



T.H. Chan
School of Medicine

Anatomical Gift Program
Department of Radiology
University of Massachusetts
T.H Chan School of Medicine
55 Lake Ave. North S7-127
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Office: (508) 856-2460
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Thank you for your interest in the University of Massachusetts T.H. Chan School of Medicine's Anatomical Gift Program. Enclosed you will find the forms you requested to register with our program. Your interest is sincerely appreciated. Please be aware that completion of this registration information does not guarantee acceptance of any donation and as such, we urge all our donors to have a backup plan in effect, should we be unable to accept the donation.

Before sending in your forms, please double-check that all required signatures, dates and information are in place. Incomplete forms will need to be returned to you for completion, delaying the registration process. We suggest that before returning the forms to us, you make copies for your records and those who may be involved with your donation.

Should you have any questions, please do not hesitate to contact our office at (508) 856-2460 or send an e-mail to UMMSagp@umassmed.edu. All the following information is also available on our website at www.umassmed.edu/agp.

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General Instructions for Making an Anatomical Gift

After you have voluntarily decided to make an anatomical gift donation to the University of Massachusetts T.H. Chan School of Medicine (UMCMS), you must register your decision by completing and returning the three (3) attached forms:

1. Instrument of Anatomical Gift

- a. Please complete the “Instrument of Anatomical Gift” form in its entirety, sign it where indicated, and have it signed by two (2) witnesses.
- b. Return the **ORIGINAL** signed and witnessed Instrument of Anatomical Gift (a photocopy is not acceptable) to UMCMS at the address below:

Anatomical Gift Program
Department of Radiology
University of Massachusetts T.H. Chan Medical School
55 Lake Ave. North, S7-127
Worcester, MA 01655

- c. We encourage you to make two (2) photocopies of the completed and signed Instrument of Anatomical Gift form. One copy should be retained for your personal records, and one copy should be retained by your NEXT-OF-KIN, DESIGNATED AGENT, or EXECUTOR of your WILL.

2. Donor Information Sheet

The information provided by you in the “Donor Information Sheet” will be used by the funeral home to complete and process the death certificate with the Health Department and the Commonwealth of Massachusetts. A death certificate may be obtained from the town/city hall where the death occurred.

3. Worksheet for Medical and Social History

Following UMCMS’ receipt and review of these three (3) fully completed and signed forms, UMCMS will decide whether to enter you as a registered donor, and if so, UMCMS will send you an acknowledgement letter along with a donor wallet card. At the time of your passing, most, **but not all** donors are accepted. The qualification process includes but is not limited to careful review of potential donors who have died of infectious diseases, who are emaciated or obese, who have had amputations or recent surgery, whose final illness has destroyed or altered

their anatomy significantly, or who have died under circumstances that require investigations by the police or medical authorities. In this regard, acceptance of your anatomical gift at the time of your passing is absolutely contingent upon a decision solely by UMCMS. **Accordingly, all donors are urged to make alternative arrangements in the event that a gift is not accepted.**

In addition to the above-described three (3) forms that must be completed by you and returned to UMCMS, we also provide you with a “**HIPAA and Privacy Act Notification**”, which provides you with a summary of the laws and rules pertaining to your rights regarding the use and access of your personal information. Further, please retain the “**Change of Statistical Information**” form to be completed by you and returned to UMCMS **if** your personal information changes.

Please inform your next-of-kin, Executor of your Will, or another designated individual that UMCMS will be glad to assist them at the time of your passing. If you or they have any questions, please feel free to call the Anatomical Gift Program at (508) 856-2460. All information provided will remain confidential to the extent permitted by law.

HIPAA and Privacy Act Notification

HIPAA

The Department of Health and Human Services (HHS) issued the Standard for Privacy of Individually Identifiable Health Information (the Privacy rule) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to provide the first comprehensive federal protection for the privacy of personal health information.

