

SUNY DOWNSTATE

ATOMY/CELL BIOLOGY

**RELEASE FORM**

I hereby release the remains of \_\_\_\_\_ to the State University of New York at Downstate, City of Brooklyn, Kings County, State of New York, for use in the Department of Anatomy/Cell Biology, under stated conditions of donation for medical education and research. I understand that any remains not used by the Department of Anatomical Sciences maybe forwarded to other medical research facilities as designated by the administration of the Department of Anatomy/Cell Biology, State University of New York at Downstate.

All remains are cremated when studies are complete. Individual caskets are provided and the University assumes the cost of cremation. While such return may be possible in less than two years, request should be made at the time of death. I herby authorize the Department of Anatomy/Cell Biology at Downstate to cremate remains.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_ Telephone \_\_\_\_\_

Adress \_\_\_\_\_

Relationship \_\_\_\_\_

**Witness: Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to donor  
(if any) \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

**Witness: Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to donor  
(if any) \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

The spouse, next of kin or the estate executor must sign the Release Form. It may be sent to the address below, or the family may retain it. It must be available at the time of death to complete arrangements for donation.

Complete forms to be returned to:

**SUNY Downstate Medical Center  
Anatomical Gift Program  
450 Clarkson Avenue  
Box 5  
Brooklyn, New York 11203**



**SUNY**  
**DOWNSTATE**  
Medical Center

University Hospital of Brooklyn  
College of Medicine  
School of Graduate Studies  
College of Nursing  
College of Health Related Professions

**Department of Anatomy  
and Cell Biology**

**ANATOMICAL GIFT ACT PROGRAM**

**Of**

**SUNY Downstate Medical Center at Brooklyn**

**Dr. Samuel Marquez  
Program Director**

**Anatomy Office  
(718) 270-1419**

**LETTER OF INFORMATION**

Dear Donor:

Thank you for your interest in the advancement of medical teaching and research. Your decision to donate your body to medical research is greatly appreciated and will aid in solving the problem of securing a sufficient number of human bodies for use in medical education and research.

Enclosed please find an "ANATOMICAL GIFT DONOR CARD". This card should be kept on your person at all times (in your wallet, purse, etc.). Please fill out the three enclosed forms and return them to our office. They must be signed and witnessed as well. If the Donor lives alone, you should give your next-of-kin, or a person you have designed to carry out your wishes and is aware of your gift a copy of these forms.

**THE FOLLOWING INFORMATION IS DIRECTED TO THE FAMILY AT THE TIME OF  
DEATH**

During Monday-Friday, SUNY Downstate Medical Center can be contacted between the hours of 9AM to 4PM at (718) 270-1419. At any other time, day or night, please call our Funeral Directors Taglia, Lysak & Company at (800) 526-5761.



SUNY  
**D**OWNSTATE  
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### **Instructions for Whole Body Donation**

To participate on our Whole Body Donation Program for Medical Research and Education contact T L C @ (800) 526- 5761 or (516) 599- 0041 at the time death occurs. T L C (Taglia, Lysak & Co.) are our licensed Funeral Directors and will handle all the details necessary to bring the deceased to our facility. We hold T L C in the highest regard and know they will handle all aspects of the transportation of your loved one with the utmost dignity and respect. You can contact them anytime of the day or night, regardless of whether or not the death occurred in a hospital, health care facility or home. They will also handle the acquisition of all the proper paper work, and will be contacting you for the deceased's statistical information. This service is of no cost to you with these exceptions:

- if the death occurs outside the five boroughs of New York City or the two counties of Long Island
- copies of Certified Death Certificates. Certified Death Certificates are issued by the Department of Health and are \$15.00 each if the death occurred within one of the five boroughs of New York City and \$10.00 each if the death occurred at any other location in New York State. You will be informed of the fees for states other than New York.

We suggest that you keep these instructions in a place where the next of kin to the deceased will have access to them.

If you have any questions, please do not hesitate to contact me directly at (718) 270 1419.

Sincerely,

Michael McGillicuddy  
Licensed Funeral Director  
Gross Anatomy Supervisor  
SUNY Downstate Medical Center

**SUNY DOWNSTATE**

**ANATOMY/CELL BIOLOGY**

**PERSONAL DATA:**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: Street \_\_\_\_\_

City/Village \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Education Level: Grammar School \_\_\_\_\_ HS \_\_\_\_\_ AS \_\_\_\_\_ BS \_\_\_\_\_ PHD \_\_\_\_\_

Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Country of Birth if other than U.S. \_\_\_\_\_

Father's Name \_\_\_\_\_ Mothers Name (Maiden) \_\_\_\_\_  
(first & last)

Current Marital Status \_\_\_\_\_ Spouse Name (Maiden) \_\_\_\_\_  
(first & last)

Veteran: No \_\_\_\_\_ Yes \_\_\_\_\_ Branch of Service \_\_\_\_\_

Usual Occupation \_\_\_\_\_ Type of Business \_\_\_\_\_  
(Do not enter retired)

**MEDICAL HISTORY:** (Please list only major illnesses and medical procedures)

SUNY DOWNSTATE

ANATOMY/CELL BIOLOGY

ANATOMICAL GIFT FORM

I am over 18 years of age and of sound mind. I wish to make an anatomical gift of my entire body to State University of New York at Downstate, City of Brooklyn, Kings County, State of New York, for use in the Department of Anatomy/Cell Biology for purposes of medical study and research. I further direct that delivery of my remains be made as soon as possible after **death without autopsy or embalming.**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witness:

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

Printed Name \_\_\_\_\_ Relationship to donor  
(if any) \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

Witness:

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

Printed Name \_\_\_\_\_ Relationship to donor  
(if any) \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

I understand that any remains not used by the Department of Anatomy/Cell Biology may be forwarded to other medical and research facilities designated by the Administration of State University of New York at Downstate

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Anatomical Gift Program  
Box 5  
450 Clarkson Avenue  
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