

**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 Willed 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:** \_\_\_\_\_

**U.S. Veteran:**  Yes  No      **If yes:** Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
First Middle Last

**Mother's Maiden Name:** \_\_\_\_\_  
First Middle Maiden Last

**Section 3: Information Regarding Return of Remains and Donor's Next of Kin**

*The Program will use this contact information to arrange for return of the Donor's remains. The Donor or next of kin should promptly notify the Program at 214-648-2221 if this information changes.*

**Are cremated remains to be returned?**  Yes  No

**Next of Kin's Name:** \_\_\_\_\_  
First Middle Last

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

**Email Address:** \_\_\_\_\_

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

**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:** \_\_\_\_\_

**WILLED BODY PROGRAM**

5323 HARRY HINES BLVD. / DALLAS, TEXAS 75390-9143 PHONE  
214-648-2221 / FAX 214-648-4506



# Medical History and Research Assessment Questionnaire

SAB ID: \_\_\_\_\_  
For Office Use Only

Donors Name: \_\_\_\_\_

Person completing forms: \_\_\_\_\_ Relation to donor: \_\_\_\_\_

❖ *Note: The person completing this form should answer all questions to the best of your knowledge. Please comment and elaborate on all questions marked "Yes".*

1. Height and Weight of Donor

\_\_\_\_\_ ' \_\_\_\_\_ "  
\_\_\_\_\_ lbs.

2. Has (s)he :

A. Been treated by a physician in the last two years?

Yes  No

B. Been hospitalized in the past two years?

Yes  No

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did (s)he:

A. Have any serious illnesses or infections in the past?

What type and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No

B. Have any surgical procedures in the past?

What type and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No

4. Has (s)he ever been diagnosed with any of 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. Did (s)he have any history of :

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| A. Heart disease?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. High blood pressure?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Chest pain?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Varicose veins or poor circulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Did (s)he have any kidney related disease(s) and/or dialysis treatments?

Type of treatment, when, how long treatment received? \_\_\_\_\_ Yes No

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7. Has (s)he ever had cancer?

Type of cancer: \_\_\_\_\_ Yes No  
Number of years without recurrence? \_\_\_\_\_

8. Has (s)he ever been diagnosed with any type of autoimmune disease?

Yes No

If yes, what type, when were you diagnosed, any treatment? \_\_\_\_\_

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9. Did (s)he 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 |

Specific location of break and when: \_\_\_\_\_

10. Question 10 is **ONLY** for **FEMALE DONORS** Has she ever experienced 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. Ever had children           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Bladder Surgery of any kind | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Type: \_\_\_\_\_

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## Things You Need To Know

### Willed Body Program Office Numbers

Phone: **214-648-2221 option 1 for immediate assistance** or Toll Free: 1-888-905-9991

- Our office is staffed 24 hours a day, seven days a week. For immediate assistance, select Option 1 to either speak with staff or request they be paged. Voicemail messages will be returned during standard business hours.

### Death Certificates

- a. The Death Certificate Information Form completed by the legal Next-of-kin (or person acting as such) will be used to electronically file the Death Certificate with the State of Texas during those staff members normal business hours as shown at the bottom of this form. **Staff will then contact the Next-of-kin to proofread and confirm the demographic information via email if one is provided on donation paperwork or via phone if no email is provided.**
- b. Verification must be received from the Next-of-kin, or any secondary contacts listed by the next of kin within **48 hours via email or telephone**. Otherwise, the Death Certificate will be filed **as is**. Any corrections needing to be made after verification will be at the expense of the Informant / legal Next-of-kin or person acting as such.
- c. In the processing of filing the death certificate, an electronic death record is started by our facility for your loved one and at that time an electronic notification is sent to the Social Security Administration to verify the following information with their office listed below.
  - Decedents last name, decedent's first name, decedents middle name (if provided), decedents date of birth, decedents gender, decedent's social security number.
- d. With this being said, our office does not make any changes to the social security account of the deceased, it is the responsibility of the legal next-of-kin or person's acting as such to contact the social security administration to make changes to the decedent's benefits. You can contact the Social Security Administration at **1-800-772-1213** or online at [www.SSA.Gov](http://www.SSA.Gov)
- e. We try to have the Death Certificate completed **within 10-14 business days or roughly 2-3 weeks from the date that demographic information is verified**. However, national holidays and/ or doctor availability can cause delays in filing.
- f. **Death Certificates are not distributed by our office**; rather, the Next-of-kin is responsible for purchasing the desired number of copies from the appropriate city and or county office. Our staff will notify the Next-of-kin when the Death Certificate is ready and provide the appropriate information as to how to obtain copies.

