



## BODY DONATION PROGRAM

20195 N. 57<sup>th</sup> Avenue

Glendale, AZ 85308

Phone: 623-806-7990

Fax: 623-806-7997

[www.midwestern.edu/bodydonation](http://www.midwestern.edu/bodydonation)

Dear Applicant,

Anatomy, the study of the structure and function, is an integral part of health care education. Whole body donation ensures that students receive in-depth instruction about the complexities of the human body through direct examination and study of the body itself. This unique educational experience provides students the opportunity to understand and appreciate the diversity of the human form that they will encounter in their patients.

Arizona Law permits a person who is at least 18 years of age to make arrangements to donate his/her body to a medical school for educational purposes. It also allows, at the time of death, for the donation of another's body to a medical school by the durable power of attorney/donor next- of-kin/donor agent. We recognize the thoughtful consideration that goes into this decision and wish to acknowledge and express our gratitude to those individuals who generously choose to invest in the future of health care by making this donation.

If you have any questions about donating or completing the enclosed donation forms, please contact us.

Sincerely,

*The Body Donation Program*

Midwestern University Body Donation Program



## GENERAL INSTRUCTIONS

Application to the body donation program requires completion of the following six pages. The forms must signed per instructions.

### DONATION APPLICATION FORM (please complete one)

- **PRE PLANNING (self-enrollment)** to be completed by donor
- **AT NEED (on another's behalf)** completed as Durable Power of Attorney/ Next of Kin

This form requires:

1. Signatures of the donor for Pre-planning or durable power of attorney/next of kin for At Need.
2. Signatures and contact information of two witnesses. Witness signatures do not need to be notarized.

### BODY DONATION GUIDELINES

This document informs the applicant about practices and procedures that will be adhered to during donation and subsequent study. Read each section carefully.

### STATISTICS FORM

The information provided in this form will be used for completion and processing of the donor application.

### FINAL DISPOSITION

This form will be used to indicate final disposition of cremains at time of study completion.

### DEATH REGISTRATION WORKSHEET (2 pages per Arizona State Vital Records)

Please complete all **highlighted sections\*** (also denoted with an asterisk) of this worksheet if applicable. We understand that some information is not known until after time of death. This information will be used to complete required government forms at time of death.

**\*Please note:**

- **Box #12 -Please list month and year of Arizona permanent residency when completing.**
- **Boxes #18A thru 18I – This section is to be completed by person completing this form. i.e Donor (self-enrollment), Next of Kin, Durable Power of Attorney/ Donor Agent.**
- **Boxes #24A & #24B - If retired, when completing, please list occupation and industry prior to retirement.**

If you have any questions about this worksheet, please call our office 623-806-7990.

**Application will not be complete and reviewed until all six pages have been completed and submitted.**

Please contact the Body Donation Program with any questions or for assistance in completing the forms.

Mail completed application (**all six pages**) to Midwestern University Body Donation Program. The forms will be reviewed by program staff. If the application meets program criteria, a donor card will be sent to you via mail.

Midwestern University Body Donation Program  
20195 N 57th Ave, Glendale, AZ 85308  
623-806-7990 / fax 623-806-7997  
Email: [azbodydonation@midwestern.edu](mailto:azbodydonation@midwestern.edu)



## EXCLUSION CRITERIA

Application to the donor program does not constitute acceptance into the program. Every effort will be made to accept the donor body; however, Midwestern University Body Donation Program or its representative may, at its sole discretion, decline a donation at the time of death. The durable power of attorney/next of kin/donor agent must be prepared to make alternative disposition arrangements (including all associated expenses) in the event that donation is declined.

The following is a list of conditions or criteria that will exclude a donation to the program.

- persons younger than 18 years of age
- death occurring outside the State of Arizona
- delay in notifying program of donor’s death
- case pending Medical Examiner
- autopsy or excessive trauma/damage to body (at program's discretion)
- suicide
- amputations (at program's discretion)
- organ transplants (other than corneas)
- unhealed major surgery prior to death
- obesity (see chart below) and height exceeding 6’5” restrictions
- emaciation (excessive weight loss)
- excessive edema
- extreme jaundice
- pressure ulcers (bed sores) (at program’s discretion)
- active or history of hepatitis B & C or HIV/AIDS
- communicable diseases (active COVID, tuberculosis, Creutzfeldt-Jakob, MRSA)

Midwestern University Body Donation Program may decline a donation if the donation exceeds program space limitations or capacity.

