



Anatomical Gift Program
Department of Radiology
55 Lake Avenue North
Worcester MA 01655
phone 508-856-2460 fax 508-856-2476

Website: <http://www.umassmed.edu/anatomicalgiftprogram/index.aspx>

The University of Massachusetts Medical School's Anatomical Gift Program Mission Statement

Our program's mission is to support medical education and research at our institution as well as to qualified degree granting institutions demonstrating scientific merit for the advancement of medical science, research and education.

Use of anatomical materials shall be defined by The Anatomical Gift Program's governing body and agreed to in writing via a formal documentation process between the respective parties. Documentation shall detail all users for all purposes. The Instrument of Anatomical Gift and chain of custody documentation shall remain with The Anatomical Gift Program.

In our society, people care about what is done to human bodies, both during life and after death. Donation for Medicine and Research acknowledges that whatever the potential benefits, the human body needs to be treated in a manner commensurate with the public's concerns. For most people, it matters (in life and death) that bodies are treated with respect, and a constructive approach to anatomical donation must acknowledge and act in accordance with this fact.

The Anatomical Gift Program (AGP) at this public institution maintains an obligation to the donor, the donor's next-of-kin, and to the community to oversee the anatomical donation and its use at the program's discretion.

Attached you will find the forms necessary to register for this program.

Please read through the packet, complete the appropriate forms, and return them to this school complete with the ***Table of Contents page*** to the address listed below. **Please remove pages 2 & 3 for future reference, and page 7, *Change of Statistical Information*. Please retain the FAQ sheets for your personal file.**

Anatomical Gift Program
Department of Radiology
The University of Massachusetts Medical School
55 Lake Avenue North
Worcester MA 01655

If you have any questions please call 508-856-2460.

Thank you for your interest in the University of Massachusetts Medical School's Anatomical Gift Program. We are deeply appreciative of your selfless and timeless gift toward medical education.



University of Massachusetts Medical School Anatomical Gift Program

Donor Registration Packet

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General Instructions

University of Massachusetts Medical School
Anatomical Gift Program
Department of Radiology
55 Lake Avenue North
Worcester MA 01655

All donor application forms must be completed and signed where indicated. Please be sure to complete and initial the “Instrument of Anatomical Gift”. Some of the forms will require a signature witnessed by two people. Please keep the packet intact except for the second, third and last pages which you will remove and keep for your reference or if there are changes. Mail the completed forms **along with the *Table of Contents* page** to the University of Massachusetts Medical School, Anatomical Gift Program (Program) in the envelope provided or to the address noted above.

Once the forms have been reviewed and accepted, an acknowledgement will be sent along with a donor identification card. A letter of instruction will be mailed to the donor’s appointed next of kin.

Please feel welcome to call the Anatomical Gift Program at 508-856-2460 if you have any questions. All information provided will remain confidential to the extent allowed by law.

Instrument of Anatomical Gift

Please complete both pages of this form in front of two witnesses. This form will indicate the designation of remains after the completion of studies. If the donation is made by the attorney-in-fact under a valid durable power of attorney that expressly authorizes the attorney-in-fact to make an anatomical gift of the principal’s body, a complete legible copy of the durable power of attorney must accompany this form.

Donor Information Sheet

Complete the data sheet with accuracy. The information you provide will be used for completing and processing the death certificate with the Health Department and the Commonwealth. Death certificates are filed in the town hall or city hall of the town where death occurs. A certified death certificate may be obtained by making arrangements with the respective town hall or city hall office.

Privacy Act Notification and HIPAA

Provided as required by the state and federal law.

Change of Statistical Information

To be returned to this office to report changes such as: donor’s address and telephone number; designated next of kin’s address and telephone number; and change in marital status.

Worksheet for Medical and Social History

Complete this data sheet with as much detail as possible. The information provided is of great value to teaching and research.



HIPAA and Privacy Act Notification Organ Donation

HIPAA

The Department of Health and Human Services (HHS) issued the Standards 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 UMass 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 UMMS Anatomical Gift Program at the time of death of a donor.

Privacy Act Notification

The Privacy Rule permits covered entities to disclose PHI (Protected Health Information), 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 the 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). Please refer to page 2, General Instructions.

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.

Organ Donation

Organ donation is different from anatomical donation. If one donates one's organs, one cannot donate a body to the University of MA Medical School. If a person has noted 'organ' donation on his or her license and then decides to donate to the Anatomical Gift Program, it is advised to have the organ donation status changed with the Registry of Motor Vehicles as well as with the New England Organ Bank.

