

**WILLED BODY PROGRAM DONOR FORM**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Donor (Please Print) Date of Birth

\_\_\_\_\_  
 Address City, State, Postal Code Phone Number

It is my wish at the time of my death that my body is made available for teaching and scientific purposes to the Anatomical Board of the State of Texas (SAB) as represented by The University of Texas Health Science Center at Houston, Medical School (UTHealth). I understand that the Medical School will pay for transportation mileage if the place of death is within a 300 mile radius of The University of Texas Health Science Center at Houston 6431 Fannin Street Houston, Texas 77030. **A "mileage" charge is assessed to donors for each mile, each way beyond 300 miles. An "embalming fee" of \$400 is assessed to donors beyond 100 miles from the UT-Houston Medical School.**

Upon completion of the use of my body, I authorize the Medical School to cremate my body and scatter the cremated remains at sea. Alternative to scattering at sea, the cremains may be returned to the next of kin or a designee listed on the Special Request Form. **A "cremation fee" of \$150 is assessed for the cremation and return of the cremains to a designee on the Special Request Form.**

I understand that the Medical School reserves the right to decline a body that is registered with the Willed Body Program and that no guarantee exists that my body will be accepted at the time of death. I understand that if I am obese or emaciated; have jaundice or a contagious disease (e.g. HIV, Hepatitis, TB, M.R.S.A., etc.); have damage from trauma; have organs removed (for transplantation), have an autopsy; or if I commit suicide, my body donation will be declined by the Willed Body Program. If the Willed Body Program declines the donation, my next of kin must make other arrangements for my body's final disposition. The Willed Body Program is not responsible for any costs associated with other necessary arrangements.

I hereby relinquish all rights and claims regarding my body and direct that by accepting and using this body for teaching and scientific purposes and its subsequent disposition, neither the SAB, nor any receiving institution, shall incur any liability and no manner of claim shall arise against the SAB or a receiving institution. I authorize the State Anatomical Board to transport the willed/donated body hereon described out of the State of Texas in the event that the holding institution and the secretary-treasurer of the SAB have determined that an excess of bodies currently exists in the State of Texas.

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 and is listed in the Texas State Telephone Directory.

\_\_\_\_\_  
 Signature of Donor

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Address City, State, Zip Phone

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Address City, State, Zip Phone

\_\_\_\_\_  
 Next of Kin

\_\_\_\_\_  
 Relationship to Donor

\_\_\_\_\_  
 Address City, State, Zip Phone

\_\_\_\_\_  
 Signature of Next of Kin

**Special Request Form  
For Scatter or Return of Cremated Remains**

**PLEASE CHECK ONE OF THE FOLLOWING TWO OPTIONS FOR DISPOSITION OF THE CREMAINS:**

**I DO NOT wish the return of my cremated remains. Please scatter my cremated remains at sea.**

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

**\*\*\*\*\* OR \*\*\*\*\***

**I request my cremated remains returned to the recipient below.**

I request my cremated remains to be returned to the undersigned recipient. Therefore, I hereby request and authorize UT Health, Medical School and the crematory to return my cremated remains to the recipient at the address below via the United States Postal Service. **A “cremation fee” of \$150 is assessed for the cremation and return of my cremains to the recipient on this form.** The Medical School will contact the recipient at time the cremated remains become available for return. I understand that every effort is made to comply with my request and **two years or more may elapse before contact.** The Willed Body Program will hold the cremains for no less than ninety (90) days after sending notification to the recipient. However, in the absence of other instructions or if no contact by the recipient is established, my cremated remains will be scattered at sea.

\_\_\_\_\_  
Name of Recipient of the cremated remains

\_\_\_\_\_  
Relationship to donor

\_\_\_\_\_  
Address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State,

\_\_\_\_\_  
Postal Code

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

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date



## **WILLED BODY PROGRAM Commonly Asked Questions**

### **How do I will my body to science?**

Contact The University of Texas Health Science Center at Houston, Medical School at **(713) 500-5603** and request that we send body donation forms to you. Upon receipt, complete the forms, have it witnessed, and return the originals to the Medical School.