### Acceptable weight must be no more than 10 pounds per chart below

Height	Weight
4 feet, 10 inches	140 lbs.
5 feet, 0 inches	150 lbs.
5 feet, 2 inches	160 lbs.
5 feet, 4 inches	170 lbs.
5 feet, 6 inches	180 lbs.
5 feet, 8 inches	190 lbs.
5 feet, 10 inches	200 lbs.
6 feet, 0 inches	210 lbs.
6 feet, 2 inches	220 lbs.
6 feet, 4 inches	230 lbs.
6 feet, 5 inches	240 lbs.



### PRE-PLANNING DONATION APPLICATION FORM

I, \_\_\_\_\_, understand that Midwestern University’s Body Donation Program (“Program”) provides anatomical material that is essential for the furtherance of medical knowledge. All of the bodies that come through the Program are used in the teaching of anatomy (body structure) to medical students, dental students, or students of the allied health sciences. Some bodies may be used by biomedical scientists in educational research aimed at the solution of specific health problems or the development of new medical or surgical procedures, devices, or medicines. In all cases, the Program retains control of the body and is responsible for its treatment in a manner befitting a human body. Such determination may include transporting my body to another approved educational institution.

I understand and agree that my body may be used by the Program for up to **two years** after acceptance. Upon completion of use, I understand, agree, and authorize Midwestern University to cremate my body.

**I understand and agree that there exists a possibility that my body is not accepted into the Program and, as such, I have made, or a duly authorized agent will make, alternative disposition arrangements (including all associated expenses) in the event that a donation to the Program is declined.**

**I understand that my wish to donate my body to the Program may conflict with what my survivors or religion believe is appropriate for the posthumous use or disposition of my body. I hereby represent and warrant that I have considered all alternatives in making my decision to donate my body to the Program, I understand the purpose of the Program and how my body will be used or disposed, and I remain resolute in my desire to in fact donate my body to the Program. I have shared my desire to make the donation of my body to the Program with all individuals, if any, that I felt were important to inform. I have also shared with the appropriate individuals, if any, any other intentions or instructions concerning this donation to the Program.**

**The information I have provided on the forms I completed related to my donation of my body to the Program are true, accurate, and reflect my voluntary and knowing intentions.**

**I have read this document, fully understand its terms, and I have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me by Midwestern University. I understand and acknowledge that the donation is completely voluntary. I affirm that the information supplied in connection with the donation is sincere, accurate, and my true wish.**

\_\_\_\_\_  
Signature of Donor/ Durable Power of Attorney/ Next of Kin

\_\_\_\_\_  
Printed name of Donor/ Durable Power of Attorney/  
Next of Kin

\_\_\_\_\_  
Date

**WITNESSES (YOU MUST HAVE TWO WITNESS SIGNATURES)**

We, the undersigned, have witnessed the signing of this document by the donor as set forth in A.R.S. § 36-844.

\_\_\_\_\_  
Signature of witness Date

\_\_\_\_\_  
Signature of disinterested witness Date  
(Cannot be a family member)

\_\_\_\_\_  
Printed name of witness Date

\_\_\_\_\_  
Printed name of witness Date



## BODY DONATION GUIDELINES

Application to the donor program does not constitute acceptance into the program. Every effort will be made to accept the donor body; however, Midwestern University Body Donation Program (“Program”) or its representative may, at its sole discretion, decline a donation at the time of death. The durable power of attorney/next of kin will be prepared to make alternative disposition arrangements (including all associated expenses) in the event that donation is declined.

The Program encourages all donors to share their wish for whole body donation with their family members or next of kin/donor agent. Some religious practices do not approve of body embalming and cremation. It is extremely important to discuss and resolve these types of issues with family or durable power of attorney/next of kin/donor before making the decision to donate. If, at the time of death, a family member or next of kin/donor agent raise objections to the donation, the Program will decline the donation.