Under HIPAA, we need authorization to obtain medical record information from the health care provider at the time of death of a UMCMS donor. It is the responsibility of the donor's next-of-kin to authorize the release form with the necessary provider, i.e. hospital, nursing home, hospice facility. The principal purpose for the health information is to obtain information necessary to determine acceptance of a body for the UMCMS Anatomical Gift Program at the time of death of a donor.

Privacy Act Notification

The Privacy Rule permits covered entities to disclose Protected Health Information (PHI), without authorization, to public health authorities or other entities that are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This includes that reporting of disease or injury and reporting vital event records, such as births and deaths (Reference 45 Code of Federal Regulations (CFR) Section 164.512).

Pursuant to the Federal Privacy act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to the regulations of the State Registrar of Vital Statistics. The social security number is used to verify your identity and to provide information necessary for filing a death certificate.

INSTRUMENT OF ANATOMICAL GIFT**CONSENT AND AUTHORIZATION, DISPOSITION AND DECLARATION AS TO REMAINS FOR
AN ANATOMICAL GIFT DONATION**

I. CONSENT AND AUTHORIZATION

BEING AGE EIGHTEEN (18) YEARS OR OVER, AND OF SOUND MIND AND UNDER NO DURESS OR COERCION, I HEREBY VOLUNTARILY OFFER AS AN UNRESTRICTED GIFT, MY BODY, AFTER DEATH, FOR EDUCATION, RESEARCH AND THE ADVANCEMENT OF SCIENCE TO:

University of Massachusetts
T. H. Chan Medical School
Anatomical Gift Program
Department of Radiology
55 Lake Ave. North, S7-127
Worcester, MA 01655

I understand that upon my death, my decision to donate my body to the University of Massachusetts T.H. Chan School of Medicine (“UMCMS”) will become irrevocable. However, at any time before my death, I may revoke my offer to donate my body by informing UMCMS in writing. I further understand that after my death this donation cannot be revoked by my next-of-kin without an order by a court of law. By signing this consent and authorization, I intend for UMCMS to have the exclusive right to (i) control the use of my body for education, research and/or the advancement of science; and (ii) authorize the disposition of my body upon death.

The approval of my next-of-kin is not necessary to make this gift legally effective and enforceable, however, I do hereby direct my next-of-kin and any other person legally responsible for my remains to cooperate with UMCMS to carry out my wishes as set forth herein.

I understand that NO AUTOPSY should be performed, and NO EMBALMING should be done upon my death. However, after acceptance of the donation, UMCMS may embalm and/or perform dissection for the purposes of education and/or research.

I further understand that UMCMS reserves the right, at any time, to decline my anatomical gift for any reason, and that acceptance of my body is in the sole and exclusive discretion of UMCMS at the time of my death. For this reason, I understand I should have alternative arrangements for the private interment or cremation of my body if UMCMS declines my offer to be a donor.

Immediately following my passing, my next-of-kin, Executor under my Will, or designated agent shall instruct a medical professional to contact UMCMS to initiate the acceptance of my anatomical gift. If UMCMS agrees

to accept this gift, UMCMS shall notify a UMCMS contracted funeral director to initiate the transportation of my body to UMCMS.

I UNDERSTAND THAT TRANSPORTATION OF MY BODY TO UMCMS MUST OCCUR WITHIN 24 HOURS OF THE TIME OF MY DEATH, UNLESS SPECIFIC EXEMPTION IS GRANTED BY UMCMS. FOR THIS REASON, I UNDERSTAND THAT UMCMS MUST BE IMMEDIATELY NOTIFIED OF MY DEATH.

