



**BODY DONATION PROGRAM**  
**UNIVERSITY OF CALIFORNIA SAN DIEGO**  
 9500 GILMAN DRIVE, LA JOLLA, CA 92093-0611  
 PHONE (858) 534-4536 FAX (858) 534-6019

DONOR NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
FIRST MIDDLE LAST

AKA \_\_\_\_\_

USUAL ADDRESS \_\_\_\_\_

STREET CITY STATE / ZIP CODE  
 RACE/ETHNICITY \_\_\_\_\_ SPANISH/HISPANIC: Yes \_\_\_\_\_ No \_\_\_\_\_ Specify \_\_\_\_\_

*PLEASE COMPLETE THE ATTACHED EDUCATION AND RACE IDENTITY WORKSHEET*

COUNTY OF RESIDENCE \_\_\_\_\_ No. OF YEARS IN THIS COUNTY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ STATE OF BIRTH \_\_\_\_\_ OR FOREIGN COUNTRY \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_ BIRTHPLACE OF FATHER \_\_\_\_\_  
FIRST MIDDLE LAST

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_ BIRTHPLACE OF MOTHER \_\_\_\_\_  
FIRST MIDDLE LAST

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US ARMED FORCES Yes \_\_\_\_\_ No \_\_\_\_\_

MARITAL STATUS (circle one): NEVER MARRIED, MARRIED, WIDOWED, DIVORCED, REG. DOMESTIC PARTNER

NAME OF SURVIVING SPOUSE (If wife, enter maiden name) \_\_\_\_\_  
FIRST MIDDLE LAST

If you are now retired, please give employment information on your occupation **before** retirement:

USUAL OCCUPATION \_\_\_\_\_ YEARS IN OCCUPATION \_\_\_\_\_

KIND OF INDUSTRY OR BUSINESS \_\_\_\_\_

EDUCATION (highest level/degree completed- see worksheet) \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ PRESENT STATE OF HEALTH \_\_\_\_\_

ADDITIONAL HEALTH INFORMATION INCLUDING ILLNESSES, OPERATIONS, ACCIDENTS: \_\_\_\_\_

\_\_\_\_\_

HISTORY OF SURGERY ON KNEE, HIP, SHOULDER, SPINE OR OTHER JOINT? \_\_\_\_\_

\_\_\_\_\_

HYSTERECTOMY or PROSTATECTOMY? \_\_\_\_\_

OPTIONAL \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

**UNIVERSITY OF CALIFORNIA SAN DIEGO  
BODY DONATION PROGRAM  
DONATION AGREEMENT**

**1. INFORMATION ON THE BODY DONATION PROGRAM**

The **UCSD BODY DONATION PROGRAM** (also known as willed body or anatomical materials program) hereafter referred to as “PROGRAM” operates for the following purposes and under the following principles:

The Program accepts donations of human bodies for use by various individuals and institutions in connection with education and research. In doing so, the Program’s goals are:

- (1) assisting in the education and continuing education of current and future health care practitioners, anatomists, forensic scientists, and mortuary technicians;

and

- (2) biomedical, forensic, and other scientific research that will assist in the development of procedures and/or products with the general intent of improving the human condition.

A donated body will be used by the Program and others in a manner to be determined exclusively by the Program, pursuant to the policies and procedures that are in effect at the time of a donor’s death or as they may be revised thereafter.

Upon proper completion of this Donation Agreement “AGREEMENT” as well as the vital statistics sheet and the Department of Health and Human Services Education and Race/Ethnicity worksheet, and thereafter by registration in the Program, donors will be provided with a Donor Card that contains the information necessary to assist in contacting the Program at the time of the donor’s death. Donations are confidential. Once a donor’s remains have been accepted into the Program and an acknowledgement has been sent to the person a donor may designate in this form, the Program will not provide any further information concerning the use and/or disposition of a donor body.

When a donor signs this form, or when an appropriate party signs on behalf of the donor, he/she specifically waives the provisions of California Health & Safety Code Section 7153.5(D) that provides for the return of cremated remains to certain individuals. Due to the nature and variability of uses for scientific research and education, cremated remains WILL NOT be returned.