Once accepted, the donated body will be used by the Midwestern University Body Donation Program, **typically for two years**, in a manner determined exclusively by the Program. When making a donation, donors and/or durable power of attorney/next of kin/donor cannot designate the uses to which the body, or parts thereof, will be put nor the persons or entities that will use them. The donated body may be used for more than one purpose. Parts of the body may be retained for independent study. These parts will be cremated separately and at a different time from that of the rest of the body. Any resulting cremains will be interred in a dignified and respectful manner. These remains will be non-retrievable.

All medical -dental implants and devices that arrive with the body (examples: dentures, bridgework, fillings, ports, shunts, pacemakers, metal fixators and prosthetic joints) will be considered a part of the body and remain with it during study. These devices are not retrievable. Personal effects received with the body including eyeglasses and hearing aids may be donated. Other items such as clothing or bedding will be discarded.

The Program coordinates the signing and filing of the death certificate. It can take up to two weeks before the certificate is filed with the state of Arizona. The Program cannot provide any copies of the death certificate itself but will provide information to the Durable Power of Attorney or Next of Kin on how to order them.

For more information on Arizona death certificates, please visit their website at [www.azdhs.gov](http://www.azdhs.gov)

**I understand that my wish to donate my body to the Program may conflict with what my survivors or religion believe is appropriate for the posthumous use or disposition of my body. I hereby represent and warrant that I have considered all alternatives in making my decision to donate my body to the Program, I understand the purpose of the Program and how my body will be used or disposed, and I remain resolute in my desire to in fact donate my body to the Program. I have shared my desire to make the donation of my body to the Program with all individuals, if any, that I felt were important to inform. I have also shared with the appropriate individuals, if any, any other intentions concerning this donation to the Program.**

**The information I have provided on the forms I completed related to my donation of my body to the Program are true, accurate, and reflect my voluntary and knowing intentions.**

**I have read this document, fully understand its terms, and I have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me by Midwestern University. I understand and acknowledge that the donation is completely voluntary. I affirm that the information supplied in connection with the donation is sincere, accurate, and my true wish.**

\_\_\_\_\_  
Signature of Donor/ Durable Power of Attorney/ Next of Kin

\_\_\_\_\_  
Printed name of Donor/ Durable Power of Attorney/  
Next of Kin

\_\_\_\_\_  
Date



## STATISTICS FORM

### DONOR'S PERSONAL INFORMATION

First Name	Middle Name	Last Name	
Residential Address	City or Town	State	Zip Code
Mailing Address (if different than above)	City or Town	State	Zip Code
Email Address	Home Phone	Cell Phone	

### DONOR'S BRIEF MEDICAL HISTORY & INFORMATION

Present state of health: <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Other _____			
Check all illnesses that apply. <input type="radio"/> Heart Disease <input type="radio"/> Stroke <input type="radio"/> Diabetes <input type="radio"/> Kidney Disease <input type="radio"/> Liver Disease <input type="radio"/> Epilepsy <input type="radio"/> Arthritis <input type="radio"/> High Blood Pressure <input type="radio"/> Tuberculosis <input type="radio"/> Polio <input type="radio"/> Cancer Type: _____ <input type="radio"/> Other _____			
List all major operations or surgeries.			
Check all that apply. <input type="radio"/> Deformities <input type="radio"/> Amputations <input type="radio"/> Organ Removal <input type="radio"/> Transplants <input type="radio"/> Pacemaker Specify any of above: _____			
History of: (check all that apply) <input type="radio"/> Active Tuberculosis <input type="radio"/> Hepatitis B <input type="radio"/> Hepatitis C <input type="radio"/> HIV/ AIDS <input type="radio"/> Creutzfeldt-Jakob <input type="radio"/> MRSA/ VRSA			
Weight	Height	Primary Care Physician's Name, Phone Number / Fax	

### DURABLE POWER OF ATTORNEY/ DESIGNATED LEGAL NEXT OF KIN/DONOR AGENT

First Name	Middle Name	Last Name	
Mailing Address	City or Town	State	Zip Code
Email Address	Home Phone	Cell Phone	

### ALTERNATE CONTACT (This information is important in case we are unable to reach the designated next of kin or donor agent.)