UMCMS will pay their contracted funeral director for the costs of transportation and for obtaining necessary permits. I understand that my next-of-kin or Executor will be responsible for any costs charged by the funeral director that exceed those covered by UMCMS

I authorize any and all health care providers holding my health information at the time of my death to release my health information to UMCMS. In addition, I authorize UMCMS to use or disclose my health information as reasonably necessary to effectuate my donation (e.g., funeral personnel and others) and for education and research purposes. I understand that once a health care provider or UMCMS discloses my health information to a recipient, neither the health care provider nor UMCMS can guarantee that that the recipient will not disclose my health information to a third party. Further, I authorize any healthcare institution holding my remains to release them to the custody of a UMCMS designated funeral home.

How my gift will be used. I understand that there are many uses to which anatomical gifts may be used in the advancement of science. Upon acceptance of the gift of my body, UMCMS may in its sound judgment and sole discretion determine which of these uses my gift will best serve. These uses may include:

1. Education of medical students at UMCMS or another accredited medical school.
2. Education of non-physician healthcare workers and students at UMCMS or another accredited institution.
3. Training of physicians and surgeons at UMCMS or other accredited healthcare institutions.
4. Development of medical devices, and therapeutic and diagnostic tools by researchers at UMCMS and its scientific partners.
5. Development of skeletal models through the process of skeletonization.
6. Development of long-term teaching specimens through the process of plastination.
7. Other research and scholarly efforts at UMCMS and affiliated institutions.

I also understand that, among these possible uses, items (4) and (5) may involve shared use of my remains by research partners in private corporations, and that this research could result in the development of biomedical products of commercial value. The uses of my anatomical gift may include the capture and use of digital images, video, and radiographic images. Images and videos are de-identified and stored for perpetual educational use.

How long my gift will be used. I understand that UMCMS may keep my remains for a period of one to three years before final disposition is made (see below). Occasionally certain anatomic parts (particularly skeletal and nervous system components) may be retained for longer periods of time, even up to ten years or more. In such cases, at the end of their period of use, those tissues are subject to disposition as described below.

II. DISPOSITION

At the conclusion of the use of my body, which may be up to three years after my death, UMCMS will be responsible for the disposition of my remains according to my direction below. If UMCMS is not able to carry out my instructions for any reason (including but not limited to my Executor's and/or next-of-kin's refusal to accept my remains), I understand and agree that UMCMS will arrange for my body to be cremated, and I hereby authorize UMCMS to arrange for the cremation of my body and burial of my remains at the expense of UMCMS in the Pine Hill Cemetery in Tewksbury, Massachusetts, in a UMCMS registered grave.

At such time as my body is no longer useful for the purposes stated above, UMCMS will notify my Executor, next-of-kin, or designated agent for instructions regarding the disposition of my remains. The three options for disposition are listed below. My **single** choice:

- Cremate my body and release my cremated remains to a designated recipient for private burial at the expense of my estate.**
- Cremate my body and bury my remains at the expense of UMCMS in the Pine Hill Cemetery in Tewksbury, Massachusetts, in a registered grave.**
- Not cremate my body and release my remains to a licensed funeral home for private burial at the expense of my estate.**

I understand that if my remains are not claimed within 60 days following notification, or attempted notification, of my designee, they will be cremated and buried at UMCMS' expense at the Pine Hill Cemetery in Tewksbury, Massachusetts.

I also understand that my remains or cremated remains returned for disposition may not include tissues that are being retained longer for ongoing medical research or educational purposes. In those instances, at the conclusion of their use the retained tissues will be cremated and buried at the Pine Hill site as described above.

I understand that this is a legal document signed by me in accordance with the Massachusetts Anatomical Gift Act, M.G.L. ch. 113 §§ 7-14, and the Uniform Anatomical Gift Act. I understand that this consent and authorization will remain in effect unless I provide a written notice of revocation to UMCMS. The revocation will be effective immediately upon UMCMS' receipt of my written notice.

Having read this instrument and gift in full, and understanding its content and effect, and having had the opportunity to ask questions about this authorization, I hereby sign it, and knowingly and voluntarily consent to and authorize the actions described herein, in the presence of the listed witnesses.