**Initials**\_\_\_\_\_

**2. INSTRUCTIONS FOR SURVIVORS (RESPONSIBLE PARTY)**

Upon death, a donor must be delivered to the Program as follows:

1. The Program is to be notified of the death immediately, as a delay can result in rendering the remains unusable to the Program.
2. The body is to be un-embalmed or otherwise unprepared for disposition.
3. Every effort will be made to accept a donor body; however, the Program may, at its sole discretion, reject a donation at the time of death. If this situation arises, the designated survivor/responsible party will be required to make alternative arrangements for the disposition of the remains.
4. If death occurs within 200 miles of the University of California, San Diego, the Program will arrange for and pay for the cost of transporting the body.
5. If death occurs more than 200 miles from the University of California, San Diego, the Program shall have the option of:
  - (1) accepting the donation after confirmation by the designated survivor/responsible party for the cost of transporting the body to the Program, via use of a transportation provider approved by the Program;
  - (2) arranging for the body to be accepted by another University of California Donated Body Program closer to the place of death; or
  - (3) declining to accept the donation of the body.
6. The Program will have an original certificate of death filed with the county where death occurs by means acceptable to the Registrar of Births and Deaths. It will be the responsibility of the survivor/responsible party to obtain all necessary copies of the certificate.
7. As determined by the local campus, third party donations (eg. Agent named on a Durable Power of Attorney for Health Care, spouse or registered domestic partner) may also be accepted. Individuals making third party donations must sign the required documentation at the conclusion of this document specifying that they are compliant with the criteria defined herein.

I, \_\_\_\_\_, hereby designate the following individual to receive acknowledgement of my donation upon my death. If you are signing on behalf of the donor, you may designate yourself as the survivor/responsible party.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone number/E-mail \_\_\_\_\_

**OR**

I elect not to name a recipient: \_\_\_\_\_

**Initials** \_\_\_\_\_

### 3. USE OF DONATED BODIES

Whole body donors may be accepted by the Program and used in the following manner:

1. Upon receipt of the body, the Program will use the information furnished in this Agreement to send an acknowledgement notice to the person designated, if any, in the previous section. That notice will include the address of the appropriate county office of the Department of Health where survivors can obtain certified copies of the death certificate. The notice as well as any future communications will not provide any specific information concerning the use, location, analysis or disposition of the body, or any part of the body.
2. Once received, if it is determined that, for any reason, a body cannot be used by the Program, or by any person or entity approved for use of anatomic material donated to the Program as described herein, it will be cremated and the cremated remains will be disposed of in any manner consistent with then-existing California law. Personal effects received with a body including eyeglasses, dentures or pacemakers may be donated and refurbished. Other items such as clothing or bedding will be discarded.
3. A donated body may be tested for Hepatitis B, Hepatitis, C and HIV upon receipt in the Program. Results of tests will not be disclosed to the donor's designated survivor/responsible party but may be reported to the California Department of Health Services if mandated by law.
4. A donated body may be, but need not be, chemically preserved by the Program or may be used in an un-embalmed state as anatomical material.
5. A donated body may be dissected, examined, studied, preserved for a substantial period of time and may be used for more than one purpose. Parts of the body such as organs or limbs may be removed and separated from the whole. Bodily fluids and tissues may be analyzed and destroyed.
6. A donated body and/or part of the body may be provided to educators, students, researchers or others at other University of California campuses, as well as to other educational institutions, researchers, non-profit entities and for-profit entities. When making a donation, donors, survivors and/or responsible parties cannot designate the uses to which the body will be put nor the persons or entities that will use the same.
7. If a donated body, or parts thereof, are used by persons and/or entities not associated with the University of California campus at which the body is housed, the Program shall be entitled to recover all of its acquisition, preservation, storage, transportation and related costs (both fixed and non-fixed) from the end user.

**Initials** \_\_\_\_\_

#### 4. DISPOSITION OF DONATED BODIES

The following applies to the ultimate disposition of donor bodies by the Program. By signing this Agreement, a donor or his/her responsible party authorizes the Program and its agents to dispose of the donation by cremation or by other legal manner that may be approved at the time of death:

1. Because parts of the body may be removed during its use, these parts may be disposed of at different times and at different locations.
  - Upon completion of the use of a body, or any part of a body, the material may be cremated and/or otherwise disposed of by any means permitted under state law in effect at the time.
2. Under certain circumstances, body parts, tissue and fluids may undergo disposition with such material from other donors in accordance with California law.
3. Survivors/responsible parties will not be notified of the time, place or manner of the disposition of a body or any part of a body, or of the final disposition of the remains. The cremation of some parts of the body may not result in the creation of any remains for disposition due to the composition of those body parts.
4. The donor or legally responsible person signing on behalf of the donor expressly waives the provisions of California Health & Safety Code Section 7153.5(D) that provides for the return of cremated remains to certain individuals. Due to the nature and variability of uses for scientific research and education, cremated remains **WILL NOT** be returned.
5. The Program undertakes no duty to survivors of the donor with respect to the handling, disposition, disposal, or return of the donor's remains.