First Name	Middle Name	Last Name	
Mailing Address	City or Town	State	Zip Code
Email Address	Home Phone	Cell Phone	

**HOW DID YOU HEAR ABOUT US?**



## FINAL DISPOSITION

I grant Midwestern University Body Donation Program to act as the Authorizing Agent for final disposition of my/or decedent's body. Upon completion, **typically two years** after acceptance into the Program, I authorize my body to be cremated and returned or interred per instructions for final disposition.

Please **initial** your choice to indicate yours or durable power of attorney/next of kin/donor agent's preference for final disposition:

\_\_\_\_\_ Return of cremated remains to person designated below. Cremated remains are typically returned **within two years** from acceptance into program. If not claimed within 90 days of notification, the remains will be interred in the Midwestern University Ossuary Garden. These remains will be non-retrievable.

\_\_\_\_\_ No return of cremated remains. Remains will be cremated and interred in a dignified and respectful manner. These remains will be non-retrievable.

**I understand that my wish to donate my body to the Program may conflict with what my survivors or religion believe is appropriate for the posthumous use or disposition of my body. I hereby represent and warrant that I have considered all alternatives in making my decision to donate my body to the Program, I understand the purpose of the Program and how my body will be used and disposed, and I remain resolute in my desire to in fact donate my body to the Program. I have shared my desire to make the donation of my body to the Program with all individuals, if any, that I felt were important to inform. I have also shared with the appropriate individuals, if any, any other intentions concerning this donation to the Program.**

**The information I have provided on the forms I completed related to my donation of my body to the Program are true, accurate, and reflect my voluntary and knowing intentions.**

**I have read this document, fully understand its terms, and I have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me by Midwestern University. I understand and acknowledge that the donation is completely voluntary. I affirm that the information supplied in connection with the donation is sincere, accurate, and my true wish.**

\_\_\_\_\_  
 Signature of Donor/ Durable Power of Attorney/ Next of Kin

\_\_\_\_\_  
 Printed name of Donor/ Durable Power of Attorney/  
 Next of Kin

\_\_\_\_\_  
 Date

### PERSON DESIGNATED TO RECEIVE REMAINS (IF NO RETURN, LEAVE BLANK):

FIRST NAME	LAST NAME	RELATION TO DONOR		
Mailing Address	City or Town	State	Zip Code	
Email Address	Home Phone	Cell Phone		

### ALTERNATE PERSON DESIGNATED TO RECEIVE REMAINS IF ABOVE IS DECEASED OR UNABLE TO CONTACT

FIRST NAME	LAST NAME	RELATION TO DONOR		
Mailing Address	City or Town	State	Zip Code	
Email Address	Home Phone	Cell Phone		

ARIZONA DEPARTMENT OF HEALTH  
SERVICES BUREAU OF VITAL RECORDS

# DEATH REGISTRATION WORKSHEET

This form is for the collection of the data needed to complete the Arizona Certificate of Death. ***This is not a death certificate.*** Arizona Revised Statute §36-342. Disclosure of information; prohibition. While all efforts have been made to make this form accessible, if you have issues, please contact the Arizona Department of Health.

A. The state registrar may provide information contained in vital records to persons, including federal, state, local and other agencies, as required by law and for statistical or research purposes. B. Except as authorized by law, a local registrar, a deputy local registrar or the state registrar or their employees shall not:

1. Permit inspection of a vital record or evidentiary document supporting the vital record.
2. Disclose information contained in a vital record.
3. Transcribe or issue a copy of all or part of a vital record.