DATED: _____

Mr. Ms. Mrs. Dr. Other:

Full Legal Name of Donor (Please Print)

Signature of Donor

Mailing Address – Street, City, State, Zip Code

WITNESS ATTESTATION

This consent and authorization to donate must be witnessed by two (2) other parties.

If the donor has living next-of-kin at the time this form is signed and they can be contacted, UMCMS requests that the form be witnessed by two individuals, 21 years of age or older: one of the donor's next-of-kin as indicated below and one disinterested party.

We hereby voluntarily sign our names as witnesses to this instrument/gift:

Signature of Witness #1

Signature of Witness #2

Full Legal Name (Please Print)

Full Legal Name (Please Print)

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

Telephone Number

Telephone Number

Relationship to Donor

Relationship to Donor

DESIGNATED CONTACT INFORMATION:

Full Name (Please Print)

Mailing Address

City, State, Country Zip Code

Telephone Number

Relationship to Donor

Donor Information Sheet

The following information will be used by the UMCMS contracted funeral home at the time of your death to complete the necessary paperwork and permits to facilitate the donation and report your death to the state.

Full Legal Name: _____
(First, Middle, Last)

Legal Address: _____
(Street and Number, City, State, Zip Code)

Telephone Number: _____

Race and

Ethnicity: White Black Hispanic American Indian or Native Alaskan

(Check all Asian Native Hawaiian or Other Pacific Islander
that apply)

Other (please specify): _____

Date of Birth: _____ **Social Security Number:** _____

Place of Birth: _____

Occupation: _____ **Industry:** _____
(If retired – previous occupation must be listed) (Industry ex.: If occupation is teacher, industry would be education)

Education: (Select Highest Grade Completed)

Grades 1-8 Grades 9-12 College 1-4 5+ **Degree Earned:** _____

If US War Veteran: **Branch:** _____ **War:** _____ **Rank:** _____

Dates of Service: _____ **Service Number:** _____

Marital Status: Never Married Married Widowed Divorced

Spouse's Name: _____

Genealogy:

- **Father's Name:** _____
- **Father's Place of Birth:** _____
- **Mother's Name and Maiden Name:** _____
- **Mother's Place of Birth:** _____

Health & Personal History Questionnaire

All questions contained in this questionnaire are strictly confidential and will become part of your Anatomical Donation Registration.

Chosen Name or Nickname: <i>(if different than legal name)</i>	Do you consent to your first name (or chosen name) being shared with the students?	<input type="checkbox"/> Yes, I consent <input type="checkbox"/> No, do not share
Personal Pronouns:	Sexual Orientation:	
Current Height:	Current Weight:	
Are you a veteran of a foreign military?	Religious Identification: <i>(If applicable)</i>	
PERSONAL HEALTH HISTORY <i>For any condition marked “yes” please provide specifics – this information is shared with students and used for course placement</i>		
1. Congenital Conditions <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Diagnosis and any corrective surgeries)</i>	
2. Recurring Systemic Bacterial Infection <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>	
3. Recurring Viral or Fungal Infection <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>	
4. Connective Tissue Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>	
5. Auto Immune Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>	
6. Rheumatoid Arthritis <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER		
7. Cancer <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please list the date of diagnosis:</i>	<i>(select type)</i> <input type="checkbox"/> Lymphoma <input type="checkbox"/> Breast <input type="checkbox"/> Prostate <input type="checkbox"/> Leukemia <input type="checkbox"/> Ovarian <input type="checkbox"/> Colon <input type="checkbox"/> Sarcoma <input type="checkbox"/> Cervical <input type="checkbox"/> Bone <input type="checkbox"/> Melanoma <input type="checkbox"/> Lung <input type="checkbox"/> Pancreatic <input type="checkbox"/> Other <i>(specify)</i>	
8. Brain Tumor <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>	
9. Therapeutic Irradiation <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(date of last treatment and type)</i>	

