



ALBANY MEDICAL COLLEGE

ANATOMICAL GIFT PROGRAM

47 New Scotland Avenue, Mail Code 135, Albany, New York 12208-3479
Room J 410-5

PHONE 518.262.5379
www.amc.edu

Albany Medical College Anatomical Gift Program

Declaration of Consent

As authorized by the provisions of the Uniform Anatomical Gift Act of Public Health Law (section 4301) of the State of New York, I, *(Print Name)* _____, being of sound mind and 18 years of age or older, direct that immediately after my death, Albany Medical College be notified and that my body be made available to them for the purposes of medical education, research and/or unrestricted gift purposes.

It is understood that receipt of the Declaration of Consent does not constitute a guarantee that Albany Medical College will ultimately accept the donation of my remains - the decision to accept or decline a donation is made at the time of death.

If accepted, my body shall be used for professional health education and research as determined by Albany Medical Center. I authorize the Albany Medical College to chemically preserve my body or to use my body in an un-embalmed state as an anatomical specimen. I further authorize the use of my body for purposes such as dissection, training procedures, study, physical exam, preservation techniques; and on occasion a portion of the donation may be retained, archived, and photographed for extended teaching or research purposes without return to the whole for cremation. Please note, that there will not be any release of information concerning reports, findings, or other test results. On the occasion a study has been done, reports and findings are used for the study purposes only, and not released to individual's families.

Albany Medical College reserves the right to decline the donation under conditions where there is family dissent or where the remains are deemed unsuitable for educational or research purposes. Please be advised that from approximately December 18th through January 3rd each year the program closes due to the maintenance of certain resources necessary to its' acceptance of donors' gifts. The program will NOT be able to accept ANY donor's remains during those times, and his or her family will need to make other arrangements for their disposition. We may also decline if we simply lack sufficient physical capacity to accept additional donations. If Albany Medical College declines my donation I understand that alternate arrangements must be made by my family or estate for the disposition of my body.



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Some examples of unsuitability of remains included extreme decomposition, serious trauma, autopsy, infectious disease, exceeding height/ weight ratio restrictions, injury to the donor's skin or in the case where a donor's body cannot arrive within 24 hours of death. Albany Medical College promotes the advancement of health education and postgraduate medical education programs within New York State, and while most of our donors remain in Albany Medical Center, some may be transferred to other teaching facilities whose programs do not receive enough anatomical donors to meet their needs. These programs must comply with all federal, state and local laws and regulations governing anatomical donations. Each individual donor is tracked throughout the process and returned to Albany Medical college for individual cremation.

Albany Medical College contracts with our own funeral home who is responsible for receiving the donor's body within this timeframe. When the donor is accepted, the funeral home Albany Medical College contracts with, provides transportation of the donor at no cost to the estate (within a 100-mile radius). If you choose to make your own arrangements with an outside funeral home, or if the death occurs outside of a 100-mile radius, Albany Medical college will reimburse the funeral home for transportation expenses only, not to exceed the amount of **\$300.00**. Any additional expenses will be borne by the decedent's estate and have so directed the family and/or the executor or administrator of the estate. If an outside funeral home is requested, the family or heirs should notify us at time of death. Albany Medical College encourages organ donation, and will not decline your donation within a 100-mile radius because of organ donation.

Printed Name: _____

Signature: _____ Date: _____

Please complete and mail all pages to:

Albany Medical College
Anatomical Gift Program
47 New Scotland Avenue MC-135
Albany, NY 12208-3479

Phone: 518-262-5379

Statistical Information Sheet Concerning Donor (Yourself) is Required for the Proper Completion of the Death Certificate. (*Please print or type*)

Name: First _____ M. _____ Last _____ DOB: _____

City & State of Birth _____ County of Residence _____

Current Address _____

Phone # _____ Race _____ Height _____ Weight _____

US Armed Force? No _____ Yes _____ War or Service Dates _____

Usual Occupation (**do not enter retired**) _____ City/St. _____

Kind of Business or Industry _____ Homemaker Y _____ N _____

Education Level <8th gr. _____ 9th- 12th gr. W/ Diploma _____ 9th- 12th W/GED _____

College: Associate's Degree _____ Bachelor's Degree _____ Doctorate/Professional Degree _____

Fathers Full Name _____ Fathers Place of Birth City & St. _____

Mothers First& Maiden Name _____ Place of Birth City & St. _____

Marital Status: _____ Spouse's First & Maiden Name _____

Spouse's Address & Phone # (if different) _____

Medical History and other Pertinent Information is vital to determine the suitability of applicable studies.

Check any of the following which you may have incurred:			
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Coronary bypass surgery	<input type="checkbox"/> Coronary valve replacement	
<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Hip Replacement	<input type="checkbox"/> Abdominal Surgery	<input type="checkbox"/> Knee Replacement
<input type="checkbox"/> Amputee	<input type="checkbox"/> Infectious Disease, if so which: _____		

Please list chronic conditions any major procedures or surgeries not listed above, as well as any additional information you would like to share with those you will be teaching:

Next of Kin and Disposition Information Page

Following their use for educational and/or research purposes (approximately 12 to 24 months), all bodies are individually cremated. **One** of the following options for the final disposition of the cremains **MUST** be checked:

- I would like my cremated remains returned to my family or heirs.
- I would like my cremated remains interred in one of the Albany Medical College burial plots.
- I would not like cremated remains returned.

<p>Next of Kin Contact Information (Required):</p> <p>Relationship to you? _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Telephone _____</p> <p>E-Mail Address _____</p> <p>(if available)</p>	<p>Alternate Next of Kin Contact Information (Required):</p> <p>Relationship to you? _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Telephone _____</p> <p>E-Mail Address _____</p> <p>(if available)</p>
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According to the law of the State of New York, donors of bodies must be of sound mind and be at least eighteen (18) years of age. This document must be signed by the prospective donor in the presence of two witnesses who are at least 18 years of age. These forms need not be notarized.

**** Next of Kin/Responsible parties may not sign on behalf of the donor. ****

Please print or type all information clearly:

Name (Mr.-Mrs.-Miss-Ms.) _____

Address _____

Street City State Zip Code

Telephone (____) _____ - _____ Date of Birth _____ Social Security _____

Donor's Signature _____ Date _____

Form will only be accepted if signed by the donor – NOK/Responsible Party Signatures are not permissible

Witness Signature _____ Date _____

Witness Signature _____ Date _____