Next of Kin or Executor

The person responsible for making arrangements should call the University of Massachusetts Medical School's Anatomical Gift Program at 508-856-2460 to determine if the Medical School can accept the donation. If the University of Massachusetts Medical School accepts the donation, the School will arrange for the transportation from the place of death within Massachusetts to the University of Massachusetts Medical School. A cost may be incurred to the donor's estate if a body is transported from out of state. **THE MEDICAL SCHOOL RESERVES THE RIGHT TO DECLINE ANY PARTICULAR GIFT.** The body must be delivered to the School WITHIN 24 HOURS of death unless other arrangements are made with the Medical School.



Instrument of Anatomical Gift

Pursuant to the provisions of the Uniform Anatomical Gift Act, Chapter 23-06.2 and Massachusetts General Laws, Chapter 75, s. 36A, and Chapter 113, ss. 7-13

I, _____
Name of Donor (please type or print clearly)

Being of sound mind and over the age of eighteen (18) years, do hereby, effective at the time of my death, give my entire body to the University of Massachusetts Medical School for the purposes of education, research, and advancement of science pursuant to this agreement. **The University of Massachusetts Medical School reserves the right to decline donations depending on the condition of the body at the time of death and/or the needs of the institution.** Alternative arrangements will be required in the event that the gift cannot be accepted.

Cremation Policy

As of January 1984, the University of Massachusetts Medical School will accept Instrument of Anatomical Gift forms ONLY from those donors who agree to cremation or release of remains for private burial. Burial of cremated remains (ashes) at Pine Hill Cemetery will also be available for donors to this school.

I FURTHER DIRECT THAT, AFTER STUDIES ARE COMPLETE, THE DESIGNATED SCHOOL SHALL:

_____ Cremate my body and release my cremated remains to my executor or next of kin for private burial at the expense of my estate.

_____ Not cremate my body and will release my remains to my executor or next of kin for private burial at the expense of my estate.

_____ Bury my cremated remains at the expense of the medical school in the Pine Hill Cemetery In Tewksbury, Massachusetts, in a registered grave.

All donors please initial:

_____ I agree to allow my body to be studied for medical educational training at vetted degree-granting institutions affiliated with the University of Massachusetts Medical School's Anatomical Gift Program. 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.

Signed



Instrument of Anatomical Gift

Having read the Instrument of Anatomical Gift for the University of Massachusetts Medical School in full and understanding its content and legal effect, I hereby sign it in the presence of the undersigned witnesses:

| | | | | |
|---------------------------------------|----------------|-------------------|---------------------------------|------------------------|
| _____ Name of Donor (Please Print) | | | _____ Signature of Donor | |
| _____ Address | | | _____ Social Security Number | _____ Date of Birth |
| _____ City | _____ State | _____ Zip Code | _____ Date | |

WITNESS ATTESTATION

Signed in our presence and we hereby subscribe our names as witnesses:

1)

Signature of Witness

Name of Witness (Please Print)

Address

City State Zip Code

Date

2)

Signature of Witness

Name of Witness (Please Print)

Address

City State Zip Code

Date

ADDITIONAL INFORMATION NEXT OF KIN OR EXECUTOR

Name (Please Print)

Address

City State Zip Code

Relationship to Donor

Telephone Number

Alternative Telephone Number



Donor Information Sheet

To ensure registration to the Anatomical Gift Program at UMass Medical School, the following information MUST be completed and returned along with your completed Instrument of Anatomical Gift.

Donor's Full Name (First, Middle, Last): _____

E-Mail Address: _____

Donor's Legal Address: _____
(Street and number, city, state, zip code)

Donor's Telephone Number: _____

Donor's Race: White _____ Black _____ Hispanic _____ American Indian _____
Other (please specify) _____

Donor's Date of Birth: _____ Soc. Sec. No. _____

Donor's Place of Birth: _____

Donor's Marital Status: Married _____ Never Married _____ Widowed _____ Divorced _____

Spouse's MAIDEN Name: _____

MALE DONORS: We need your spouse's first name and MAIDEN name. FEMALE DONORS: We need your spouse's full name. ALL DONORS: This applies to married, separated, divorced and/or widowed. These are vitals required by the state of MA for filing a death certificate at the time of a donor's death.

