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,

Mark Hamrick, PhD
Professor and Interim Chair
Department of Cellular Biology/Anatomy
Medical College of Georgia
Augusta University
BODY DONATION

Thank you for requesting information about donating your body to the Augusta University Anatomical Donations Program. We have prepared the following information to help answer questions you have about our program. We ask that you carefully review the information and share this with your family. If you have questions that are not answered in the information below, please contact us and we will be happy to discuss this with you.

Who may donate?
Augusta University Body Donation Program is regulated by the Uniform Anatomical Gift Act. The Uniform Anatomical Gift Act has been adopted by all 50 states and can be summarized as follows:

• Any individual of sound mind and at least 18 years of age may give his or her body to medical science. There is no maximum age limit for those who wish to donate. The gift takes effect at the time of death – not upon signature.
• Bequeathal of the decedent’s body can also be made by next of kin after consultation with the Department of Cellular Biology and Anatomy at Augusta University.

Augusta University is currently accepting new donations from the states of Georgia and South Carolina.

How to Donate
To begin the process to donate your body to the Medical College of Georgia you must complete the enclosed application. Please make sure to complete the form providing all of the requested information and obtaining the signatures of two witnesses. We also request that you WRITE A BRIEF MEDICAL HISTORY on the reverse side of the Donation Form describing any events that you think may have influenced your health, and fill in the information concerning the disposition of your cremains or ashes. Make a copy for your records and a copy to give to the person responsible for your body at the time of your death. A postage-paid envelope is provided for you to return the original form to our office to process.

When we receive the completed form we will register you in the program and mail you a letter acknowledging that you have registered. Enclosed will be a card that identifies you as a registered body donor and provides the contact information to report your death. This card should be carried at all times.

Becoming a registered donor
Augusta University recommends that you read the enclosed information package carefully and discuss your wishes to donate your body with your next of kin or the individual who will be legally responsible for your body at the time of your death. It is important that they understand and will abide by your wishes. If this is something that you would like to do, then complete the application to become registered in our donation program. Donation by Last Will and Testament is not recommended as burial often precedes the reading of the Last Will and Testament.

We cannot guarantee in advance, prior to your death, if you will be accepted for donation. If the donation is not accepted your family will need to make private burial arrangements.
Procedure at the time of death

At the time of the donor’s death, the person legally responsible for making final arrangements should contact the Department of Cellular Biology and Anatomy as soon as possible following your death to determine if Augusta University can accept the donation and for instructions.

- During normal working hours (Monday through Friday, 7:30 AM - 5 PM) the contact number is (706) 721-3731.
- If death should occur at another time, contact Augusta University operator at (706) 721-8400. The operator will contact the department.

Donations NOT Accepted

Although almost all donations are gratefully accepted, there are restrictions on the acceptance of a donation. Acceptance or refusal of a body will be made at the time of death and not at the time of registration.

A body cannot be accepted if any of the following conditions are present:

- Augusta University cannot accept an autopsied body or one that is embalmed by a funeral home or one that is unsuitable for education and research
- Persons under the age of 18
- A body found dead in excess of four hours
- A body refrigerated in excess of four days
- Death by suicide
- Death by severe trauma, such as death by drowning, burning, homicide, or motor vehicle accident
- A body with a contagious disease, such as, Hepatitis, Sepsis, TB, HIV+, MRSA, Creutzfeldt-Jakob Disease (CJD), Clostridium difficile (C-Diff) or Carbapenem-resistant Enterobacteriaceae (CRE).
- A body that is jaundiced due to liver, pancreatic or kidney failure
- A body with visible lesions (for example, bed sores)
- Obesity (weight in excess of 250 lbs.) or cachexia (weight less than 70 lbs.)
- A body having major surgery less than 3 months prior to death
- A body having total amputation of one or more limbs
- The decedent is NOT REGISTERED with the Department of Cellular Biology and Anatomy at Augusta University

You must have a contingency plan for disposition of your body in the event that Augusta University cannot accept your donation.

Death Certificate

Augusta University will handle the processing of the death certificate and will forward it to the attending physician for signature. Processing of the paperwork for the certified death certificate usually takes up to two-three weeks. Certified copies of a death certificate are available only at the Vital Records Facility in the County where the death occurred.
Obituary
The survivors of the donor are responsible for writing and placing an obituary in the newspaper. The staff of the newspaper may be able to assist you in preparing the notice. Charges for the obituary are paid by the family of the donor.

Length of Study
The length of study cannot be determined in advance at the time of donation, but can range from a few months up to three years. All donations are considered extremely valuable and a gift beyond measure. The length of study depends entirely upon what type of study for which the body is used. Early return of the cremains cannot be requested.

Cremation
The Department of Cellular Biology and Anatomy requires that after the donor’s body has completed studies, the remains will be cremated individually. Cremation is permitted in Christian and Reformed Jewish faiths. If you need additional information about your religion’s views on body donation or cremation, it is suggested that you contact your Pastor, Minister, Priest or Rabbi. After cremation your ashes will either be returned to your family, per prior arrangements, or buried in the Cinerarium on the Augusta University campus.

Burial of Cremains
Once a year, a non-denominational interment service is held at Augusta University Cinerarium. At that time, Augusta University will bury the ashes of the body donors. The service is conducted by the schools’ chaplains, faculty and students and may be attended by the donor’s family and friends.

Expenses for burial or disposition of a donor’s ashes after their return are the responsibility of the family or estate. After 2 years, unclaimed cremated remains will be interred at the annual memorial service. If the family members prefer not to have their loved ones cremains buried in the Cinerarium (rather in a private location) they should indicate on the donation form or contact the program.

Costs
Augusta University does not pay for body donations; this policy is standard throughout the United States under the Uniform Anatomical Gift Act. However, embalming and cremation are provided by the program.

For deaths occurring at home or for donors using Assisted Services (Hospice, Nursing Homes, and Assisted Living), it will be the family’s responsibility to be prepared to have the donor transported to a local funeral home or hospital with mortuary refrigeration as soon as the donation acceptance has been made. You can call Augusta University and we will be glad to assist with these arrangements prior to the death. Once the body is picked up by our program for transport to Augusta University, the cost of transportation will be paid by us.

Augusta University will not accept charges for funerals, memorial services, counseling, etc. The cost for transportation of donors registered to another Institution and accepted by Augusta University or not registered with Augusta University will be paid by the decedent’s family or estate.
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
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Pedro (Pete) Arredondo, CCO
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Medical College of Georgia
Augusta University
1120 15th Street, CB1101
Augusta, GA 30912-2000

Additional Information may be found on our website below

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

Legal Name: First Middle Last
Street Address Within City Limits? County
City/State Zip Code Telephone Number
Social Security Number Date of Birth City and State of Birth (include country if not USA)
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
Augusta University
BODY DONATION
DONOR REGISTRATION FORM

REQUEST FOR ASHES

☐ 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.

______________________________
Signature of Donor:

______________________________
Recipient’s Full Name

______________________________
Address

______________________________
Relationship