

## SELF-DONATION FORM

Pursuant to the provisions of Act 368 of the Public Acts of Michigan 1978, I hereby give my body after death as an unrestricted anatomical gift to Western Michigan University Homer Stryker M.D. School of Medicine to be used in the advancement of medical science, teaching, and study.

I understand **there is the potential the donated body may not be accepted by the medical school.** This decision is based upon an evaluation for infections that may be transmissible after death, the height and weight of the body, whether an autopsy was performed, postmortem changes, or other unsuitable conditions. To aid in this determination, I authorize healthcare providers to release my health information at the time of death to the Body Donation Program. If the medical school determines the body is not suitable for donation, the next-of-kin are responsible for arranging for either burial or cremation.

DONOR'S LEGAL NAME AND INFORMATION				
First Name		Middle Name		Last Name
Address			City	State Zip
County		Phone		Social Security Number
Sex	Race (Asian, Black, White, etc.)	Ancestry (African, Mexican, Dutch etc.)	Hispanic Origin? (Yes or No)	
Date of Birth		Birthplace (City and State)	Name at Birth/Other Names Used	
Education (Highest degree or level of school)		Veteran? (Yes or No)	If yes, when?	
Marital Status (Married, Never Married, Widowed, Divorced)		Surviving Spouse's Name (If wife, give maiden name)		Number of Children
Usual (Life-Long) Occupation		Type of Business/Industry	Childhood Socioeconomic Status (Low, Lower Middle, Middle, Upper Middle, Upper)	
Father's Name (First Middle Last)			Mother's Maiden Name (First Middle Last)	
Height on Driver's License		Weight on Driver's License		Recent Weight Loss? (Yes or No)
Shoe Size		Blood Type	Hair Color (Natural)	Handedness (Right or Left)

<b>DONOR DENTAL HISTORY</b>			
Check all that apply: Extensive dental work Lower Dentures Upper Dentures Partial Plate Braces		Dental or Jaw Injury Bridge Gum Disease Dental Disease	Most/All Teeth Few Teeth Missing Many Teeth Missing All Teeth Missing
<b>DONOR MEDICAL HISTORY</b>			
Surgeries (Yes or No)		If yes, please list type of surgery and year performed.	
Fractures (Yes or No)		If yes, please list bone fractured and year.	
Head Injury/Concussion (Yes or No)		If yes, please list type of injury and year.	
Cancer (Yes or No)		If yes, please list type, year of diagnosis, treatment, and length of illness.	
Smoker (Yes or No)		If yes, please list years.	
Diabetes (Yes or No)		If yes, please list type and year of diagnosis.	
Substance Abuse (Yes or No)		If yes, please list type of substance abuse and years.	
Other Medical History			
Female Donors:	# of Children Given Birth to:	Hysterectomy (Yes or No; Year)	Cesarean (Yes or No; Year)
<b>DONOR HABITUAL ACTIVITIES</b>			
Was the donor an athlete? (Yes or No)	If yes, please indicate at what level:  Youth                      High School  Collegiate                Professional		If yes, please indicate what sport(s):
Please list other habitual activities (i.e. athletics, repetitive motions, life-long occupation activities, hobbies, etc.)			

DONATION INFORMATION		
Length of Body Donation (length donation will remain at WMed after death)		Disposition of Remains
4 years	6 years	Forever
		Cremains returned to next-of-kin (4-year or 6-year donations only) Cremains buried at WMed memorial (all donation lengths) Retained in WMed Skeletal Collection (forever donations only)
Education and Research (Please check all that apply)		
<input type="checkbox"/> I authorize WMed to retain organ(s) or tissue samples indefinitely for education and/or research.		
<input type="checkbox"/> I authorize WMed to use my donation for forensic injury research and education.		
<input type="checkbox"/> I authorize WMed to use my donation for brain research.		
<input type="checkbox"/> I authorize WMed to place my name on the Donor Memorial Tree		
Donor Use by Other Institutions (Please check one)		
<input type="checkbox"/> I authorize my donation to be of service to WMed or another institution/corporation in need.		
<input type="checkbox"/> I authorize my donation to be of service to only WMed students, residents, faculty and practitioners.		
Signature		Date
Witness 1 Name (printed)		Witness 1 Signature
		Date
Witness 2 Name (printed)		Witness 2 Signature
		Date
NEXT-OF-KIN CONTACT INFORMATION		
First Name	Last Name	Relationship
Address		
City	State	Zip
Phone		Email or Alternate Phone

Upon the death of a donor, immediately call **1.844.366.9633**.  
 The potential donor will be evaluated and arrangements made for transport, if indicated.

<b><i>For Office Use Only</i></b>
Verified by: _____ Date: _____

**Please print, sign form, and distribute one copy to each:** Donee (WMed), Donor, Relative/Friend/Physician/Attorney

Selected provisions of the Revised Uniform Anatomical Gift Law, Public Act 368 of 1978, amended as Public Act 39 of 2008, are provided below. The full statute may be downloaded at <http://med.wmich.edu/bodydonation>.

**PLEASE NOTE:** Although the information in this guide is about legal issues, it is not intended as legal advice or as a substitute for the advice of your own counsel. While a reasonable effort has been made to compile complete and accurate information in this guide, WMU Homer Stryker M.D. School of Medicine does not assume any liability resulting from any errors or omissions.