**Initials** \_\_\_\_\_

#### 5. REVOCATION OF A DONATION

1. Self Donation

A donor, as defined in Health and Safety Code 7150.1, may revoke an anatomical donation at any time prior to death. After death, this donation cannot be revoked by survivors/responsible parties and survivors/responsible parties cannot change any term or condition of the gift. By signing this agreement, a donor intends for the University of California to have the exclusive right to control the use and disposition of their body upon death.

2. Donation made by other authorized person

An authorized person, other than the decedent, who has the legal right to make a donation according to California Health and Safety Code 7100 Code 7151, and Probate Code 4683 may revoke an anatomical donation at any time before procedures have begun for the removal of a part from the body of the decedent.

**Initials** \_\_\_\_\_

**Please complete this section when signing for yourself. If you are signing on behalf of the donor, proceed to the next section.**

I, \_\_\_\_\_, hereby donate my body upon my death to the UCSD Body Donation Program. It is my wish and my specific instruction that, upon my death, my body is to be donated to the Program pursuant to the terms and conditions set forth herein. I am at least 18 years of age. I adopt these descriptive and declarative terms and conditions as my own and make them my instructions as to the disposition of my body upon my death. I have read and considered all of the information contained in this Donation Agreement. I have initialed each section of the Agreement indicating my understanding of the information and my desire to donate my body pursuant to this Agreement.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City/State/Zip Code

**WITNESSES**

We, the undersigned, have witnessed the signing of this document by the donor. "Disinterested witness" means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to make an anatomical gift, or another adult who exhibited special care and concern for the individual. The term does not include a person to which an anatomical gift could pass under Section 7150.50.

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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

**Please complete this section if you are the attorney in fact, spouse or registered domestic partner of the donor.**

I have read and fully understood the policies set forth in this document. As the legally responsible party under this section for \_\_\_\_\_ (name of deceased), I wish to donate his/her remains to the UCSD Body Donation Program. I accept all terms and conditions set forth in this document.

\_\_\_\_ I am the spouse of the deceased donor.

\_\_\_\_ I am the registered domestic partner of the deceased donor.

\_\_\_\_ I am the agent for the donor with power of attorney for health care and I have the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code.

\_\_\_\_ I am the declared claimant of the deceased donor and have completed the attached affidavit in support of this claim.

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Signature	Relationship to Decedent	Date
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Print Name

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Address

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City/State/Zip

**WITNESSES**

We the undersigned have witnessed the signing of this document by the third-party donor. "Disinterested witness" means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to make an anatomical gift, or another adult who exhibited special care and concern for the individual. The term does not include a person to which an anatomical gift could pass under Section 7150.50.

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Signature of Witness

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Signature of Disinterested Witness

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Print Name

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Print Name

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Address

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Address

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City/State/Zip

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City/State/Zip

***Affidavit In Support of Claim to  
Control Disposition of Bodily Remains  
Pursuant to Health and Safety Code Section 7100***

Name of Decedent \_\_\_\_\_

Name of Claimant \_\_\_\_\_

Address of Claimant \_\_\_\_\_

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

Relationship to Decedent \_\_\_\_\_

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***I claim the right to control the disposition of the Decedent's bodily remains because: (check all that apply)***

- The Decedent named me to control the disposition of his or her body in a will or other document (attach a copy of the document).
  
- I am the Decedent's (circle one) *child, parent, grandparent* or *nearest other relative*. (If you are the Decedent's child, you must have the approval of the majority of the Decedent's children to arrange the disposition of the body. By signing below, you represent that you have the approval of the majority of the Decedent's children, or that you have made reasonable efforts to notify all of the Decedent's other children of your arranging the disposition of the Decedent's body).

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I am not aware of any person who objects to my arranging the disposition of the body of the Decedent.

I am not aware of any written or oral instruction by the Decedent, or any contract for funeral services by the decedent, that give control of the disposition of the Decedent's remains to any other person.

I am aware of and have received a copy of Health and Safety Code Section 7100 and agree to comply with the provisions therein.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

last revision 10/28/05