship to deceased)

Attest that I am next of kin (person with the right to control disposition according to California Health & Safety Code 7100) for

\_\_\_\_\_  
(full name of decedent)

And I give permission for Western University of Health Sciences Willed Body Program to utilize above named decedent for teaching, scientific research, or other such purposes as the university deems appropriate. I understand the donation period could be as long as 2 years.

Should acceptance be declined, I agree to assume legal and financial responsibility for the transfer and disposition of the remains of the above-named decedent, while understanding that Western University of Health Sciences holds no legal or financial responsibility.

Furthermore, I understand that upon completion of studies, the remains of the above-named decedent will be cremated and I have the option to either have the cremated remains **scattered at sea** or **returned to me** via Priority Mail Express (signature required upon delivery).

**Western University of Health Sciences reserves the right to refuse acceptance of a previously registered or newly registered donor's remains for any of the following reasons:**

- Weight over 200 lbs., prior embalming, Autopsy
- Amputation, Chronic wounds, Extreme jaundice/edema
- Creutzfeldt-Jakob Disease (CJD) and other prion diseases
- Hepatitis, HIV, COVID-19, Tuberculosis, MRSA, VRE
- Major surgery in last month, Major trauma, Extensive burns

Signature of Next of Kin \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Witness #1 \_\_\_\_\_ Date \_\_\_\_\_  
 Signature Witness #2 \_\_\_\_\_ Date \_\_\_\_\_

**Stephen Nichols**

(B Tech., M.F.S.)

**Director of the Willed Body Program**

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## Pathology Medical Records Release

**PLEASE SEND TO THE ATTENTION OF:**

**Stephen Nichols**, Director of the Willed Body Program

[snichols@westernu.edu](mailto:snichols@westernu.edu)

Phone (909) 706-3467

Fax (909) 469-5367

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(full name) (name of doctor)

and any other physician or health care provider, to release any relevant pathology medical reports, records, or findings concerning \_\_\_\_\_,  
(name of deceased)

whose body has been gifted to the Willed Body Program at Western University of Health Sciences, for use in its educational programs.

This authorization is valid for one year following the date of execution shown below. A copy of this authorization may be relied upon in the same manner as the original. Signer has the right to receive a copy of this Medical Records Release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Witness printed name \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

**Stephen Nichols**

(B Tech., M.F.S.)

**Director of the Willed Body Program**

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# Western University OF HEALTH SCIENCES

## Gift Document

I hereby state that it is my wish to donate the body of \_\_\_\_\_,  
(name of deceased or pre-registrant)

To Western University of Health Science for teaching, scientific research, or such purposes as Western University of Health Sciences or its authorized representatives shall, in their sole discretion, deem appropriate. Upon delivery to the University, the decedent must be unembalmed, unautopsied, intact, and refrigerated if more than **8 hours** have elapsed since the time of death. I understand that if more than **48 hours** have elapsed since time of death, donation may not be possible.

I agree to inform Western University of any change in my address, so that the cremated remains of the decedent may be delivered to the correct individual and location.

After a donation period of 1 – 2 years, I would like the cremated remains (circle one):

**Scattered at Sea** (off coast of Orange County)

**Returned to family** via Priority Mail Express

Print full name of deceased or pre-registrant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

We, the undersigned witnesses, hereby affirm with our signatures that the above pre-registrant or next of kin (person with the right to control disposition according to California Health & Safety Code 7100) signed and dated this document in our presence.

**Witness 1** (printed name) \_\_\_\_\_ (signature) \_\_\_\_\_

Address \_\_\_\_\_

**Witness 2** (printed name) \_\_\_\_\_ (signature) \_\_\_\_\_

Address \_\_\_\_\_

**Stephen Nichols**

(B Tech., M.F.S.)

**Director of the Willied Body Program**

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## Personal Data Sheet

Donor's full name \_\_\_\_\_ D.O.B. \_\_\_\_\_

State of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Marital Status \_\_\_\_\_

Military Service? **Yes No** If yes, what branch? \_\_\_\_\_

Highest Level of Education Completed \_\_\_\_\_ College Degree? **Yes No**

If yes, type of degree \_\_\_\_\_

Donor's Gender \_\_\_\_\_ Donor's Race \_\_\_\_\_

Occupation (Not Retired) \_\_\_\_\_

Kind of Business \_\_\_\_\_ Years in Occupation \_\_\_\_\_

Donor's Address \_\_\_\_\_

Years in County \_\_\_\_\_

Full name of Spouse (Maiden) \_\_\_\_\_

Full name of Donor's Father \_\_\_\_\_ Birth State \_\_\_\_\_

Full name of Donor's Mother (Maiden) \_\_\_\_\_ Birth State \_\_\_\_\_

**Stephen Nichols**

(B Tech., M.F.S.)

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