### **Do you accept a body which has been autopsied?**

No. It is not a good teaching specimen for the study of human anatomy. However, sometimes we have a special project in progress that allows us to accept the donation. Therefore, you would have to call us at the time of death to determine whether we could accept an autopsied body.

### **If I am signed up with an organ donation center, can I still donate my body to science?**

We will not accept bodies after the organs are removed for transplantation. You may, however, register with both organizations so that at the time of death if the organs are not usable for transplantation, you may be able to donate the whole body to our institution. We want the body to be in the best possible condition for our anatomical teaching and research. To remove an organ for transplantation would cause the body to be unusable for instruction purposes.

### **When a person dies, what does the family do?**

At the time of death, the family will call our **Anatomical Call Pager at (713) 760-2649**. Let them know that a pre-willed arrangement was made by the deceased, or that the nearest surviving relative wishes to make a donation to our Medical School.

### **What if I live outside of Houston city limits, will we still pick up the body?**

Yes. We will provide transportation of the remains from any location in Texas. However, the Medical School will assume the cost for transportation within a 100 mile radius of the Medical School at 6431 Fannin Street Houston, Texas 77030. **Removals made outside of the radius are subject to mileage and/or embalming charge.**

### **When would a body be unacceptable for donations?**

We would not accept a **registered donor's** body for the program if the body has been severely injured in an accident, if a highly contagious disease such as hepatitis, jaundice, VD, TB or HIV or MRSA/VRE, is present at the time of death, if the body is obese or emaciated or if the body is too large for storage purposes. We will not accept a body that has had organs removed for transplantation.

### **Can a body be donated for specific disease research?**

No. The primary use of the cadavers is for medical education. We do not accept bodies to ascertain the cause of death or for specific disease research.

### **Are there age restrictions for body donation?**

There is no age maximum, but the minimum age must be at least eighteen (18).

Willed Body Program

6431 Fannin Street | Houston, Texas 77030-1501

713-500-5603 phone | 713-500-0522 fax | 713-760-2649 call pager

willedbodyprogram@uth.tmc.edu



**What do you do with the body and how long do you keep it?**

The bodies are used in the teaching of anatomy to medical students, and for special projects concerning specific parts of the body. The bodies are housed at our facility and may be used for **2 years or more**.

**What do you do with the remains when you are finished?**

The Medical School cremates all remains. There is no charge for cremains designated for scattering at sea. **If the donor or family requests the cremains returned to the next of kin or designee, we charge for the cremation at a current rate of \$150.00.** The cremains will be held for at least 90 days following notification by mail that the cremains are available for return. If no contact is established with the next of kin or recipient of the cremated remains, the remains will be co-mingled in preparation for scattering at sea and will no longer be available for return. **It is extremely important to update the recipient's contact information with the Willed Body Program.**

**How does one cancel a body donation?**

Written notification to our office of your wish to rescind your donation will remove you from our database.

**Should a notation be in the will of someone donating his/her body?**

Yes. Doing so would emphasize your desire to make the donation.

**In the event that someone dies and hasn't filled out the proper documentation prior to death, can their body still be donated by a relative or next of kin?**

Yes. The surviving relatives or next of kin would then fill out the After Death Donation Forms. The State Anatomical Board of Texas defines the next of kin in priority order as follows:

- a) Spouse
- b) If no living spouse, an adult son or daughter
- c) If no living spouse or adult son or daughter, then either living parent
- d) If no living spouse, adult son or daughter or either parent, then an adult brother or sister.

**If you have additional questions about the program, please call or e-mail The Willed Body Program at The University of Texas Health Science Center at Houston Medical School.**

**John D. Concha**  
**Coordinator, Willed Body Program**  
**The University of Texas Health Science Center at Houston**  
**6431 Fannin Suite 7.046**  
**Houston, Texas 77030**  
**713-500-5603 Phone | 713-500-0522 Fax | 713-716-4414 Pager**  
**[john.d.concha@uth.tmc.edu](mailto:john.d.concha@uth.tmc.edu) E-Mail**

Willed Body Program

6431 Fannin Street | Houston, Texas 77030-1501

713-500-5603 phone | 713-500-0522 fax | 713-760-2649 call pager

[willedbodyprogram@uth.tmc.edu](mailto:willedbodyprogram@uth.tmc.edu)