10. Chemotherapy <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
11. Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Insulin or Non-Insulin Dependent and How Long)</i>
12. Alzheimer's <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
13. Stroke <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(type and date of stroke)</i>
14. Parkinson's <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
15. Creutzfeldt-Jakob or other Prion Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
16. Multiple Sclerosis <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
17. Vascular Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>
18. Heart Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>
19. Lung Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>
20. Asthma <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
21. Emphysema <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
22. COVID-19 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(When? Any Treatments?)</i>
23. Been Diagnosed or Treated for TB <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
24. Kidney Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>
25. Kidney Stones <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
26. Gall Stones <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
27. Liver Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type?)</i>
28. Cirrhosis <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
29. Hepatitis B or C <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(Type? Any Treatments?)</i>
30. Broken Bones <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(which and dates)</i>

<p>31. Surgeries or Interventions <i>(select all that apply)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <i>(add below)</i> <i>(If yes, please indicate the year of the procedure)</i></p>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Heart /Bypass</div> <div style="width: 50%;"><input type="checkbox"/> Organ Removal</div> <div style="width: 50%;"><input type="checkbox"/> Cataracts</div> <div style="width: 50%;"><input type="checkbox"/> LASIK</div> <div style="width: 50%;"><input type="checkbox"/> D&C <i>(Dilation & Curettage)</i></div> <div style="width: 50%;"><input type="checkbox"/> Hysterectomy</div> <div style="width: 50%;"><input type="checkbox"/> Cesarean</div> <div style="width: 50%;"><input type="checkbox"/> Implant <i>(please specify)</i></div> </div>
<p>32. Gender Affirming Medical Interventions <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	<p><i>(interventions and dates)</i></p>
<p>33. Joint Replacements <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	<p><i>(surgeries and dates)</i></p>
<p>34. Do you have hearing loss? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	
<p>35. We your born deaf or hard of hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	
<p>36. Do you have visual impairments? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	

<p>37. Have you had an organ or tissue transplant</p> <p>a. Cornea</p> <p>b. Bone</p> <p>c. Skin</p> <p>d. Heart</p> <p>e. Kidney</p> <p>f. Dura Mater</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>
<p>38. Have you been tested for HIV in the past year</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	<p><i>(test result)</i></p>
<p>39. Have you been vaccinated for SARS-CoV-2 (COVID-19)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	
<p>40. What is your physical activity level</p>	<p><input type="checkbox"/> Very Active (<i>physical activity 5-7 times a week</i>)</p> <p><input type="checkbox"/> Moderately Active (<i>physical activity 3-4 times a week</i>)</p> <p><input type="checkbox"/> Somewhat Active (<i>physical activity about 2 times a week</i>)</p> <p><input type="checkbox"/> Sedentary (<i>limited or consistent physical activity</i>)</p> <p><i>What types of physical activities do you enjoy?</i></p>
<p>41. Smoke Tobacco</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	<p><i>(type, how often, how long)</i></p>
<p>42. Drink Alcohol</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	<p><i>(type, how often, how long)</i></p>
<p>43. Do you currently use recreational or street drugs</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER</p>	<p><i>(type, how often, how long)</i></p>

Please describe in your own words what being an anatomical donor means to you. Do you have anything you'd like to say to the future healthcare professionals learning from you? Your responses are shared with the students during their courses.

Frequently Asked Questions (FAQs):

Q. Why should I consider donating my body to science?

A. This unique and priceless gift of the human body provides the opportunity for knowledge that is the foundation of all medical education and research. Bodies that are donated to medical schools are used to (1) educate medical students at the University of Massachusetts T. H. Chan Medical School (UMCMS) or other accredited medical schools, (2) they are used to educate non-physician healthcare workers and students at UMCMS or other accredited schools of health sciences. (3) The bodies are used to train physicians and surgeons at UMCMS or other accredited healthcare institutions. (4) The bodies are used in the development of medical devices, and therapeutic and diagnostic tools by researchers at UMCMS and its scientific partners. (5) Bodies also are used in other research efforts at UMCMS and affiliated institutions. Among these possible uses items (4) and (5) may involve shared use of the donor's remains by research partners in private corporations, and that this research could result in the development of biomedical products of commercial value. In all instances, the need for donations is great, and the gift is valued and honored beyond measure.