Donor's Occupation: _____ Industry: _____
(If retired - previous occupation must be listed) (Industry ex.: If occupation is teacher, industry would be education)

Donor's Education: _____
(Highest grade completed) Grades 1-12 _____ College 1-4, 5+ _____

If U.S. War Veteran: Specify War: _____ Rank: _____

Dates of Service: _____ Service Number: _____

Donor's Father's Name: _____

Donor's Father's Place of Birth: _____

Donor's Mother's First Name and MAIDEN Name: _____

Donor's Mother's Place of Birth: _____

NOTE: Please be sure to write the MAIDEN name of spouse and of mother when applicable. This information is required when filing for a death certificate.



Change of Statistical Information

(Donor keeps this page for changes)

To report a change of address, marital status or other pertinent information, please complete this form and mail it to the **University of Massachusetts Medical School Anatomical Gift Program**. Accuracy in your reporting changes helps ensure that data will be recorded correctly.

The Donor's name: _____

Change in Donor's address:

Former Street: _____

City/State/Zip: _____ Phone: _____

Current Street: _____

City/State/Zip: _____ Phone: _____

Change in Marital Status:

Widowed Married Divorced Re-married Registered Domestic Partner

Change in Name: _____

Other: _____

**Mail to: University of Massachusetts Medical School
 Anatomical Gift Program
 Department of Radiology
 55 Lake Avenue North
 Worcester MA 01655**

Or you may phone: 508-856-2460

**The University of Massachusetts Medical School's Anatomical Gift Program
MISSION STATEMENT and Frequently Asked Questions**



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The Anatomical Gift Program (AGP) at this public institution maintains an obligation to the donor, the donor's next-of-kin, and to the community to oversee the anatomical donation and its use at the program's discretion.

FAQs

Why should I consider donating my body to science?

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 teach medical and other health profession students the relationship between the systems and structure of the human body. In other instances donated bodies have been used by research physicians in the development of new surgical procedures. In both instances, the need for donations is great, and the gift is valued and honored beyond measure.

1. WHO CAN DONATE?

According to Massachusetts law, anyone of sound mind and eighteen (18) years of age or older may become a potential donor. There is no upper age limit. Donors must complete a UMMS registration packet and sign the enclosed Instrument of Anatomical Gift to verify their legal intent. It is not sufficient to merely indicate intent on a donor card or driver's license.

For preregistration, the services of a notary or attorney are not required. For the Instrument of Anatomical Gift, a donor's signature must be signed in the presence of TWO witnesses, 21 years of age or older, that are preferably an Executor or next of kin. A donor must also choose an Executor or designated next of kin that is a responsible survivor, 21 years of age or older, that will act on the donor's behalf with this program.

All decisions are not binding. They can be changed at any time by notifying UMMS. If there any changes to previous information or changes to the program, everyone must be renotified, as applicable.

A donation may also be arranged by a family member at the time of death. A donation made through a donor's Health Care Proxy is acceptable if it expressly authorizes an Agent to donate their body at the time of death. A donation made through a Will is not acceptable, because it may not be readily available to permit timely acceptance to the program.

Please do not direct any questions to a funeral home, because they may not be able to provide accurate information about this program. For any correspondence or more information, please use ANY of the following:

Telephone: 508-856-2460

Fax: 508-856-2476

Email: ummsagp@umassmed.edu

Online: umassmed.edu/anatomicalgiftprogram

Address: UMMS Anatomical Gift Program

Department of Radiology

55 Lake Avenue North

Worcester, Mass. 01655

2. WHO CANNOT DONATE?

Anyone with an infectious/communicable disease, extreme obesity/malnutrition, jaundice, advanced decomposition, open wounds or extensive trauma as well as anyone that has been autopsied, embalmed or plans to donate their organs would not be accepted. UMMS must receive a body intact.

Infectious/communicable diseases include AIDS/HIV, hepatitis, meningitis, sepsis, tuberculosis, CreutzfeldtJacob disease and others.

A nearest next of kin may object to a donation. Information learned from an autopsy may be important to a donor's physician or family. With certain circumstances at death, autopsy is required by law.

Depending on the need of the program and any other circumstances that may arise at the time of death, UMMS may decline a donor. Therefore, alternate funeral arrangements should be made known to the donor's Executor or next of kin.

3. WHAT HAPPENS WHEN A DONOR IS ACCEPTED TO THE PROGRAM?

Once UMMS accepts a potential donor, they will receive a letter of acknowledgement and a wallet donor card. The Executor or designated next of kin, that will act on behalf of the donor at the time of death, will receive a letter of instruction.

