

Donations

Eligibility to Donate

Most adults are eligible for anatomical donation. The medical school uses gifted bodies to study the structure of the whole human body. We accept and use as many bodies as possible. However, there may be certain circumstances that make it inadvisable for us to accept a donation. If you are considering a whole body anatomical donation and you choose to plan for it, you should also make alternate arrangements with a funeral director in the event we cannot accept your donation. Disqualifying circumstances may include when an autopsy has been performed, the presence of an infectious or contagious disease or obesity. Please do not let this deter you from planning a donation, if that is your wish. Without your initial statement of intent to donate, our program would not exist.

Planning is important because time is a factor in anatomical donations. Usually, donor bodies are embalmed as soon as we receive them and they are stored until needed. It is our policy not to accept a donor who has been deceased for more than 24 hours. On occasion, the UR may transfer a donor to another institution legally authorized to receive anatomical gifts for medical education. However, all donors are returned and cremated at the UR.

Once a donated body has been received at the University of Rochester, there can be no viewing.

How to Donate

In New York State, a donor must be at least 18 year of age and of sound mind. Donation forms are available for download or by calling (585) 275-2592.

The donation form is completed in duplicate and signed in the presence of and by two witnesses, as required by the Public Health Law and does not need to be notarized. Witnesses must be at least 18 years of age and should be family members or friends. When

you have completed the form, you can mail it to the Anatomical Gift Program at the address provided on the form. It is also advisable to include a statement regarding your wishes for whole body donation in your will.

Within 3 weeks of receiving your donation form, we will send you a yellow pocket card acknowledging your intention to donate. Please allow 3 weeks for your card to arrive. Once it does, please keep it with you at all times. If you are admitted to a hospital or other health care facility, please let the staff know that in the event of your death, you are a whole body donor.

Organ and Body Donation

A person may also donate his or her eyes and still donate their whole body to our program. However, the recovery of other internal organs for transplant, such as heart, lungs, liver, pancreas, intestines and kidneys or tissues such as bone, skin, heart for valve, and blood vessels requires extensive surgery and generally means that the body will not be acceptable for donation to our program.

If you wish, you may donate your eyes to organizations such as the Lyons Eye Bank at Rochester, but you must make these arrangements separately from your whole body anatomical donation. Directly contact the [Lions Eye Bank at Rochester](#). They will assist you with the arrangements. At the time of your death, it is your family's responsibility to contact the Eye Bank regarding your donation to them.

Payment is Prohibited

The laws of New York and all other states specifically prohibit the giving of "anything of value" in return for a whole body gift or donation of organs. This means that no cash or payment of any kind can be made to a donor or their survivors.

Contact Us

Anatomical Gift Program
The University of Rochester
School of Medicine & Dentistry
601 Elmwood Avenue, Box 603
Rochester, NY 14642
Phone: (585) 275-2592

UNIVERSITY OF ROCHESTER MEDICAL CENTER ANATOMICAL GIFT PROGRAM
“DECLARATION OF DONATION”

Being of sound mind and body and being 18 years of age or older, I direct that immediately after my death, my body be made available to the nearest medical school for education and/or research, as authorized by Section 4301 of the New York State Public Health Law.

Should my death occur at a hospital or nursing home in Monroe County (New York): I request that the University of Rochester School of Medicine and Dentistry be designated to carry out my directions. In such case, notice should be given promptly, no later than 24 hours following my death, to the Admitting Office of Strong Memorial Hospital, 601 Elmwood Avenue, Rochester, New York, 14642, (585) 275-2270, or the Anatomical Gift Program at the same address (585) 275-2592.

Donating your whole body-making an anatomical gift- is a lasting and valuable contribution to medical education and/or research. Since the intact body is of greatest value for teaching medical specialists and allied health professionals, *no autopsy* should be performed on my body prior to donation. I authorize the UR to perform the embalming and to cremate my body following its use (*most commonly two to two ½ years after death*). On occasion, a portion of the donation may be retained and archived for teaching purposes. The UR shall have the right to transfer my body to another institution legally authorized to receive anatomical gifts for the purpose of medical education. However, my body will be returned to the UR for cremation. ***It is our policy to accept and use as many donor bodies as possible, but circumstances sometimes arise which make it inadvisable for us to accept a donor. You should make alternative arrangements for the disposition of your body in case it is unacceptable to the Medical School.***

A. THE UNIVERSITY OF ROCHESTER CANNOT PAY TRANSPORTATION COSTS IF DEATH OCCURS OUTSIDE MONROE COUNTY. SHOULD MY DEATH OCCUR OUTSIDE MONROE COUNTY (NEW YORK), I DIRECT THE FOLLOWING:
(Check ONE of the following two statements)

1. _____ My body be made available to the nearest medical school, and my executor be authorized to pay from my estate any costs for transportation.
2. _____ My executor be authorized to pay from my estate the cost of transportation of my body to the University of Rochester School of Medicine and Dentistry.

