Stanford Willed Body Program – Information for Donors

The Willed Body Donor Program at Stanford University is making the following changes to its policies and procedures.

1) **Effective January 1, 2020:** Stanford’s Willed Body Donor Program will NO longer return cremains (ashes) for donors registered with our program. Note: This change will impact all current and future registrants. Please notify your loved ones, next of kin and caregiver(s) about this policy change. Please see the FAQs below for additional information.

2) **Effective December 2019:** The Willed Body Donor Program will no longer accept donors into the Program during Stanford University’s Winter Closure. This closure typically falls between the last week of December and the first week of January each year. In 2019 – 2020, the specific dates are December 21, 2019-January 5, 2020. Please ensure you have a back-up plan for donation during Stanford’s Winter Closure. Please see the FAQs below for additional information.

The decision to donate your body to Stanford upon your death represents a priceless gift to the world of medical education and a tremendous opportunity for the students who will one day be among our society’s most talented—and best trained—doctors and scientists. Thank you for considering making such a donation. Our faculty, students, and staff are very grateful for the kindness our donors have extended, and bodies are treated with the greatest respect while in our care.

**How The Program Works**

Once you register to become a donor to the Willed (Whole) Body Program, Stanford’s Division of Clinical Anatomy will keep your name and contact information on file. Upon your death, a caregiver or family member must contact us right away as we must receive body donations promptly into our facility, within 12 hours of death.

We take calls 24 hours/day, every day of the year, except during Stanford University’s two week Winter Closure. If accepted, we then arrange for a funeral home to transport the body to Stanford Medical School. Stanford will only transport bodies from within a 150-mile radius of the campus.

Once study of the body is complete, the remains are cremated and scattered or interred in a manner consistent with state law. The Willed Body Program incurs all preparation, cremation and disposition expenses.

Please share this important information with your next of kin, power of attorney, caregivers, physician and/or anyone else you deem necessary. Please also have it attached to your medical chart if you are in a hospital or facility.
Frequently asked questions

Can Stanford decline my offer to donate?

Yes, Stanford may decline. We cannot guarantee in advance that your body will be accepted for donation. We urge you to prepare a backup plan with your family or caregiver(s) and inform them of the donation procedures so there will be no misunderstandings in the event your donation is declined.

What are the reasons Stanford would decline a donation?

Stanford has the right to refuse a donation and may do so for a variety of reasons including space, resources and timing. The following are a few of the reasons a donation will be declined: Infectious diseases (e.g. HIV, Hepatitis C, Hepatitis B, Tuberculosis, VRE or MRSA infection), if an autopsy has been performed on the body, and if death occurred during major surgery. *This is not a complete list—there may be other circumstances in which we cannot accept a body.*

Does the program cost anything?

Donors do not receive payment for their participation in the program, nor are they charged for participating. Stanford covers the cost of transporting the body to campus, as well the costs of cremation.

What if I change my mind?

Registering for the program indicates your intent to be a donor. However, it is not a legally binding contract. If you change your mind, simply notify us and we will remove you from our registration list.

Can I donate my body if I am also an organ donor?

No, bodies that have had their organs donated are not eligible for our program.

Is there an upper age limit?

No, there is no upper age limit to donate your body.

What are my family’s options for a funeral?

Because we must receive body donations promptly into our program (within 12 hours of death), it is not possible for the bodies of our donors to be present at a funeral or viewing.

Who should my family contact for a death certificate?

Stanford will assist in the completion of the death certificate, but we do not provide donor families with a certified copy. Your loved ones can request a copy at the County Clerk’s office in the county where death occurs.

How do I register?

Online: Please visit our website: http://anatomy.stanford.edu (click on the link for body donation), return the completed registration form by mail, fax or email.

Mail: Call us at 650-725-6624 and we will mail you the Willed Body Program registration forms.

What happens after I register?

Within three weeks after registering for our program, you should receive a donor wallet card in the mail. Please call us at 650-725-6624 if you do not receive this.
Instructions for Family & Caregivers:

Thank you for helping to fulfill this donor’s wishes by contacting the Willed Body Program. You are playing an important part in the education of medical students at Stanford University.

Upon the death of a pre-registered donor, please notify us at 650-723-2404 as soon as possible. This phone number is monitored 24/7 weekends and holidays except during Stanford University’s two week Winter Closure, so do not wait to contact us. Please see our website for current closure dates: http://anatomy.stanford.edu

When you call this number at time of death please make it known you are calling in regards to the “Willed Body Program”. Calling this number will page our on-call coordinator.

At that time, our coordinator will make a final determination as to whether the body can be accepted into our program. Acceptance into our program at time of death is dependent on many variables such as the condition of a body, resources and space. We strongly recommend that donors have a backup plan in place in case unforeseen circumstances prevent us from accepting your body donation at the time of death. If, at our discretion, we are unable to accept the body, your family must make alternate arrangements for it. If a donor is accepted into our program we will arrange for their pickup and transportation to Stanford.

Please be advised, pickup for accepted donors at time of death can be up to 10 hours (4-6 is typical) which is based on variable factors beyond our control such as distance, time of day, and call volume.

**Death Certificate**

Stanford will assist in coordinating the filing of this certificate for you. You can request a copy at the County Clerk’s office in the county where the death occurred.
DONOR REGISTRATION FORM

Please complete the information required below, and then sign, and date the form. Two witness signatures are required for registration. We encourage you to make a copy of the signed document for your own records. We recommend you inform your family, caregivers, physician, and attorney of your wishes to donate to the Stanford Willed Body Program.

