

Potential Member,

Thank you for your interest in becoming a Member of the Willed Body Program at UT Southwestern Medical Center. Our donors have advanced our Willed Body Program to the forefront of Medical Education and Research. Enclosed you will find the necessary forms that must be completed and returned to our office either via mail, email, or fax.

Please be sure to complete each enclosed form in its entirety.  
These forms can be returned via mail, email, or fax.

- a. Mailing address: P.O. Box 35227, Dallas, Texas 75235-0227
- b. Email: [WBMembershipServices@utsouthwestern.edu](mailto:WBMembershipServices@utsouthwestern.edu)
- c. Fax: Attention: Membership Services

- ❖ Application packets are processed within **45 business days** of receipt. Approved applications are responded to via U.S. mail or email if one is provided. You will receive a Welcome Letter and Member ID Cards. Forms received missing pertinent information or missing signatures will delay processing.

Thank you for your consideration of the Willed Body Program at UT Southwestern Medical Center.

Sincerely,

Membership Services

[WBMembershipServices@utsouthwestern.edu](mailto:WBMembershipServices@utsouthwestern.edu)

\*(For rapid responses please email)

OR contact us at Direct Line (214) 648-5029

*Sections to complete by the potential member*

**Donation Agreement Forms:**

Section 1: Information on the Willed Body Program: This is to be read and reviewed in its entirety and completed by the Donor. All sections must be completed and signed where indicated. Please print legibly or type information OTHER THAN SIGNATURES.

*Signatures cannot currently be signed electronically.*

**Personal Data Regarding Donor:**

Section 2: Please carefully read and print legibly or type the information in this section. The Program will use this information to file the death certificate for the Donor. Please note if Donor is retired, give last known occupation before retirement. If the donor was a homemaker, please write/ type homemaker.

**Information Regarding Return of Remains and Donor's Next of Kin:**

Sections 3: Please carefully read and print legibly or type the information provided in this section. The Program will use this contact information to arrange for the return of the Donor's remains.

**Gift by Donor Before Donor's Death:**

Section 4: Please complete section 4 only if you are donating your own body. This can be completed by someone who is of sound mind and will require two adult witnesses and one witness must be a disinterested witness.

**\*If section 4 is completed sections 5 and 6 are not to be completed.**

**Medical Questionnaire:**

The information on this form is used to determine which areas of medical education and research is best suited for the Donor.

The "SAB Number" referenced is for office use only, and this area should be left blank.

**AGREEMENT FOR DONATION TO THE WILLED BODY PROGRAM**  
**AT THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER**

**Instructions for Completing the Willed Body Program Donation Agreement**

This agreement (Agreement) contains the forms necessary to make a donation to the Willed Body Program (Program) at The University of Texas Southwestern Medical Center (UT Southwestern). If you are interested in donating your body, you may complete this Agreement and return it to the Program prior to your death. Another appropriate individual, such as next of kin, may arrange for donation after the donor's death, even if the donor did not previously register with the Program. "Donor" as used in this Agreement means the individual whose body is being donated.

All sections must be completed and signed where indicated. Some sections require a signature witnessed by two people. Please print legibly or type information other than signatures. Specific sections of the Agreement may or may not apply depending on whether you are donating your own body or you are arranging donation on behalf of another person. Please contact the Program at 214-648-2221 with any questions.

When completed, please mail the entire Agreement to the following address and retain a copy for your records:

Willed Body Program  
UT Southwestern Medical Center  
5323 Harry Hines Blvd.  
Dallas, TX 75390-9143

**Notice About Certain Information Laws and Practices:** *With few exceptions, you are entitled on your request to be informed about the information UT Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UT Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180, et. seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.*

**Section 1: Information on the Willed Body Program**

UT Southwestern appreciates your interest in the Willed Body Program. UT Southwestern is a member institution of the Anatomical Board of the State of Texas. The Program accepts donations of human bodies for use for education and research purposes. Human bodies are valuable, not only for training new physicians, but also for conducting medical research and helping specialists develop new treatments and techniques.

Upon the death of a Donor, the Program must be notified of the death immediately, as delay may result in the body becoming unsuitable for the Program. The Program can be notified via phone at 214-648-2221 or toll free at 1-888-905-9991. Staff members are on call 24 hours a day to receive notification. Funeral homes should not be contacted; the Program will handle all removal arrangements. There is no cost to the Donor's family for donation. However, a nominal fee may be charged if the place of death is more than 150 miles from UT Southwestern.

The Program will determine whether a donated body may be accepted and the manner in which an accepted body will be utilized. The Program may decline a body that has been embalmed, that has a contagious disease (such as

HIV, Hepatitis, TB, etc.), that is morbidly obese, that is emaciated, if an independent autopsy has been performed on the body, or if the body is otherwise unsuitable for education and research purposes. The Program will transport and prepare the donated body, if accepted, for education and research. If the Program does not accept a body, the Donor's survivors will need to make other arrangements for the final disposition of the body, and UT Southwestern is not responsible for any costs associated with these other arrangements.