To honor our donors UMCMS medical students, with guidance from the UMCMS faculty organize and host an annual memorial service for donor families. Many families have expressed that this experience not only provides closure on their loss but gives a deeper meaning to the gift that was given. If you are interested in what the annual memorial service may watch our archive of recording on our website at www.umassmed.edu/agp.

Q. How can I donate?

A. Potential Donors must complete a UMCMS registration packet which includes executing the enclosed Instrument of Anatomical Gift in accordance with the Massachusetts Uniform Anatomical Gift Act. It is not sufficient to merely indicate intent on a donor card or driver's license. For the Instrument of Anatomical Gift to be valid, you must be of sound mind, over 18 years of age, and the Instrument must be signed by **two** witnesses who are 21 years of age or older. A donor must also choose an Executor or designated agent that is a responsible survivor, 21 years of age or older, that will act on the donor's behalf with UMCMS' Anatomical Gift Program (Program).

You may withdraw your donation at any time by notifying UMCMS in writing.

In order to be a registered anatomical donor with our program, an individual must make this decision with sound mind and of their own free will, and complete and sign all paperwork him/her/their self. The individual registering must be legally competent.

Q. If I have additional questions, who should I contact?

A. Please do not direct any questions to a funeral home, because they may not be able to provide current and accurate information about this program.

Please contact the UMCMS AGP via ANY of the following:

Telephone: (508) 856-2460

Fax: (508) 856-2476

Email: UMCMSagp@umassmed.edu

Online: www.umassmed.edu/agp

Address: Anatomical Gift Program
Department of Radiology

University of Massachusetts
T. H. Chan Medical School
55 Lake Ave. North, S7-127
Worcester, MA 01655

Please be aware that we can be contacted a number of ways, but when submitting registration materials, we must receive the original signatures, in ink. The most effective way to achieve this is by mail.

Q. Under what conditions are donations declined?

A. UMCMS may decline an anatomical gift for any reason. Several reasons a donation may be denied include, but are not limited to:

- a. Certain infectious/communicable diseases including but not limited to: AIDS/HIV, hepatitis, meningitis, sepsis, tuberculosis, COVID-19, Creutzfeldt-Jacob disease or other prion disease
- b. Extremes of weight
- c. Jaundice
- d. Severe Edema
- e. Open wounds or extensive trauma at the time of death
- f. Recent fall
- g. An autopsied body
- h. Embalming that has occurred prior to the donation
- i. Individuals with plans to donate their organs
- j. Objections from the next-of-kin
- k. There is significant family discord at the time of death or immediately thereafter
- l. The condition or pathology of the remains precludes adequate and/or safe preparation, storage or study
- m. Current need of the program

UMCMS may, for any reason, decline an anatomical donation. Therefore, alternate funeral arrangements should be made known to the donor's Executor or next-of-kin.

Q. What paperwork do I need to return for registration?

A. There is a lot of information in this packet, most of which we recommend you keep for your records. The pages we need completed and returned to our program include pages 7-9 and pages 11-15.

Q. What happens when I am registered with the Program?

A. Once UMCMS receives your fully completed registration materials, you will receive a letter of acknowledgement and a wallet donor card. It is your responsibility to communicate with your next-of-kin, designated agent, or Executor to ensure that your wishes are followed.

UMCMS will communicate in writing with a potential donor if there are any concerns with the application or if the application is not properly completed.