**PUBLIC HEALTH CODE (EXCERPT)**  
**Act 368 of 1978**  
**Part 101: Revised Uniform Anatomical Gift Law**

**Sec. 10104.** Subject to section 10108, an anatomical gift of a donor's body or body part may be made during the life of the donor for the purpose of transplantation, therapy, research, or education in the manner provided in section 10105 by any of the following:

- (a) The donor, if the donor is an adult or if the donor is a minor and meets 1 or more of the following requirements: (i) Is emancipated. (ii) Has been issued a driver license or identification card because the donor is at least 16 years of age.
- (b) An agent of the donor, unless the power of attorney for health care or other record prohibits the agent from making an anatomical gift.
- (c) A parent of the donor, if the donor is an unemancipated minor.
- (d) The donor's guardian.

**Sec. 10105.**

- (1) A donor may make an anatomical gift by doing any of the following:
  - (a) By authorizing a statement or symbol indicating that the donor has made an anatomical gift to be imprinted on the donor's driver license or identification card.
  - (b) In a will.
  - (c) During a terminal illness or injury of the donor, by any form of communication addressed to at least 2 adults, at least 1 of whom is a disinterested witness. However, the physician who attends the donor during the terminal illness or injury shall not act as a recipient of the communication under this subdivision.
- (2) A donor or other person authorized to make an anatomical gift under section 10104 may make a gift by a donor card or other record signed by the donor or other person making the gift or by authorizing that a statement or symbol indicating that the donor has made an anatomical gift be included on a donor registry.
- (3) Revocation, suspension, expiration, or cancellation of a driver license or identification card upon which an anatomical gift is indicated does not invalidate the gift.
- (4) An anatomical gift made by will takes effect upon the donor's death whether or not the will is probated. Invalidation of the will after the donor's death does not invalidate the gift.

**Sec. 10106.**

- (1) Subject to section 10108, a donor or other person authorized to make an anatomical gift under section 10104 may amend or revoke an anatomical gift by any of the following means:
  - (a) A record signed by any of the following: (i) The donor. (ii) The other person authorized to make an anatomical gift under section 10104. (iii) Subject to subsection (2), another individual acting at the direction of the donor or the other person authorized to make an anatomical gift under section 10104 if the donor or other person is physically unable to sign.
  - (b) A later-executed document of gift that amends or revokes a previous anatomical gift or portion of an anatomical gift, either expressly or by inconsistency.
- (2) A record signed pursuant to subsection (1)(a)(iii) shall meet all of the following requirements:
  - (a) Be witnessed by at least 2 adults, at least 1 of whom is a disinterested witness, who have signed at the request of the donor or the other person.
  - (b) State that it has been signed and witnessed.
- (3) Subject to section 10108, a donor or other person authorized to make an anatomical gift under section 10104 may revoke an anatomical gift by the destruction or cancellation of the document of gift, or the portion of the document of gift used to make the gift, with the intent to revoke the gift.

(4) A donor may amend or revoke an anatomical gift that was not made in a will by any form of communication during a terminal illness or injury addressed to at least 2 adults, at least 1 of whom is a disinterested witness.

(5) A donor who makes an anatomical gift in a will may amend or revoke the gift in the manner provided for amendment or revocation of wills or as provided in subsection (1).

**Sec. 10108.**

(1) Except as otherwise provided in subsection (7)...in the absence of an express, contrary indication by the donor, a person other than the donor is barred from making, amending, or revoking an anatomical gift of a donor's body or body part.

(2) A donor's revocation of an anatomical gift of the donor's body or body part under section 10106 is not a refusal and does not bar another person specified in section 10104 or 10109 from making an anatomical gift of the donor's body or body part under section 10105 or 10110.

(7) If a donor who is an unemancipated minor dies, a parent of the donor who is reasonably available may revoke or amend an anatomical gift of the donor's body or body part.

(8) If an unemancipated minor who signed a refusal dies, a parent of the minor who is reasonable available may revoke the minor's refusal.

**Sec. 10111.**

(1) An anatomical gift may be made to any of the following persons named in the document of gift:

- a. A hospital; accredited medical school, dental school, college, or university; organ procurement organization; or other appropriate person, for research or education.

(4) [I]f there is more than 1 purpose of an anatomical gift set forth in the document of gift but the purposes are not set forth in any priority, the gift shall be used for transplantation or therapy, if suitable. If the gift cannot be used for transplantation or therapy, the gift may be used for research or education.

**Sec. 10113.** (1) A document of gift need not be delivered during the donor's lifetime to be effective.

**Sec. 10114.** (8) [T]he rights of the person to which a body part passes under section 10111 are superior to the rights of all others with respect to the body part. The person may accept or reject an anatomical gift in whole or in part. Subject to the terms of the document of gift and this part, a person that accepts an anatomical gift of an entire body may allow embalming, burial, or cremation, and use of remains in a funeral service. If the gift is of a body part, the person to which the body part passes under section 10111, upon the death of the donor and before embalming, burial, or cremation, shall cause the body part to be removed without unnecessary mutilation.

**Sec. 10122.** In applying and construing this part, consideration shall be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.