In accordance with state law, all bodies are cremated upon completion of studies. The cremated remains may be returned to the Donor's next of kin if the request to do so has been made in advance. Next of kin should ensure that the Program always has their current address and phone number. Remains are usually returned within 18 to 24 months. Next of kin will be notified by letter of the following options following cremation: receive the ashes by certified mail, make an appointment to receive the ashes in person, or burial at sea. Donors should discuss their wishes with their next of kin. In some instances, cremated remains may not be available due to the nature of the research.

**By signing below, you confirm that you have reviewed and understand the information in Section 1: Information on the Willied Body Program.**

**Printed Name:** \_\_\_\_\_

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

**Section 2: Personal Data Regarding Donor**

*Donors should promptly notify the Program at 214-648-2221 if their contact information changes.*

**Name:** \_\_\_\_\_  
First Middle Last

**Date:** \_\_\_\_\_ **Social Security Number (optional):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State ZIP Code

**County of Residence:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
City State or Country

**Sex:**  Male  Female **Marital Status:**  Married  Never Married  Widowed  Divorced

**Spouse's Name:** \_\_\_\_\_  
First Middle Last (Include Maiden Name if Applicable)

**Race:**  Black  Caucasian  Other (Please describe: \_\_\_\_\_)

**Hispanic or Latino:**  Yes  No

**Highest Level of Education Completed:**  Grades 0-12 (Specify highest year completed: \_\_\_\_\_)  Some College  
 Associate's Degree  Bachelor's Degree  Master's Degree  Doctorate or Professional Degree

**Usual Occupation (If retired, give occupation before retirement):** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_



**Section 4: Gift by Donor Before Donor's Death**

Please complete Section 4 only if you are donating your own body. If you are the Donor's agent or guardian and the Donor is living, please proceed to Section 5. If you are completing this Agreement after the death of the Donor, please proceed to Section 6.

I, \_\_\_\_\_, being of sound mind and disposition and at least 18 years old, and desiring to be of service to my fellow man, do hereby donate my body upon my death to UT Southwestern to be used for research and education, pursuant to the terms and conditions set forth in this Section. I have read and understand the information contained in Section 1 of this Agreement (Information on the Willed Body Program). I adopt the terms and conditions set forth in Section 1 of this Agreement and make them my instructions for the disposition of my body upon my death.

I authorize the Anatomical Board of the State of Texas to transport my body or anatomical specimens from it out of the State of Texas in the event that the Board has determined that the supply exceeds the need for bodies or anatomical specimens in the State of Texas.

**I direct that neither the Anatomical Board of the State of Texas nor UT Southwestern shall incur any liability related to my donation of my body.** Complaints or inquiries regarding a willed or donated body should be directed to the Secretary-Treasurer of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered.

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

Address: \_\_\_\_\_  
Street City State ZIP Code

Phone Number: \_\_\_\_\_

**WITNESSED AT THE REQUEST OF THE DONOR BY:**

*Section 4 must be signed by two adult witnesses, including at least one "disinterested witness." "Disinterested witness" means a witness other than the Donor's spouse, child, parent, sibling, grandchild, grandparent, or guardian.*

\_\_\_\_\_  
Signature of Disinterested Witness

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

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Phone number

**Section 5: Gift by Donor’s Agent or Guardian Before Donor’s Death**

**Please complete Section 5 only if you are the Donor’s agent or guardian and the Donor is living. If you are completing this Agreement after the death of the Donor, please proceed to Section 6.**

As the agent or guardian for \_\_\_\_\_ (name of Donor), I hereby donate his/her body to UT Southwestern upon his/her death to be used for research and education, subject to the terms and conditions set forth in this Section. I have read and understand the terms and conditions set forth in Section 1 of this Agreement (Information on the Willed Body Program). I adopt the terms and conditions set forth in Section 1 of this Agreement and make them the instructions for the disposition of the donor’s body upon his/her death.

I authorize the Anatomical Board of the State of Texas to transport the body or anatomical specimens from it out of the State of Texas in the event that the Board has determined that the supply exceeds the need for bodies or anatomical specimens in the State of Texas.

**I direct that neither the Anatomical Board of the State of Texas nor UT Southwestern shall incur any liability related to the donation of this body.** Complaints or inquiries regarding a willed or donated body should be directed to the Secretary-Treasurer of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered.