Return the completed form to:
Division of Clinical Anatomy
Stanford University
269 Campus Dr.
CCSR 0125, MC 5140
Stanford, CA 94305

You may fax the completed form to us at 650-725-8668 or email it to us at anatomy@stanford.edu
This document will be scanned and preserved electronically.

LEGAL NAME: _________________________________________________________________
              First  Middle  Last

DATE OF BIRTH:  _ _ / _ _ / _ _ _ _

PHONE #: ___________________________  EMAIL: _________________________________

MAILING ADDRESS: ___________________________________________________________
              Street  City  State  Zip

Medical/Healthcare Power of Attorney (if applicable)

NAME: ______________________________

PHONE #: ___________________  EMAIL: _______________________________
MARITAL STATUS

☐ Never Married
☐ Married
☐ Widowed
☐ Divorced
☐ Registered Domestic Partnership

Full Name of Spouse: ____________________________

PERSONAL INFORMATION

☐ Caucasian/White
☐ Black or African American
☐ Hispanic
☐ Asian
☐ American Indian
☐ Other (specify): ______________

Primary Occupation: ____________________________

Type of Business or Industry: _____________________

Highest Level of Education: _______________________

FAMILY INFORMATION

Full Name of Father/Parent: ___________________________

Birth State of Father/Parent: ______________

Full Name of Mother/Parent: ___________________________

Birth State of Mother/Parent: ______________

VETERAN STATUS

Are you a US Veteran?

☐ YES ☐ NO

Branch of US Armed Forces: _______________________

STANFORD UNIVERSITY • DIVISION OF CLINICAL ANATOMY
Please initial each item below to confirm you have read and understood each requirement.

_________ initials

I acknowledge that my registration with the Stanford Willed Body Program is not a guarantee of acceptance into the Program and that my donation may be declined by the Program at the time of my death.

_________ initials

I agree that it is at the discretion of the Stanford Willed Body Program Coordinator to accept or decline my donation at the time of my death.

_________ initials

I agree that my donation will be declined if I am positive for any infectious or contagious illnesses including but not limited to: HIV, Hepatitis B, Hepatitis C, MRSA.

_________ initials

I acknowledge that if I weigh over 220lbs (99 kgs.) at the time of my death, my donation will be declined.

_________ initials

I agree that my donation will be declined if Stanford does not receive my body within 12 hours of my death.

_________ initials

I acknowledge that the Stanford Willed Body Program has advised and encouraged me to have an alternative arrangement, should the Program decline my donation at the time of my death.

_________ initials

I agree to inform my next of kin, loved ones and caregivers of my wish to donate to the Stanford Willed Body Program.

_________ initials

I acknowledge that information regarding the utilization of my donation by Stanford is confidential and will not be disclosed to my next of kin or surviving relatives.

_________ initials

I acknowledge that Stanford Faculty, Physicians and Researchers may photograph or videotape my remains for use in education and research at Stanford. These images or footage will not include any identifying features and my anonymity will be maintained.
I understand that Stanford will not provide my family or next of kin with any report of medical findings.

I understand and agree that my donation will be utilized for the purposes of teaching, training and research, in such manner deemed appropriate by the Stanford Willed Body Program and Stanford School of Medicine.

I understand that Stanford does not guarantee my donation will be used for any specific area of research or educational event related to my diagnosis.

I understand that the Stanford Willed Body Program accepts whole body donation only, which I understand is incompatible with organ donation. Should I undergo organ donation, I understand that I will be ineligible for donation to the Stanford Willed Body Program.

I understand and accept that the Stanford Willed Body Program will not return my cremated remains to my next of kin, surviving relatives or any other interested parties.

I understand that the Stanford Willed Body Program observes mandatory Stanford University Winter Closure during the last week of December through the first week of January every year, during which time NO DONATIONS will be accepted.

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I hereby state that it is my wish to donate my body to Stanford University School of Medicine immediately upon my death, and I agree to all of the above listed requirements.

Donor Signature:____________________________________________________

Date:____________

Power of Attorney Signature (if applicable): ____________________________

Witnesses (2 Required):

We the undersigned, have witnessed the signing of this document by the potential donor.

1. Signature of Witness_______________________________________________
   Printed Name _____________________________________________________
   Address ___________________________________________________________
   City, State, Zip ____________________________________________________

2. Signature of Disinterested Witness* _________________________________
   Printed Name _____________________________________________________
   Address ___________________________________________________________
   City, State, Zip ____________________________________________________

*“Disinterested witness” means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes or refuses to make an anatomical gift, or another adult who exhibited special care and concern for the individual. The term does not include a person to which an anatomical gift could pass under California Health and Safety Code Section 7150.50

Upon the donor’s death, call 650-723-2404 for immediate pickup. We are on-call 24 hours/day, every day (with the exception of the Stanford Winter Closure), and will arrange for a funeral home to come pick up the body.
Our donors are very important to us. Please help us identify which of the following was your biggest influence in choosing Stanford’s Willed Body Program. (Circle all that apply.)

Ease of process    No Cost    Location/Proximity    Connection with Stanford

How did you hear about the Stanford Willed Body Program?

Friend/family member    Chaplain/Clergy    Web
Professional Caregiver