B. IF MADE AVAILABLE TO THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY, I THE UNDERSIGNED HEREBY GIVE THE UNIVERSITY OF ROCHESTER CREMATORIUM FULL AND COMPLETE AUTHORITY TO CREMATE MY REMAINS AND RELEASE THE UNIVERSITY OF ROCHESTER CREMATORIUM FROM ANY AND ALL LIABILITY ON ACCOUNT OF SAID AUTHORIZATION AND CREMATION. MY REMAINS SHOULD BE DISPOSED OF IN ACCORDANCE WITH THE STATEMENT CHECKED BELOW (Check ONE of the following two statements):

1. _____ Be cremated following the use of my body (most commonly 2 years later), and inter my cremated remains at the burial site of the University of Rochester.
2. _____ Be cremated following the use of my body (most commonly 2 years later) without cost to my estate, and the ashes are made available to my heirs who will assume the cost of burial. My cremated remains should be made available to the person listed below: (Please print):

Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Phone: () _____

Signed by the Donor in **the presence of the following two people**, who sign as witnesses (when possible, witnesses should be your legal next of kin, i.e.: spouse, children, sibling, executor named in your will):

[1] **Witness: please print clearly all information, then sign and date where designated:**

Name _____ Relationship: _____
Address: _____ City: _____
State/Zip: _____ Phone: () _____
Signed: _____ **Date:** _____

[2] **Witness: please print clearly all information, then sign and date where designated:**

Name _____ Relationship: _____
Address: _____ City: _____
State/Zip: _____ Phone: () _____
Signed: _____ **Date:** _____

Donor Signature: _____ Phone: () _____
Address: _____ Apt. #: _____
City/State/Zip: _____ Date: _____

**THE FOLLOWING STATISTICAL INFORMATION CONCERNING DONOR (YOURSELF) IS REQUIRED
FOR THE PROPER COMPLETION OF THE CERTIFICATE OF DEATH. PLEASE PRINT OR TYPE.**

One Original copy of this form properly completed and signed should be sent to the University of Rochester Medical School, Anatomical Gift Program, 601 Elmwood Ave, Box 603, Rochester, NY 14642. Also to this address, you must send in writing any necessary changes in the information supplied on this form. Please advise any institution, hospital, or nursing home, etc. of your donation. **TYPE OR PRINT CLEARLY ALL INFORMATION.**

| | | | |
|--|----------------------|-----------------------|---|
| 1. Name: (first) _____ (middle) _____ (last) _____ | | | 2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 3. Age: _____ | 4. Birth Date: _____ | 5. Soc. Sec. #: _____ | 16. Education: (check highest level or degree completed) <input type="checkbox"/> 0-8 <input type="checkbox"/> College credit, but no degree <input type="checkbox"/> Master's degree <input type="checkbox"/> 9-12, no diploma <input type="checkbox"/> Associate's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> High School Grad / GED <input type="checkbox"/> Bachelor's degree |
| 6. Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian (specify) _____ <input type="checkbox"/> Amer. Indian or Alaska Native (specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (specify) _____ | | | |
| 7. Of Spanish / Hispanic / Latino Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check below appropriately) <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Chicano <input type="checkbox"/> Cuban <input type="checkbox"/> Central or South America <input type="checkbox"/> Other (specify) _____ | | | 17. Your legal address: House #/Street/Apt #: _____ City / State / Zip: _____ County: _____ |
| 8. Veteran of U.S. Armed Forces: If yes, below, specify war or dates of service: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. City and State of Birth: (If not born in the U.S.A, give town and country.) _____ | | | 18. Locality: (<i>Check one and specify</i>) <input type="checkbox"/> City of: _____ <input type="checkbox"/> Town of: _____ <input type="checkbox"/> Village of: _____ |
| 10. Citizen of what Country: _____ | | | |
| 11. Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | |
| 12. Spouse's Name: (If wife, please give her maiden name) _____ | | | 19. Name of Father: (<i>First, Middle, Last name</i>) _____ |
| 13. Your main occupation currently or <u>when</u> you were working: (<i>do not enter retired</i>) _____ | | | 20. Name of Mother: (<i>First, Middle, Maiden Last name</i>) _____ |
| 14. Type of business or industry: _____ | | | 21. Name of immediate next of kin: _____ Address: _____ City/State/Zip: _____ Phone #: () _____ Relationship: _____ |
| 15. Name and locality (town/state) of company/firm identified in Item #13. _____ | | | |

We may obtain any additional information needed concerning yourself from: (fill in each section with all requested information - if you have no attorney, just place "N/A" in that area)

| | | | |
|--|------------|------------------------|------------------------|
| Attorney: | Name _____ | Complete Address _____ | Phone _____ |
| Physician: | Name _____ | Complete Address _____ | Phone _____ |
| Additional Relative: (other than # 21) | Name _____ | Relationship _____ | Complete Address _____ |
| 3 rd Relative / or Close Family Friend | Name _____ | Relationship _____ | Complete Address _____ |
| | | | Phone _____ |