

University of Wisconsin Body Donor Program

Whole-Body Donation

Thank you for your interest in the University of Wisconsin Body Donor Program (UWBDP). This program is an essential component in the training of health care professionals. This packet contains 1) an explanation of the whole-body donation program requirements and process, and 2) the registration and consent documents necessary to participate in the program. Please review the information carefully. We also recommend you share your wishes and this information with your family and friends, medical team, and your attorney, if you have one.

Mission

The mission of the UW Body Donor Program is to advance the education of health science students (e.g., medical, physical therapy, physician assistant, nursing), residents-in-training, and practicing clinicians. Donors allow the university to provide advanced anatomy training to students entering these health professions. In addition to their anatomical study, students grow in compassion and empathy, learning to treat their future patients with dignity and respect.

Program Contact Information

UW School of Medicine and Public Health Body Donor Program
1290A Medical Sciences Center
1300 University Avenue
Madison, WI 53706

General information: 608-262-2888

Report a death (including nights, weekends, holidays): 608-262-2800

Email: bodydonorprogram@med.wisc.edu

Website: www.med.wisc.edu/body-donation

Part 1: Requirements and Process

Requirements for Donation

All donors must be 18 or older.

- All donors must register with the UWBDP *before* death. No donations can be made to UWBDP after a death has occurred.
- To be considered complete, the UWBDP registration and consent forms must include:
 - The name of the donor
 - The signature of the donor or their Power of Attorney for Health Care (POA-HC) agent if the POA-HC is activated
 - The signatures of two witnesses
- If the UWBDP registration form is completed by an agent under an activated POA-HC, a copy of the POA-HC and activation documentation must also be provided.
- The registration and consent forms must be filed with UWBDP.
- Acceptance of a donated body by the UWBDP is dependent on UWBDP suitability parameters at the time of death, not at the time of registration. Submission of registration and consent forms alone does not guarantee acceptance.
 - Donors and responsible parties should have a backup disposition plan if UWBDP declines to accept the body donation.

Donation Process

1. Complete and sign the registration and consent forms (pages 5–9) and mail them to the UWBDP address on page 1.
2. At time of death, the donor’s responsible party (as identified on the registration and consent forms) must contact UWBDP morticians at 608-262-2800.
3. Over the phone, morticians perform body condition and medical review with a medical or medicolegal professional (e.g., physician, nurse, coroner, or medical examiner). After this review, the body is accepted or declined, based on standardized UWBDP acceptance criteria.
 - a. If accepted, morticians will instruct the donor’s responsible party on next steps (see step 4).
 - b. If declined, the donor’s responsible party will enact the donor’s backup disposition plan.
4. UWBDP morticians can only transport a donated body from a hospital or funeral home with a temperature-controlled environment.
 - a. If the death occurs in a hospital, the UWBDP will arrange for transportation once notified.
 - b. If death occurs in a private residence or nursing home, the responsible party must contact a funeral home of their choice to hold the donor’s body until the UWBDP arranges transportation. All costs associated with transport by the funeral home are the responsibility of the donor.
5. Accepted donors will be transported from the hospital or funeral home to the UWBDP in Madison, Wisconsin by UWBDP morticians. There is no cost for this transport to the donor.
6. Accepted donors have the option of being temporary or permanent donors.
 - a. Temporary donors typically remain in the UWBDP for 2–3 years. After this period is complete, the donor is cremated. The cremated remains will be returned to an authorized individual (as identified on the registration and consent forms). This is performed at no cost to the donor.
 - b. Donors who choose permanent donation status remain in the UWBDP as long as they are able to be used by UWBDP. When no longer in use, the donor is cremated. Their cremated remains are not returned; instead, they are scattered in a secluded location on University of Wisconsin property. This is performed at no cost to the donor.

Part 2: Registration and Consent

Instructions

1. Complete the registration and consent forms and mail them to the UWBDP address on page 1.
 - a. The registration and consent forms section are found on pages 5-9 of this packet.
 - b. A complete registration form must be on file with the UWBDP *before* a donor's death.
2. Please thoroughly read and complete all sections.
3. Please ensure **two** witnesses have signed your registration and consent form (page 9).
4. Send registration and consent forms to:

UW School of Medicine and Public Health Body Donor Program
1290A Medical Sciences Center
1300 University Avenue
Madison, WI 53706
5. If an incomplete registration and consent form is submitted, we will return the document to you, requesting completion and resubmission.
6. If a change occurs to any information contained on the registration or consent form after submission to UWBDP, please call 608-262-2888 to update your information.

Registration - Donor Vital Statistics

All information required for death certificate.

Registration does not guarantee acceptance at time of death.