<b>1A. DECEDENT'S LEGAL FIRST NAME*</b>				<b>1B. DECEDENT'S LEGAL MIDDLE NAME*</b>			
<b>1C. DECEDENT'S LEGAL LAST NAME*</b>				<b>1D. SUFFIX (Jr, II, etc)*</b>		<b>1E. AKA'S IF ANY*</b>	
<b>2. SEX*</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Yet Determined	<b>3. U.S. SOCIAL SECURITY NUMBER*</b> <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>4. DATE OF DEATH</b>  (mm/dd/yyyy)		<b>5A. DATE OF BIRTH*</b>  (mm/dd/yyyy)		<b>5B. AGE IN</b> ____ Years ____ Months ____ Days ____ Hours ____ Minutes	
<b>6A. DECEDENT'S BIRTH CITY OR TOWN*</b>		<b>6B. DECEDENT'S BIRTH COUNTY*</b>		<b>6C. DECEDENT'S BIRTH STATE*</b>		<b>6D. DECEDENT'S BIRTH COUNTRY*</b>	
<b>7. EVER IN U.S. ARMED FORCES?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>8. DECEDENT'S NAME PRIOR TO FIRST MARRIAGE*</b>				<b>9. HRRF (Human Remains Release Form)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>10A. DECEDENT'S RESIDENCE STREET ADDRESS*</b>			<b>10B. ZIP CODE*</b>	<b>10C. RESIDENCE CITY*</b>	<b>10D. RESIDENCE COUNTY*</b>	<b>10E. RESIDENCE STATE*</b>	
<b>10F. RESIDENCE COUNTRY*</b>		<b>11. IN CITY LIMITS*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>12. HOW LONG IN THE STATE OF ARIZONA?*</b> ____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Minutes <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> In Transit <input type="checkbox"/> Unknown			<b>13. RESIDED IN AZ. TRIBAL COMMUNITY?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, list name of Arizona Tribal Community on the line above	
<b>14. MARITAL STATUS*</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown							
<b>15A. FIRST NAME OF SURVIVING SPOUSE*</b>		<b>15B. MIDDLE NAME OF SURVIVING SPOUSE*</b>		<b>15C. LAST NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE*</b>		<b>15D. SUFFIX*</b>	<b>15E. LAST NAME OF SURVIVING SPOUSE*</b>
<b>16A. FATHER'S FIRST NAME*</b>		<b>16B. FATHER'S MIDDLE NAME*</b>		<b>16C. FATHER'S LAST NAME*</b>			<b>16D. SUFFIX (Jr, II, etc)*</b>
<b>17A. MOTHER'S FIRST NAME*</b>		<b>17B. MOTHER'S MIDDLE NAME*</b>		<b>17C. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE*</b>			<b>17D. SUFFIX (Jr, II, etc)*</b>
<b>18A. INFORMANT'S FIRST NAME*</b>		<b>18B. INFORMANT MIDDLE NAME*</b>		<b>18C. INFORMANT LAST NAME*</b>			<b>18D. SUFFIX (Jr, II, etc)*</b>

<b>18E. RELATIONSHIP TO DECEDENT*</b>	<b>18F. INFORMANT'S EMAIL ADDRESS*</b>	<b>18G. INFORMANT'S PHONE NUMBER*</b>
<b>18H. INFORMANT'S MAILING ADDRESS*</b>		<b>18I. I ATTEST THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE, TRUE AND VALID TO THE BEST OF MY KNOWLEDGE.*</b>
<b>19A. METHOD OF DISPOSITION</b> <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation/Burial <input type="checkbox"/> <b>Donation/Cremation*</b> <input type="checkbox"/> Donation/Entombment Removal: <input type="checkbox"/> From State <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation/Burial <input type="checkbox"/> Donation/Cremation <input type="checkbox"/> Donation/Entombment <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____		<b>19B. DATE OF DISPOSITION</b> _____ Date Signed
<b>20A. PLACE OF DISPOSITION - NAME OF FIRST DISPOSITION FACILITY</b>		<b>20B. PLACE OF DISPOSITION - NAME OF SECOND DISPOSITION FACILITY</b>
<b>21A. NAME OF FUNERAL DIRECTOR (first, middle, last, suffix)</b>	<b>21B. LICENSE NUMBER</b>	<b>21C. NAME OF FUNERAL HOME</b>
<b>22. ADDRESS OF FUNERAL HOME OR OTHER RESPONSIBLE PARTY</b>		<b>23. OTHER RESPONSIBLE PARTY RELATIONSHIP</b>
<b>24A. DECEDENT'S OCCUPATION*</b>	<b>25. EDUCATION (SELECT ONE)*</b> <input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th through 12th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college credit, but not a degree <input type="checkbox"/> Associate degree (e.g.: AA, AS) <input type="checkbox"/> Bachelor's degree (e.g.: BA, AB, BS) <input type="checkbox"/> Master's degree (e.g.: MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g.: PhD, EdD, or Professional Degree e.g.: MD, DDS, DVM, LLB, JB) <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Not Classifiable	
<b>24B. DECEDENT'S INDUSTRY*</b>		
<b>26. DECEDENT'S HISPANIC ORIGIN*</b> (Check the boxes that best corresponds with the decedent's ethnic identity as given by the informant) <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino _____ <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) _____		
<b>27. DECEDENT'S RACE (Select all that Apply)*</b> <input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Black, African American <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> American Indian/ Alaska Native (Specify) _____ <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Refused Enrolled Tribe _____ <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____ Secondary Tribe _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Unknown		
<b>28A. TYPE OF PLACE OF DEATH</b> <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Emergency <input type="checkbox"/> Inpatient <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Other; Specify _____		<b>28B. PLACE OF DEATH FACILITY NAME</b>