4. WHO NEEDS TO BE NOTIFIED?

A donor's family, close friends, physician and attorney should be notified of their decision. Donor's should update end-of-life decisions and legal paperwork. Typically, the donor's HIPPA form and Health Care Proxy must include the Executor and next of kin that will act on behalf of the donor at the time of death.

If applicable, clarify this new donor decision with the New England Organ Bank at 1-800-446-6362

or online at neob.org as well as with the Registry of Motor Vehicles at 1-857-368-8000

or online at massrmv.com. In certain circumstances, eye donation is acceptable.

If a donor lives part-time in another state, they should register there as well to avoid delays and additional transportation fees. More can be found online at: old.med.ufl.edu/anatbd/usprograms

5. WHAT HAPPENS AT THE TIME OF DEATH?

The Executor or designated next of kin must notify UMMS immediately for transport of the donor from the place of death to UMMS. Their 24hour access telephone number is 5088562460.

The donor's body must be received by UMMS within 24 hours of the time of death unless other specific arrangements are made.

6. WHAT HAPPENS AFTER DEATH?

UMMS will keep a donor's body for up to 2 years or longer. It will be used to advance education, research and science in a wide range of medical fields and with other institutions. No one will receive a report of any medical findings, but the executor or next of kin may inquire about the length of our studies at any time.

There are no viewing hours, but at the completion of our studies, UMMS holds a special memorial service to honor our donors. Family and friends are welcome to attend. More can be found online at umassmed.edu/annualmemorialservice.

7. AFTER DEATH, WHAT PAPERWORK NEEDS TO BE COMPLETED?

Once UMMS confirms the death of a donor, the Executor or next of kin should notify social security and post an obituary in any newspaper. For further verification, the respective newspaper may contact UMMS. The services of a funeral home are not needed to complete any of these procedures.

Copies of the donor's death certificate may be needed for the donor's attorney, financial advisor, insurances, banks or other agencies. Copies can be obtained from the town/city hall where the death occurred or online at mass.gov/certifiedcopiesvitalrecords. Please allow approximately one week before making a request.

8. WHAT ARE THE COSTS?

Massachusetts law prohibits payment for a body donation. However, UMMS 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 or
- To a designated cemetery plot.

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 death certificate
- Private burial arrangements

If a funeral home of choice should be involved, UMMS will only reimburse them for LIMITED transportation WITHIN Massachusetts from the place of death to UMMS. The retrieval of any REMAINS from UMMS requires a coffin and the assistance of a funeral home. Any additional fees, for their particular services or out-of-state transportation, will be billed to the donor's estate. Funeral homes are not affiliated or governed by UMMS.

We feel that the success on this program is gauged by its participants. Please feel welcome to contact us with questions or suggestions

Thank you,

The Anatomical Gift Program,
Phone: 508-856-2460
Email: ummsagp@umassmed.edu

| |
|--|
| Original Date: |
| Dates Revised: <i>(Updated by the Anatomical Gift Program)</i> |

HEALTH HISTORY QUESTIONNAIRE

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

| | | | |
|--|----------------------------|------------------------------------|-------------|
| Name <i>(Last, First, M.I.):</i> | <input type="checkbox"/> M | <input type="checkbox"/> F | DOB: |
| Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |
| Previous or referring doctor: | | Date of last physical exam: | |

PERSONAL HEALTH HISTORY

| | | | |
|---------------------------------|--|---|--|
| Childhood illness: | <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio | | |
| Immunizations and dates: | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Pneumonia | |
| | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Chickenpox | |
| | <input type="checkbox"/> Influenza | <input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i> | |

| |
|--|
| List any medical problems that other doctors have diagnosed |
| |

| Surgeries | | |
|-----------|--------|----------|
| Year | Reason | Hospital |
| | | |
| | | |
| | | |
| | | |

| Other hospitalizations | | |
|------------------------|--------|----------|
| Year | Reason | Hospital |
| | | |
| | | |
| | | |
| | | |

| | | |
|--|------------------------------|-----------------------------|
| Have you ever had a blood transfusion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Have you been rejected to donate blood? If yes, why? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Have you been tested positive for tuberculosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|---------------------------|------------------------------|-----------------------------|
| Liver disease? Cirrhosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---------------------------|------------------------------|-----------------------------|

| | | |
|-----------------------|------------------------------|-----------------------------|
| Hepatitis A, B, or C? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------|------------------------------|-----------------------------|