Q. I'm a registered organ donor. Do I need to cancel that?

A. No, you can be registered for both organ donation and body donation. Discuss with your family which type of donation is your preference and make sure they contact either the organ donation services OR our program first. Even if you prefer to be an organ donor, we recommend you registering with our program as a back-up, since we do not accept donations from un-registered individuals. If you qualify for organ donation, we will not be able to accept your body. *There are 2 exceptions: donating brains or eyes will not prohibit the donation of your body.*

Q. Who needs to be notified of my desire to donate my body?

A. You should notify your family, close friends, physician and attorney (if applicable) of your decision to donate your body to UMCMS' AGP. You should update end-of-life decisions and legal paperwork. Typically, your HIPAA form and Health Care Proxy must include the Executor and next-of-kin that will act on your behalf at the time of death. If you live part-time in another state, you should also register as a donor in that state. More information can be found online at: <http://anatbd.acb.med.ufl.edu/usprograms>

Q. What happens at the time of death?

A. **Immediately** following the passing of the donor, we recommend that a healthcare professional contact UMCMS at the contact listed above to confirm that UMCMS will accept the anatomical gift. A designated agent may contact the program, but they must provide contact information for a medical professional in charge of the donor's care. If UMCMS accepts the anatomical gift, UMCMS will contact a contracted funeral home to arrange for transportation of the donor's body to UMCMS. The designated agent, family or medical professionals should not arrange for the transportation themselves. Using a private funeral home may result in unexpected costs to the family and/or estate. UMCMS has a contracted funeral home that will take their stipend as full payment, resulting in no transportation costs for the donor's family. It is essential that the donor's body be transported to UMCMS within 24 hours of the time of death, unless specific permission is granted by UMCMS.

Q. What happens if I die outside of Massachusetts?

A. UMCMS may still be able to accept your donation if the death occurs in a bordering state. We frequently work with donors residing in NH, VT, CT, RI, and ME. We do recommend that the donor and their family research if there is a body donation program closer to their location.

At the time of death, UMCMS should be contacted to determine eligibility. Since UMCMS does not have a contract with any funeral home outside of Massachusetts, out-of-state donors will need to designate a funeral home for transportation and filing of the death certificate. UMCMS will pay a stipend to that funeral home for the transportation and paperwork, but due to the lack of a contract, we cannot guarantee it will be accepted as full payment. **It is the responsibility of the donor and their family to inquire about potential costs with their funeral home of choice.** UMCMS will coordinate with the out-of-state funeral home for prompt receipt at the UMCMS facility.

For any death beyond the bordering Massachusetts states, it is the recommendation of UMCMS that the donor and their family research local body donation programs and registering with those programs when necessary.

Q. After death, what paperwork needs to be completed?

A. A UMCMS-contracted funeral home will contact the Executor or next-of-kin to confirm the necessary information to complete the MA death certificate and other necessary paperwork. Once the necessary forms have been completed and returned to the funeral home, the family may contact the Town Clerk's office to order certified death certificates. Additionally, the surviving spouse should contact the Social Security Office for information regarding death benefits.

If the death occurs outside of MA, the chosen funeral home will complete the paperwork and file the death certificate. The family should discuss the process of obtaining a death certificate with the funeral home.

The family is responsible for contacting any newspapers if the family wishes to submit an obituary. The newspaper may contact our program if the newspaper requires verification of the death for publication.

Q. How long will UMCMS keep my body?

A. UMCMS may keep the donors remains for a period of one to three years before final disposition is made. Occasionally certain anatomic parts (particularly skeletal and nervous system components) may be retained for longer periods of time, even up to ten years or more. In such cases, at the end of their period of use, those tissues are subject to disposition. The donors' remains or cremains returned for disposition may not include tissues that are being retained longer for ongoing medical research or educational purposes. In those instances, at the conclusion of their use the retained tissues will be cremated and buried at the Pine Hill Cemetery in Tewksbury, Massachusetts in a UMCMS registered grave.