I am the agent of the Donor. An “agent” means an individual authorized to make decisions on the Donor’s behalf by a medical power of attorney (unless it prohibits the agent from making an anatomical gift) or expressly authorized to make an anatomical gift on the Donor’s behalf by any other record signed by the Donor. **A copy of the medical power of attorney or other record signed by the Donor must be attached.**

I am the legal guardian of the Donor. A “legal guardian” means a person appointed by a court to make decisions regarding the support, care, education, health, or welfare of an individual. The term does not include a guardian ad litem. **A copy of the relevant court order must be attached.**

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

**Printed Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State ZIP Code

**WITNESSED AT THE REQUEST OF THE DONOR’S AGENT OR GUARDIAN BY:**

*Section 5 must be signed by two adult witnesses, including at least one “disinterested witness.” “Disinterested witness” means a witness other than the Donor’s spouse, child, parent, sibling, grandchild, grandparent, or guardian.*

\_\_\_\_\_  
Signature of Disinterested Witness

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

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Phone number

**Section 6: Gift After Donor's Death**

**Please complete Section 6 only if you are completing this Agreement after the death of the Donor.**

I hereby donate the body of \_\_\_\_\_ (name of deceased Donor) to UT Southwestern to be used for research and education, subject to the terms and conditions set forth in this Section. I have read and understand the terms and conditions set forth in Section 1 of this Agreement (Information on the Willed Body Program). I adopt the terms and conditions set forth in Section 1 of this Agreement and make them the instructions for the disposition of the Donor's body.

I understand that donation of the Donor's body may be made by the following classes of persons who are reasonably available, in the order of priority listed: (1) an agent of the Donor, defined as an individual authorized to make decisions on the Donor's behalf by a medical power of attorney (unless it prohibits the agent from making an anatomical gift) or expressly authorized to make an anatomical gift on the Donor's behalf by any other record signed by the Donor, (2) the Donor's spouse, (3) the Donor's adult children, (4) the Donor's parents, (5) the Donor's adult siblings, (6) the Donor's adult grandchildren, (7) the Donor's grandparents, (8) an adult who exhibited special care and concern for the Donor, (9) the persons who were acting as the Donor's guardians (i.e., a person appointed by a court to make decisions regarding the support, care, education, health, or welfare of the Donor) at the time of death, (10) the hospital administrator, and (11) any other person having the authority to dispose of the Donor's body.

I am not aware of any person who is reasonably available who has higher priority than I do with respect to deciding whether to donate the Donor's body. If I am the Donor's agent, adult child, parent, adult sibling, adult grandchild, grandparent, or a person who was acting as the donor's guardian at the time of death, I am not aware that any other member of my class objects to me donating the Donor's body to UT Southwestern to be used for research and education.

I authorize the Anatomical Board of the State of Texas to transport the body or anatomical specimens from it out of the State of Texas in the event that the Board has determined that the supply exceeds the need for bodies or anatomical specimens in the State of Texas.

**I direct that neither the Anatomical Board of the State of Texas nor UT Southwestern shall incur any liability related to the donation of this body.** Complaints or inquiries regarding a willed or donated body should be directed to the Secretary-Treasurer of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered.

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

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State ZIP Code

**Phone Number:** \_\_\_\_\_ **Relationship to Donor:** \_\_\_\_\_



***The Willed Body Program***  
***The University of Texas Southwestern Medical Center***

***Medical History and Research Assessment Questionnaire***

Donor Name: \_\_\_\_\_

Date form completed: \_\_\_\_\_ \* Are you currently on hospice:  Yes  No



1. Current Weight and Height \_\_\_\_\_ Weight.  
\_\_\_\_\_ Height.
2. Have you:
- A. Been treated by a physician in the past two years?  Yes  No
- B. Been hospitalized in the past two years?  Yes  No  
*Why?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Did you:
- A. Have any serious illnesses or infections in the past?  Yes  No  
*What type and when?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Have any surgical procedures in the past?  Yes  No  
*What type and when?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Have you ever been diagnosed with the following contagious illnesses?
- A. HIV or AIDS  Yes  No
- B. Hepatitis B  Yes  No
- C. Hepatitis C  Yes  No
- D. Tuberculosis  Yes  No
- E. Creutzfeldt-Jakob Disease (CJD)  Yes  No
5. Do you have any history of:
- A. Heart disease?  Yes  No
- B. High blood pressure?  Yes  No
- C. Chest pain?  Yes  No
- D. Varicose veins or poor circulation?  Yes  No
6. Did you have any kidney related disease(s) and/or dialysis treatments?  Yes  No  
Type when how long? \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had cancer (including skin cancer)?  Yes  No  
 Type of Cancer: \_\_\_\_\_  
 Number of years without recurrence? \_\_\_\_\_
8. Have you ever been diagnosed with any type of autoimmune disease?  Yes  No  
 Type, when diagnosed, treatment? \_\_\_\_\_  
 \_\_\_\_\_
9. Do you have a medical diagnosis of:
- |                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| A. Osteoporosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Arthritis?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Broken Bones? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- When, location of break? \_\_\_\_\_

**\*FEMALE DONORS**

10. Have you ever had any of the following?
- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| A. Hysterectomy                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Tubal Ligation               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Caesarean Section            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Bladder Surgery of any kind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Type \_\_\_\_\_