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers

| Name the Drug | Strength | Frequency Taken |
|---------------|----------|-----------------|
| | | |
| | | |
| | | |
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| | | |
| | | |
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| | | |

Allergies to medications

| Name the Drug | Reaction You Had |
|---------------|------------------|
| | |
| | |
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| | |
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| | |

HEALTH HABITS AND PERSONAL SAFETY

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

| | | | |
|-----------------|---|---|--|
| Exercise | <input type="checkbox"/> Sedentary (No exercise) | | |
| | <input type="checkbox"/> Mild exercise (i.e., climb stairs, walk 3 blocks, golf) | | |
| | <input type="checkbox"/> Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.) | | |
| | <input type="checkbox"/> Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes) | | |
| Diet | Are you dieting? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, are you on a physician prescribed medical diet? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | # of meals you eat in an average day? | | |
| | Rank salt intake | <input type="checkbox"/> Hi <input type="checkbox"/> Med <input type="checkbox"/> Low | |
| | Rank fat intake | <input type="checkbox"/> Hi <input type="checkbox"/> Med <input type="checkbox"/> Low | |
| Caffeine | <input type="checkbox"/> None | <input type="checkbox"/> Coffee | <input type="checkbox"/> Tea <input type="checkbox"/> Cola |
| | # of cups/cans per day? | | |
| Alcohol | Do you drink alcohol? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, what kind? | | |
| | How many drinks per week? | | |

| | | | | | |
|------------------------|---|---------------------------------------|---------------------------------------|---|-----------------------------|
| Tobacco | Do you use tobacco? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Cigarettes – pks./day | <input type="checkbox"/> Chew - #/day | <input type="checkbox"/> Pipe - #/day | <input type="checkbox"/> Cigars - #/day | |
| | <input type="checkbox"/> # of years | <input type="checkbox"/> Or year quit | | | |
| Drugs | Do you currently use recreational or street drugs? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Have you ever given yourself street drugs with a needle? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sex | Illness related to the Human Immunodeficiency Virus (HIV), such as AIDS, has become a major public health problem. Risk factors for this illness include intravenous drug use and unprotected sexual intercourse. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Safety | Do you live alone? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Do you have frequent falls? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Do you have vision or hearing loss? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Do you have an Advance Directive and/or Living Will? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FAMILY HEALTH HISTORY

| | AGE | SIGNIFICANT HEALTH PROBLEMS | | AGE | SIGNIFICANT HEALTH PROBLEMS |
|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|-----------------------------|
| Father | | | Children | <input type="checkbox"/> M | |
| Mother | | | | <input type="checkbox"/> F | |
| Sibling | <input type="checkbox"/> M | | | <input type="checkbox"/> M | |
| | <input type="checkbox"/> F | | <input type="checkbox"/> F | | |
| | <input type="checkbox"/> M | | <input type="checkbox"/> M | | |
| | <input type="checkbox"/> F | | <input type="checkbox"/> F | | |
| | <input type="checkbox"/> M | | <input type="checkbox"/> M | | |
| | <input type="checkbox"/> F | | <input type="checkbox"/> F | | |
| | <input type="checkbox"/> M | | Grandmother | | |
| | <input type="checkbox"/> F | | <i>Maternal</i> | | |
| <input type="checkbox"/> M | | Grandfather | | | |
| <input type="checkbox"/> F | | <i>Maternal</i> | | | |
| <input type="checkbox"/> M | | Grandmother | | | |
| <input type="checkbox"/> F | | <i>Paternal</i> | | | |
| <input type="checkbox"/> M | | Grandfather | | | |
| <input type="checkbox"/> F | | <i>Paternal</i> | | | |

WOMEN ONLY

| | | |
|--|------------------------------|-----------------------------|
| Have you had a D&C, hysterectomy, or Cesarean? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Thank you for taking the time to complete this questionnaire. The information you have provided will be kept in a secured environment at the University of Massachusetts Medical School in the Anatomical Gift Program along with your Instrument of Anatomical Donation. Now, please take a few more minutes and tell us (below) what anatomical donation means to you. After your body is accepted into our program the information you have submitted and the words shared (below) will be shared with faculty and students.

Sincerely,
The Anatomical Gift Program
The University of Massachusetts Medical School.

WHAT DONATING MY BODY AFTER DEATH TO THE ANATOMICAL GIFT PROGRAM AT UMMS MEANS TO ME
