

# Stanford University's Anatomical Gift Program

## 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 Anatomical Gift Program. PLEASE FILL OUT YOUR INFORMATION USING ALL CAPS.

Please sign this form in front of two witnesses or a Notary Public (if you are signing the donation agreement for yourself). If the donation is made by the authorized agent under a valid durable power of attorney for healthcare or directive that expressly authorizes the authorized agent to make an anatomical gift of all or part of the principal's body, a complete legible copy of the durable power of attorney for health care or directive must accompany this form.

Return the completed form to:

Stanford Anatomical Gift Program  
Stanford School of Medicine  
269 Campus Dr.  
CCSR 0125, MC 5140  
Stanford, CA 94305

Alternatively, you may email it to us at [anatomicalgp@stanford.edu](mailto:anatomicalgp@stanford.edu)

This document will be scanned and preserved electronically.

Please read the entire information packet and provide your family/caregiver the *Instructions for Family & Caregivers* section for their review. After we receive your registration, we will send you a donor ID wallet card to keep in your possession. If you have any questions please call our main office @ 650-725-6624.

**Donor Information**

LEGAL NAME: \_\_\_\_\_  
  First   Middle   Last

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

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
  Street   City   State   Zip

|  |   |
|--|---|
| <b>Individual Filling Out This Form on Behalf of the Donor</b>   |   |
| <b>I have read and fully understood the policies set forth in this document. As the legally responsible party under this section for _____ (name of deceased) I wish to donate his/her remains to Stanford University. I accept all terms and conditions set forth in this document and I know of no express, contrary information indicating that the decedent would not want to donate his/her body.</b> |   |
| NAME: _____  | RELATIONSHIP: _____<br>(DPOAHC/ADHC/SPOUSE/ETC) |
| PHONE #: _____   | EMAIL: _____                                    |
| ADDRESS: _____   | CITY: _____                                     |
| STATE: _____   | ZIP: _____                                      |

**MARITAL STATUS**

- Single / Never Married
- Married Full Name of Surviving Spouse (Maiden if applicable): \_\_\_\_\_
- Widowed
- Divorced
- Single Domestic Registered Partnership

**PERSONAL INFORMATION**

Race/Ethnicity:

- Caucasian/White
- Black or African American
- Hispanic, if YES please specify: \_\_\_\_\_
- Asian
- American Indian
- Bi-racial or Multi-racial
- Other (specify): \_\_\_\_\_
- Prefer not to say

Anatomical Sex (Male, Female, Trans Male, Trans Female): \_\_\_\_\_

Height: \_\_\_\_\_

Primary Occupation (prior to retirement): \_\_\_\_\_

Type of Business or Industry: \_\_\_\_\_

Years in Occupation: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Birthplace: \_\_\_\_\_

US Veteran (Yes or No) \_\_\_\_\_ Branch: \_\_\_\_\_

**FAMILY INFORMATION**

Full Name of Father/Parent: \_\_\_\_\_

Birthplace of Father/Parent: USA State \_\_\_\_\_ OR Foreign Country \_\_\_\_\_

Full Maiden Name of Mother/Parent: \_\_\_\_\_

Birthplace of Mother/Parent: USA State \_\_\_\_\_ OR Foreign Country \_\_\_\_\_

**Next of Kin *\*Individual who will provide/confirm death certificate information upon donor passing.***

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Initial each item below to confirm you have read and understood each requirement.

\_\_\_\_\_  
initials

I acknowledge that my registration with the Stanford Anatomical Gift 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 Anatomical Gift 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/AIDS, Hepatitis B, Hepatitis C, MRSA.

\_\_\_\_\_  
initials

I acknowledge that if I weigh over of 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 Anatomical Gift 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.

\_\_\_\_\_  
initials I understand that Stanford will not provide my family or next of kin with any report of medical findings.

\_\_\_\_\_  
initials 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 Anatomical Gift Program and Stanford School of Medicine.

\_\_\_\_\_  
initials 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.

\_\_\_\_\_  
initials I understand that the Stanford Anatomical Gift 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 Anatomical Gift Program

I understand and accept that the Stanford Anatomical Gift Program will not return my cremated remains to my next of kin, surviving relatives or any other interested parties.  
Survivors/responsible parties will not be notified of the time, place or manner of the disposition of a body or any part of a body, or of the final disposition of the remains.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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 the above listed requirements.