Donor name (last, first, middle) _____

Previously used names, if any (last, first, middle) _____

Sex _____ **Date of birth** (MM/DD/YYYY) _____

State of birth _____ **Social security number** _____

Father's birth name (last, first, middle) _____

Mothers' birth name (last, first, middle) _____

Street address _____

City, State, Zip _____

County of residence _____

Phone (include area code) _____

Marital status Married Divorced Widowed Never Married

Spouse's birth name (last, first, middle) _____

Wisconsin domestic partnership Yes No

Partner's birth name (last, first, middle) _____

Primary occupation during your working career _____

Type of business or industry _____

Served in U.S. Armed Forces? Yes No

Tribal member Yes No

If tribal member, list name(s) of tribe(s) _____



Of Hispanic/Spanish/Latino origin? (check all that apply)

- Not Hispanic/Spanish/Latina(o)
- Mexican/Mexican American/Chicana(o)
- Puerto Rican
- Cuban
- Other Hispanic/Spanish/Latina(o), specify: _____

Race (check all that apply)

- White
- Black or African American
- Chinese
- Japanese
- Korean
- Vietnamese
- Filipino
- Laotian
- Hmong
- Asian Indian
- Other Asian, specify: _____
- American Indian or Alaskan Native, specify: _____
- Native Hawaiian
- Guamanian or Chamorro
- Other Pacific Islander, specify: _____

Consent - Donation Agreement and Use of Bodies

Please read the following agreements and initial and date.

1. It is my desire to donate my body immediately after death to the University of Wisconsin School of Medicine and Public Health Body Donor Program (UWBDP) for use in training of health science students and faculty.
2. I understand that the UWBDP has the right to refuse bodies that are unsuitable for our purposes.
3. I understand that donated bodies can only be transported to the UWBDP from a hospital with a morgue or a funeral home.
 - a. I understand that if it is necessary to use the services of a funeral home, I (the donor or family) must assume the expenses for the services provided by the funeral home.
4. To maximize the gift of my donated body, I acknowledge the following:
 - a. The UWBDP may retain any tissue, organ or bone sample that it deems necessary.
 - b. The UWBDP may perform academic research on donated bodies, as appropriate, consistent with any applicable rules and ethical standards.
 - c. The UWBDP may take photographic or radiographic images of donated bodies for the purposes of education or research. Images may be stored and used for teaching later.
 - d. The UWBDP may loan donated bodies to support UW-extension schools, state of Wisconsin teaching hospitals, and other degree-granting institutions in the state of Wisconsin. Any institution to which a donor body is loaned will be subject to and obligated to comply with UWBDP policies and procedures. UWBDP will never transfer donated bodies to institutions outside of the state of Wisconsin. Upon completion of academic use, the donor will be returned to the UWBDP in Madison, Wisconsin, for cremation.
 - e. The UWBDP will never generate revenue; however, it may be reimbursed for costs associated with donor preparation, storage and transportation in support of state of Wisconsin extension programs (as described in 4d).
5. Donor personally identifiable information (PII) will be handled in accordance with industry standards.

Donor/POA Initials _____ **Date:** _____

Consent - Donation Duration Options

Please choose **ONE** duration option:

- Option 1: Temporary** – If you are accepted into the UW Body Donor Program (UWBDP), your gift will be used for 2–3 years. Following this period, your body will be cremated. Following cremation, the UWBDP will return your cremated remains to the individual authorized below. Any expenses related to cremation or return of cremated remains are the responsibility of the UWBDP, not the donor.

Donor/POA Initials _____ **Date** _____

Person Authorized to Receive Cremated Remains

Name (first, last) _____

Phone (include area code) _____

Address, city, state, zip _____

- Option 2: Permanent** – If you are accepted into the UWBDP, your gift will be a permanent gift to the program. The UWBDP may use your gift indefinitely, as is necessary and according to the outlines of this consent. If you consent to permanent donation, your cremated remains will not be returned. When they are no longer in use, your cremated remains will be scattered in an undisclosed location on university-owned land.

Donor/POA Initials _____ **Date** _____

Coordination of Donation at Time of Death

Please provide the name and contact information of **at least one adult** responsible for carrying out your wishes at the time of your death.

1. Name (first, last) _____
Relationship _____
Phone (include area code) _____
Address _____
City, state, zip _____

2. Name (first, last) _____
Relationship _____
Phone (include area code) _____
Address _____
City, state, zip _____

Donor and Witness Signatures

I have read and agree to the terms of the registration and consent form.

Signature of donor _____ **Date** _____
(or active POA-HC agent; include supporting POA-HC documents with this registration form)

Signature of witness 1 _____ Date _____

Signature of witness 2 _____ Date _____