### All questions regarding Death Certificates for donors can be directed to these two only:

- **Mrs. Ronnie Money**, at **214-648-9998**, [Ronnie.Money@UTSouthwestern.edu](mailto:Ronnie.Money@UTSouthwestern.edu)
  - Hours: Monday-Thursday 6 - 4 pm.
- **Miss. Jaci Crabtree** (Pronounced Jay-See Krab-tree), at Phone: **214-645-6446**, [Jaci.Crabtree@UTSouthwestern.edu](mailto:Jaci.Crabtree@UTSouthwestern.edu)
  - Hours: Sunday-Thursday 7 - 2 pm.

## Newspapers

- If the family opts to have an obituary placed in a newspaper, that newspaper may call us to confirm our business name and the donor's date of death. Not additional information will be provided.

## Our Studies

- Our studies encompass all aspects of medical education and research. At the request of the legal Next-of-kin (or person acting as such), a study letter can be provided with information regarding which area their loved one benefited. **This request can be made via written request on donation paperwork or via email to [CrematoryServices@UTSouthwestern.edu](mailto:CrematoryServices@UTSouthwestern.edu).** However, please bear in mind the following considerations:
  1. Many details of the medical education and research studies conducted are protected under HIPAA regulations. For this reason, the study letter may contain limited information.
  2. The Willed Body Program does not perform autopsies. Therefore, we do not provide reports on diseases, genetic conditions, medical malpractice concerns, etc. All information we obtain is for medical education and research purposes only.
  3. Our office cannot guarantee participation with a specific area of study at the request of the family.

## Cremated Remains / Cremation

- In accordance with Texas state law, all donors are cremated upon completion of studies. The average time a donor will be with us is **18-24 months**. However, the actual time is dependent on the area of education or research your loved one participated in.
- We strive to have cremated remains returned to families as soon as possible. For additional details, please refer to the Cremated Remains Addendum.
- For our families electing to not receive ashes back, a burial at sea will take place when studies are complete. Please be aware that we do not notify you when ashes have been scattered at sea. The Next-of-kin may contact our office for that information. Our burials at sea are done quarterly and take place just off the coast of Texas in the Gulf of Mexico. For more information about cremated remains please view page 3 for the "Cremated remains addendum".

## Management Contact Information:

- To provide feedback regarding specific staff members, service received as well as all other comments or concerns can be addressed to our Director of the Willed Body Program:
  - Kennard Thomas, at **214-648-2267** or via email at [Kennard.Thomas@UTSouthwestern.edu](mailto:Kennard.Thomas@UTSouthwestern.edu)

## Questions about becoming a Member of our program:

- To request a membership application or ask questions regarding prospective membership, please contact **Membership Services at 214-648-5029** or via email at [WBMembershipServices@UTSouthwestern.edu](mailto:WBMembershipServices@UTSouthwestern.edu).

## Cremated Remains Addendum For Families Requesting Ashes

The average time a donor will be with us is **18-24 months**. The legal Next-of-kin (or person acting as such) will be notified via U.S. Mail, and the letter included will explain three options for the handling of cremains:

1. Receive the ashes by certified mail
2. Make appointment to receive ashes in person at UTSW Campus
3. Burial at sea

A response is required within **45 days**. If the notification is not responded to within this time frame, contact will be attempted again by mail.

In the event no contact has been successful with the primary contact within 45 days. An attempt to contact the secondary contact will be made *if one was provided*.

Notification will occur by U.S. Mail, as well as by phone or email as provided.

A **30-day deadline will be issued** at this time, and lack of response will result in the cremains being marked as unclaimed. Any unclaimed cremains will be interred at the discretion of management, in accordance with Texas state law.

To ensure efficient communication, **please make sure you notify our office immediately** of any **address and/or phone number changes**. We can also correspond through email if an email address is provided by the Next-of-Kin.

- **Black Plastic Urn Dimensions: 6.25 in. x 4.25 in. x 8.25 in. and Volume is 200 inches.**

All question regarding status or arrangements for cremated remains can be directed to **Crematory Services** at, **214-648-9290** or via email at [CrematoryServices@UTSouthwestern.edu](mailto:CrematoryServices@UTSouthwestern.edu)