



Anatomical Gift Program  
Department of Radiology  
University of Massachusetts Medical School  
55 Lake Ave. North  
Worcester, MA 01655  
Office: (508) 856-2460  
UMMSAGP@umassmed.edu  
[www.umassmed.edu/anatomicalgiftproram](http://www.umassmed.edu/anatomicalgiftproram)

Thank you for your interest in the University of Massachusetts Medical School'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 registration with our program does not guarantee acceptance of any donation and as such, we urge all of our donors to have a backup plan in effect, should we be unable to accept the bequest.

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 bequest.

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](mailto:ummsagp@umassmed.edu).

<b>General Instructions</b>	<b>2-3</b>
<b>HIPAA and Privacy Act Notification</b>	<b>4</b>
<b>Instrument of Anatomical Gift</b>	<b>5-8</b>
<b>Donor Information Sheet</b>	<b>9</b>
<b>Change of Statistical Information</b>	<b>10</b>
<b>Health History Questionnaire</b>	<b>11-13</b>
<b>Frequently Asked Questions</b>	<b>14-17</b>

## General Instructions for Making an Anatomical Gift

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After you have voluntarily decided to make an anatomical gift donation to the University of Massachusetts Medical School (UMMS), 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 UMMS at the address below:

Anatomical Gift Program  
Department of Radiology  
University of Massachusetts Medical School  
55 Lake Ave. North  
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 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 by making arrangements with the town/city hall where the death occurred.

### 3. Worksheet for Medical and Social History

Following UMMS’ receipt and review of these three (3) fully completed and signed forms, UMMS will decide whether to enter you as a registered donor, and if so, UMMS will send you an acknowledgement letter along with a donor information 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 UMMS. **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 UMMS, 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 UMMS **if** your personal information changes.

Please inform your next-of-kin and/or Executor of your Will that UMMS 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**

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 an 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 principle 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 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

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#### 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 Medical School  
Anatomical Gift Program  
Department of Radiology  
55 Lake Ave. North  
Worcester, MA 01655

I understand that upon my death, my decision to donate my body to the University of Massachusetts Medical School (“UMMS”) will become irrevocable. However, at any time before my death, I may revoke my offer to donate my body by informing UMMS 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 UMMS to have the exclusive right to (i) control the use of my body for medical 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 UMMS 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, UMMS may embalm and/or perform dissection for the purposes of education and/or research.

I further understand that UMMS 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 UMMS 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 UMMS declines my offer to be a donor.

Immediately following my passing, my next of kin and/or Executor under my Will shall instruct a medical professional to contact UMMS to initiate the acceptance of my anatomical gift. If UMMS agrees to accept this gift, UMMS shall notify a UMMS contracted funeral director to initiate the transportation of my body to UMMS.

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

UMMS will pay a contracted funeral director a stipend 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 UMMS

I authorize any and all health care providers holding my health information at the time of my death to release my health information to UMMS for the purpose of implementing my donation. In addition, I authorize UMMS to use or disclose my health information as reasonably necessary to effectuate my donation (e.g., funeral personnel and others). I understand that once a health care provider or UMMS discloses my health information to a recipient, neither the health care provider nor UMMS can guarantee that that the recipient will not disclose my health information to a third party.

*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, UMMS may in its sound judgment and sole discretion determine which of these uses my gift will best serve. These uses include:

1. Education of medical students at UMMS or another accredited medical school.
2. Education of non-physician healthcare workers and students at UMMS or another accredited school of health sciences.
3. Training of physicians and surgeons at UMMS or other accredited healthcare institutions.
4. Development of medical devices, and therapeutic and diagnostic tools by researchers at UMMS and its scientific partners.
5. Other research efforts at UMMS 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.

*How long my gift will be used.* I understand that, UMMS 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. 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, UMMS will be responsible for the disposition of my remains according to my direction below. If UMMS 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 UMMS will arrange for my body to be cremated, and I hereby authorize UMMS to arrange for the cremation of my body and burial of my remains at the expense of UMMS in the Pine Hill Cemetery in Tewksbury, Massachusetts, in a UMMS registered grave.

At such time as my body is no longer useful for the purposes stated above, UMMS will notify my executor or next of kin for instructions regarding the disposition of my remains. The three options for disposition are listed below and I have indicated with a check mark and my initials my **single** choice:

- Cremate my body and release my cremated remains to my executor or next of kin for private burial at the expense of my estate.**
- Cremate my body and bury my remains at the expense of UMMS in the Pine Hill Cemetery in Tewksbury, Massachusetts, in a registered grave.**
- Not cremate my body and release my remains to my executor or next-of-kin 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 UMMS' expense at the Pine Hill Cemetery in Tewksbury, Massachusetts.

