



Western University

OF HEALTH SCIENCES

The discipline of learning. The art of caring.

Niña McCoy

Willed Body Program Director

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Dear Applicant,

This packet contains information and registration forms for the Willed Body Program at Western University of Health Sciences. You will find that it includes instructions for donor registration and forms. This program has aided in research and training of Medical and other Health Science Students at Western University. We are happy to accept anyone in Los Angeles, Orange, San Bernardino and Riverside Counties, with no limit to their age, or with limited exceptions, past medical conditions.

The human body is a unique and priceless gift which provides the source for knowledge. Many donated bodies may be used in research. A practical aspect is the financial savings to the families. As you consider the option of donating your body to science, know that the need is great, and your gift will be valued and honored.

Sincerely,

Nina Mc Coy
Willed Body Program Director

Western University of Health Sciences Body Donation Program

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. They will then sign the document. The Personal Data Sheet should be completed. It provides the necessary information required by the State of California for completing a California 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
309 E. Second Street
Pomona, California 91766-1854**

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. 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: (909)469-5431

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 Creutzfeldt-Jacobs Disease, Hepatitis, HIV, Tuberculosis, MRSA or VRE. Jaundice or amputation, autopsy or major organs harvested, extensive burns, trauma or surgery 4 weeks prior to death. Prior embalming. Weight: Men over 225 lbs.; Women over 200 lbs.

Other particular conditions may also preclude acceptance of a registered donor's remains.

WESTERN UNIVERSITY OF HEALTH SCIENCES
WILLED BODY PROGRAM GIFT DOCUMENT



I hereby state that it is my wish to donate my body to **Western University of Health Sciences**, immediately following my 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. My body, when delivered to the University, should be unembalmed, unautopsied, and intact. I agree to inform **Western University** of any change in my address.

Date _____
(Print name)

Signed _____

Address _____
(Street address) (City, State, Zip Code)

I would like to have my cremains: Scattered @ Sea Returned to Family

We, the undersigned witnesses, hereby affirm with our signatures that the above donor 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 case of Death, call (909) 469-5431, for complete instructions.

UNIVERSITY COPY



**WILLED BODY PROGRAM
PERSONAL DATA SHEET**

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 FATHER _____ BIRTH STATE _____

FULL NAME OF MOTHER (Maiden) _____ BIRTH STATE _____

To your knowledge, have you ever had: (Circle if yes)

Tuberculosis

Hepatitis

HIV

Creutzfeldt-Jacobs Disease