Dear Prospective Participant:

Thank you very much for your interest in the Anatomical Donation Services Program. The program is coordinated by the Department of Cellular Biology and Anatomy of the Medical College of Georgia, which is one of the nine colleges comprising Augusta University. The program provides for the education of students across our campus including those training to become physicians, physician assistants, dentists, occupational therapists, physical therapists, medical illustrators, and researchers. These students study the anatomical organization of the human body to acquire a solid foundation for their careers as health care professionals. They undertake their studies mindful of how fortunate they are to study the human body and imbue the highest ideals of respect for this opportunity.

Many individuals, from all walks of life and a wide variety of occupations, have made the decision to donate their bodies to our program. They recognize the enormous impact their donation will make in educating students. This selfless gift ensures that the next generation of health care professionals will understand the complexity of the human body in normal and diseased states preparing them to deliver excellent health care to the citizens of our community, our state and our nation.

We thank you for considering the Anatomical Donation Services Program as a way to make a lasting contribution to the education of the next generation of health care professionals.

Sincerely yours,

Sylvia B. Smith, PhD, FARVO
Regents’ Professor and Chair
Department of Cellular Biology/Anatomy
Medical College of Georgia
Augusta University
CONSENT FORM

I hereby state that it is my wish to donate my body to Augusta University, Medical College of Georgia immediately upon my death, for purposes of education and research in such manner deemed appropriate by the Augusta University Anatomical Donation Program.

I have read and agree to the program guidelines and policies explained in the Information for Donors document (Attachment). I understand that my donation may be refused if, at the sole discretion of the program’s representative, the program is unable to accept it for any reason.

Signature ___________________________ Date Signed ________________

You must have TWO people sign as witnesses to your signature. The witnesses do not need to be Notarized but they must be at least 18 years old and present at the time you sign the consent form.

#1 Witness Signature ___________________________ Date Signed ________________

#2 Witness Signature ___________________________ Date Signed ________________

VITAL STATISTICS PLEASE TYPE or PRINT

<table>
<thead>
<tr>
<th>Legal Name: First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Within City Limits?</td>
<td>County</td>
</tr>
<tr>
<td>City/State</td>
<td>Zip Code</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>City and State of Birth (include country if not USA)</td>
</tr>
</tbody>
</table>

Usual Occupation (type of work performed during your career) ____________________________

Kind of Business or Industry ____________________________

Marital Status: (please circle) Never Married Married Widowed Divorced

Spouse’s Name ____________________________ First Middle (Maiden if applicable)Last

Have you ever been in the Armed Forces? Yes No

Race: (please circle) African American Asian White American Indian Other (specify)

Hispanic Origin Yes No U. S. Citizen Yes No

Education: (highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5+

Father's Name ____________________________ First Middle Last

Mother's Name ____________________________ First Middle Last Maiden Name
I request that my ashes be *INTERRED* in the Augusta University Cinerarium at the annual memorial service.

OR

I request that my ashes be *RETURNED* to recipient below.

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Signature of Donor: ____________________________________________________________

Recipient’s Full Name: __________________________________________________________

Address: ______________________________________________________________________

Relationship: __________________________________________________________________
Contact Information
If you have questions or need case specific information, please call us. Our normal working hours are Monday through Friday, 7:30 AM until 5:00 PM. The contact number is (706) 721-3731.

David E. Adams, MBIE, CFSP, CCO
Coordinator Anatomical Services
Department of Cellular Biology and Anatomy
Medical College of Georgia
Augusta University
1120 15th Street, CB1101
Augusta, GA 30912-2000

David Johnson, PLFD, PLE, CCO
Senior Embalmer and Funeral Director
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Augusta, GA 30912-2000

Additional Information may be found on our website below

http://www.augusta.edu/mcg/cba/bodydonation/