I also understand that my 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 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 UMMS. The revocation will be effective immediately upon UMMS' 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.

\_\_\_\_\_  
Full Name of Donor (Please Print)

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Telephone Number

**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, UMMS requests that the form be witnessed by two individuals: one of the donor's next-of-kin as indicated below and one disinterested party. UMMS also requests that, to the extent possible, the witness is the donor's highest priority next of kin.**

**IMPORTANT: Next-of-kin relationship is a legal definition. The order of next-of-kin priority is as follows: (1) current spouse; (2) an adult son or daughter; (3) either parents; (4) an adult brother or sister; (5) a guardian or the person of the decedent at the time of death.**

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

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Signature of Witness #2

\_\_\_\_\_  
Full Name (Please Print)

\_\_\_\_\_  
Full 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

**PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION ABOUT THE EXECUTOR OF YOUR WILL, IF ONE HAS BEEN NAMED:**

\_\_\_\_\_  
Full Name (Please Print)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

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

## Donor Information Sheet

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To ensure registration to the Anatomical Gift Program at UMASS Medical School, the following information **MUST** be completed and returned along with your complete Instrument of Anatomical Gift and Health History Questionnaire.

**Full Name:** \_\_\_\_\_  
(First, Middle, Last)

**Legal Address:** \_\_\_\_\_  
(Street and Number, City, State, Zip Code)

**Telephone Number:** \_\_\_\_\_

**Race:**  White  Black  Hispanic  American Indian  
 Other (please specify): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**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.

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

**Education:**  Grade 1-12  College 1-4, 5+ \_\_\_\_\_  
(Highest Grade Completed)

**If US War Veteran:** **Branch:** \_\_\_\_\_ **War:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Dates of Service:** \_\_\_\_\_ **Service Number:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Father's Place of Birth:** \_\_\_\_\_

**Mother's Name and Maiden Name:** \_\_\_\_\_

**Mother's Place of Birth:** \_\_\_\_\_

## Change of Statistical Information

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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.

Donor's Name: \_\_\_\_\_

Change in Donor's address

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Change in Marital Status

Widowed    Married    Divorced    Re-Married    Registered Domestic Partner

Change in Name: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

# Health History Questionnaire

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

<b>Name</b> ( <i>Last, First, M.I.</i> ):		<input type="checkbox"/> M	<input type="checkbox"/> F	<b>DOB:</b>
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
<b>Current Address:</b>			<b>Telephone:</b>	
<b>Occupation</b> ( <i>even if retired</i> ):				
<b>Current Height and Weight:</b>		<b>Date:</b>		
<b>PERSONAL HEALTH HISTORY</b>				
1. Septicemia <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER				
2. Systemic Bacterial Infection <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER				
3. Viral or Fungal Infection <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER				
4. Connective Tissue Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER				
5. Auto Immune Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER				
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>(select type and date of diagnosis)</i> <input type="checkbox"/> Lymphoma <input type="checkbox"/> Breast <input type="checkbox"/> Leukemia <input type="checkbox"/> Ovarian <input type="checkbox"/> Sarcoma <input type="checkbox"/> Cervical <input type="checkbox"/> Melanoma <input type="checkbox"/> Lung <input type="checkbox"/> Pancreatic <input type="checkbox"/> Prostate <input type="checkbox"/> Other ( <i>specify</i> )		
8. Brain Tumor <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER				
9. Therapeutic Irradiation <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER				
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>(date of stroke)</i>
14. Parkinson's <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
15. Cruetzfeldt Jakob <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. Heart Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
18. Lung Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
19. Asthma <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
20. Emphysema <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
21. Tested Positive or Treated for TB <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
22. Kidney Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
23. Kidney/Gall Stones <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
24. Liver Disease <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
25. Cirrhosis <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
26. Hepatitis A, B, C <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
27. Broken Bones <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
28. Joint Replacements <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	<i>(surgeries and dates)</i>
29. Do you have hearing loss <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
30. Have you had an organ or tissue transplant a. Cornea b. Bone c. Skin d. Heart e. Kidney f. Dura Mater	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER

31. Been rejected to donate blood <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	(when/why)
32. Immunized for: a. Flu b. Tetanus c. Hep. B. Vaccine d. HPV Vaccine ( <i>Human Papilloma Virus</i> )	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER
33. Have you been tested for HIV in the past year <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	(test result)
34. Smoke Tobacco <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	(type, how often, how long)
35. Drink Alcohol <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	(type, how often, how long)
36. Do you currently use recreational or street drugs <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	

**WOMEN ONLY**

37. Have you had: a. D&C b. Hysterectomy c. Cesarean	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER
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*Please describe below in your own words, what being an anatomical donor means to you.*

## **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 Medical School (UMMS) or other accredited medical schools, (2) they are used to educate non-physician healthcare workers and students at UMMS or other accredited schools of health sciences. (3) The bodies are used to train physicians and surgeons at UMMS or other accredited healthcare institutions. (4) The bodies are used in the development of medical devices, and therapeutic and diagnostic tools by researchers at UMMS and its scientific partners. (5) Bodies also are used in other research efforts at UMMS 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.