## FAQ's

### **Are there age restrictions for donation?**

**Arizona Anatomical Gift Act** (Chapter 7, Articles 1-3) permits a person who is at least 18 years of age to donate his/her body to a medical school for educational purposes. There are no upper age limits.

### **Do I have to pre-apply?**

While this is preferred, the donation of another's body to a medical school by the durable power of attorney/next of kin/donor agent is allowed by Arizona Law.

### **Can a donation be refused?**

Completion of the donor forms is considered to be an application to the donor program. It is not a guarantee that the donation will be accepted into the program. See **Exclusion Criteria**. If the donation is refused, the durable power of attorney/next of kin/donor agent will be responsible for making other arrangements for final disposition including transportation and all associated expenses.

### **How will my body be used?**

At Midwestern University most body donations are used within health care curricula for anatomical study, but some are used for research to advance medical and surgical techniques and procedures.

### **How much time is required to complete the studies?**

This will vary according to how the body is used, but generally there is a time lapse of about two years between the acceptance of the donation into the program and the completion of study.

### **What happens to the body when study is completed?**

The body will be cremated. If requested the program will return the cremains to the person designated to receive them. If no such request is made, the program will inter the cremains with dignity and respect at a common site. In such cases, cremains will not be retrieved under any circumstances.

### **Will my family or other responsible person(s) be sent a report of observations of the study?**

No. If at the time of death, a family member or durable power of attorney/next of kin/donor agent has concerns that might warrant a thorough forensic examination, they should contact the medical examiner or coroner to make arrangements. If an autopsy is performed, the body cannot be donated. See **Exclusion Criteria**

**What happens to the body when it's cremated?**

Prior to cremation, pacemakers or battery-operated implants must be removed from the body. The body is then cremated. After cremation is completed, dense tissue such as bones and any metal implants remain. Pacemakers along with the metal implants are disposed of in a respectful manner. The dense tissues are processed into fine granules. These fine granules are collectively called cremains. The cremains are placed in a container for final disposition.

**Can I change my mind about donating?**

Yes, a donor or durable power of attorney/next of kin/donor agent may revoke an anatomical donation at any time prior to death by completing a Revocation Form that is available by request from the program.

**What if my family disagrees with my wishes to donate after I die?**

It is very important to discuss your decision to donate with family members and durable power of attorney/next of kin/donor agent to make your wishes clear. In the event of a family member or durable power of attorney/next of kin/donor agent's objection at the time of death, the Body Donation Program will decline the donation.

**What happens when I die?**

At time of death, durable power of attorney/next of kin/donor agent should contact the Body Donation Program as soon as possible at 623-806-7990. The Body Donation Program or its representative will accept or decline the donation based on the **Exclusion Criteria**. If accepted, the body will be transported to the Body Donation Program at no cost to the donor's estate as long as death occurs within 30 mile radius of Maricopa County.

**Is it possible to have a funeral/memorial service before the body is brought to the donor program?**

No, at the time of donation the body is transported to the program. A funeral/memorial service may be held but the body will not be present.

**What is the cost of donation to my family/estate?**

If death occurs within a 30 mile radius of Maricopa County and the body is accepted into the program, the program will assume all costs including cremation and mailing of cremains (if so designated). If death occurs outside of the 30 mile radius and the body is accepted into the program, the family/estate will be responsible for the additional mileage cost of \$3.00 per mile.

**How does my durable power of attorney/next of kin/donor agent obtain a death certificate?**

All information needed for a death certificate will be filed with Arizona Bureau of Vital Statistics. The durable power of attorney/next of kin/donor agent must apply for copies of the death certificate and assume associated costs.