Donor Signature: \_\_\_\_\_

Claimant of Disposition of Donor Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Seal of Notary if Applicable

**Witnesses – 2 Required of which one must be a “Disinterested Witness” OR Notarization**

The donor registration form must be witnessed by two persons or notarized by a duly authorized California Notary Public.

\*“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

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 \_\_\_\_\_

# Stanford University Clinical Anatomy

## Anatomical Gift Program Release Form

This form is used only when a signed release is required from a hospital or other institution.

\_\_\_\_\_  
Donor's Legal First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

I certify that pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select a disposition service. Therefore, please release the body of the above deceased to the custody of the Stanford University School of Medicine Anatomical Gift Program.

**Donor OR Agent with DPOA for HealthCare Must Sign:**

*Please sign where indicated. This form is used only when a signed release is required from a hospital or other institution to obtain custody of the body.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

(Write Donor or Agent)

Print Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Stanford University's Anatomical Gift Program – Information for Donors

The decision to enroll in Stanford's Anatomical Gift Program represents a priceless gift to 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 your consideration in making such a generous donation. Our faculty, students, and staff are very grateful for the kindness our registrants have extended, and donations are treated with the greatest respect while in our care.

### How the Program Works

Once you register to become a donor to the Anatomical Gift Program, Stanford University's Division of Clinical Anatomy will keep your name and contact information on file. Upon your passing, a caregiver or family member will need to call 911 or hospice nurse (if appropriate) or medical professional (in a hospital) to have the donor declared deceased by a professional. In order to collect the necessary information, please have the hospice nurse or hospital nurse or police contact us right away as we must receive your donation promptly into our facility, within 12 hours of death.

We take calls 24 hours/day, every day of the year unless unforeseen events occur to prohibit us from accepting donors. If accepted, we then arrange for a funeral home to transport the donor to Stanford Medical School. Stanford will only transport donors from within a 150-mile radius of the campus.

Once study of the donor is complete, the remains are cremated and scattered or interred in a thoughtful and respectful manner. The Anatomical Gift 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.

### Registration Options:

Online: Please visit our website <https://med.stanford.edu/anatomy/donate.html>, to print and return the completed registration form by mail, fax or email.

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



## **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: Being out of the 150-mile range of Stanford Campus, weighing over 220 pounds, infectious diseases (e.g. HIV, Hepatitis C, Hepatitis B, Tuberculosis, VRE or MRSA infection), if the body has been transported to the coroner's office or is on a coroner's hold, if an autopsy has been performed, if death occurred during major surgery, and if the donor is jaundice. \*This is not a complete list—there may be other circumstances in which we cannot accept a donation.\*

### **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 donor to campus, as well as 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 at the time of death are not eligible for our program. However, if at the time of passing the body can't be used for organ donation, the body can be donated to Stanford AGP.

### **Is there an upper age limit?**

No, there is no upper age limit to donate.

### **What are my family's options for a funeral?**

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

### **Will my loved ones receive my remains back?**

As of January 1, 2020, the Anatomical Gift Program does not return cremated remains to family members. The remains of our donors are scattered at sea in a private ceremony.

### **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.

### **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. We only accept pre-registered donors into our program.

## Instructions for Family & Caregivers:

Thank you for helping to fulfill this donor's wishes by contacting the Stanford Anatomical Gift 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 call 911 or hospice nurse (if appropriate) to have the donor declared deceased by a professional. Please have the hospice nurse or hospital nurse or police **notify us at 650-723-2404 as soon as possible**. This phone number is monitored 24 hours a day, every day of the year.

When you call this number at time of death, please make it known you are calling in regard to Stanford's "Anatomical Gift Program."

At the time of the telephone call, a final determination is made 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 registrant, your family must make alternative arrangements. If a donor is accepted into our program, we will arrange for their pickup and transportation to Stanford University's School of Medicine.

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.

**Please remove all personal effects that you want to keep from the donor before he/she is removed from the premises.**

### Death Certificate

Stanford will assist in coordinating the filing of this certificate for you but will not provide a certified copy. You can request a copy at the County Clerk's office in the county where the death occurred. (Timing can be 5-7 weeks from the request date.)