## **Q. How can I donate?**

A. Potential Donors must complete a UMMS 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 next-of-kin that is a responsible survivor, 21 years of age or older, that will act on the donor's behalf with UMMS' Anatomical Gift Program (Program).

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

Please be aware that we no longer allow for family members to register a loved one when they are no longer mentally competent to sign the paperwork for themselves or after death. 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.

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

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

A. Please use ANY of the following:

**Telephone:** (508) 856-2460

**Fax:** (508) 856-2476

**Email:** [ummsagp@umassmed.edu](mailto:ummsagp@umassmed.edu)

**Online:** [www.umassmed.edu/anatomicalgiftprogram](http://www.umassmed.edu/anatomicalgiftprogram)

**Address:** Anatomical Gift Program  
Department of Radiology  
University of Massachusetts Medical School  
55 Lake Ave. North  
Worcester, MA 01655

**Q. Under what conditions are donations declined?**

A. UMMS 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, Creutzfeldt Jacob disease;
- b. Extremes of weight;
- c. Jaundice;
- d. Signs of tissue decomposition
- e. Open wounds or extensive trauma at the time of death
- f. An autopsied body;
- g. Embalming that has occurred prior to the donation;
- h. Individuals with plans to donate their organs;
- i. Objections from the next-of-kin
- j. Current need of the program

**UMMS 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 happens when I am registered with the Program?**

A. Once UMMS 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 or executor to ensure that your wishes are followed.

UMMS 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. Who needs to be notified?**

A. You should notify your family, close friends, physician and attorney (if applicable) of your decision to donate your body to UMMS' AGP. You should update end-of-life decisions and legal paperwork. Typically, your HIPPA 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, the next-of-kin, Executor or healthcare professional must contact UMMS at the contact listed above to confirm that UMMS will accept the anatomical gift. If UMMS accepts the anatomical gift, UMMS will contact a contracted funeral home to arrange for transportation of the donor's body to UMMS. Under no circumstances should the next-of-kin, executor, family or medical professionals arrange for the transportation themselves. It is essential that the donor's body be transported to UMMS within 24 hours of the time of death, unless specific permission is granted by UMMS.

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

A. A UMMS-contracted funeral home will contact the Executor or next-of-kin to obtain the necessary information to complete the 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.

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 UMMS keep my body?**

A. UMMS 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. 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, MA in a UMMS 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 science. Upon acceptance of the gift of the donors' body, UMMS may in its sound judgment and sole discretion determine which of these uses my gift will best serve. These uses include:

1. Education of medical students at UMMS or another accredited medical school.
2. Education of non-physician healthcare workers at UMMS or another accredited school of health sciences.
3. Training of physicians and surgeons at UMMS or other accredited healthcare institutions.
4. Development of medical devices, and therapeutic and diagnostic tools by researchers at UMMS and its scientific partners.
5. Other research efforts at UMMS and affiliated institutions.

Among the possible uses, items (4) and (5) may involve shared use of my remains by research partners in private corporations. This research could result in the development of biomedical products of commercial value.

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

A. No. However, the Executor or next-of-kin may inquire as to the approximate timeline for final disposition.

**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, UMMS 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 UMMS will notify the executor or next-of-kin for instructions regarding the disposition of the remains. If UMMS is not able to carry out the instructions for any reason (including but not limited to the Executor's and/or next-of-kin's refusal to accept the remains), UMMS will arrange for my body to be cremated, and buried at the expense of UMMS in the Pine Hill Cemetery in Tewksbury, Massachusetts, in a UMMS registered grave.

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

A. 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 (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
- The retrieval of any remains from UMMS 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, UMMS' first-year medical students, guided by the UMMS AGP, create and host a service for the anatomical donors whose studies were completed that academic year. Primary contacts will be sent an invitation to attend.

More can be found online at [www.umassmed.edu/anatomicalgiftprogram](http://www.umassmed.edu/anatomicalgiftprogram).