Q. What will my body be used for?

A. There are many uses to which anatomical gifts may be used in the advancement of education and research. Upon acceptance of the gift of the donors' body, UMCMS may in its sound judgment and sole discretion determine which of these uses my gift will best serve. These uses may include:

1. Education of medical students at UMCMS or another accredited medical school.
2. Education of non-physician healthcare workers and students at UMCMS or another accredited institution.
3. Training of physicians and surgeons at UMCMS or other accredited healthcare institutions.
4. Development of medical devices, and therapeutic and diagnostic tools by researchers at UMCMS and its scientific partners.
5. Development of skeletal models through the process of skeletonization.
6. Development of long-term teaching specimens through the process of plastination.
7. Other research and scholarly efforts at UMCMS and affiliated institutions.

I also understand that, among these possible uses, items (4) and (5) may involve shared use of my remains by research partners in private corporations, and that this research could result in the development of biomedical products of commercial value. The uses of my anatomical gift may include the capture and use of digital images, video, and radiographic images. Images and videos are de-identified and stored for perpetual educational use.

Q. Will UMCMS provide my family with a report of studies completed from my body?

A. No, the AGP does not perform autopsies. The AGP's core mission is to support anatomical education for the University of Massachusetts T. H. Chan Medical School. Anatomical education is the foundation of a student's medical knowledge and is taken during their pre-clinical curriculum at the Medical School. Therefore, the students are not far enough in their training to diagnose or recognize diseases and conditions. Rather, they use this knowledge as they go forward in other curriculum courses such as pathology.

Q. What happens to my remains when the studies are complete?

A: At the conclusion of studies, which may be up to three years after death, UMCMS will be responsible for final disposition according to the donor's election on the Instrument of Anatomical Gift. If the donor chooses for their remains to be returned to their next-of-kin UMCMS will notify the designated agents for instructions regarding the disposition of the remains. If UMCMS is not able to carry out the instructions for any reason (including but not limited to the designated agent's refusal to accept the remains), UMCMS will arrange for my body to be cremated, and buried at the expense of UMCMS in the Pine Hill Cemetery in Tewksbury, Massachusetts, in a UMCMS registered grave.

Q. What are the costs associated with donating my body?

A. Typically, donation to the Anatomical Gift Program has no associated costs to the donor's next-of-kin/authorizing person as long as the donor's death occurs within Massachusetts. However, if the donor's designated agent chooses to use a funeral home not contracted with UMCMS, have the donor's body buried after donation, or are donating from a state other than Massachusetts, there may be funeral home expenses associated with the donation. These expenses are the responsibility of the donor's family or estate.

Massachusetts law prohibits payment for a body donation. However, UMCMS pays for the following:

- Filing the donor's initial death certificate
- Obtaining a burial/transit permit
- Transportation WITHIN Massachusetts
- Cremation
- The interment of cremated remains in a marked grave at the Pine Hill Cemetery in Tewksbury, Massachusetts or
- The return of cremated remains to the Executor, next-of-kin (The Executor or next-of-kin may also make an appointment with the Anatomical Gift Program to personally retrieve the cremated remains.)

Typically, the donor's estate only pays for:

- The obituary (newspaper may confirm death by calling the Anatomical Gift Program)
- Copies of the certified death certificate
- Private burial arrangements
- The retrieval of any remains from UMCMS which requires a burial container approved by the desired cemetery and the assistance of a funeral home.
- Any additional fees, for services or out-of-state transportation, will be billed to the donor's estate.

Q. Will there be a memorial service?

A. Annually, UMCMS' first-year medical students, with guidance from the UMCMS AGP, organize and host a service for the anatomical donors whose studies were completed that academic year. Primary contacts will be sent an invitation to attend They will also be given the opportunity to share remembrances or photos to share at the ceremony. Following the ceremony, a reception is held so families, students, and faculty have the opportunity to meet and share stories and memories. An archive of recordings of past memorial services can be found on our website.

More can be found online at www.umassmed.edu/agp.