



Body Donor Program

Dear Potential Donor:

I would like to take this opportunity to thank you for considering Georgia Campus - Philadelphia College of Osteopathic Medicine's Body Donor Program in Suwanee, Georgia. The staff, faculty, and medical students are grateful for any consideration you give our program. As you consider donation, please inform your family of your desire to donate your body to medical science so they can carry out your wishes at the time of need. Also, complete all downloadable forms and return them to me as soon as possible.

Georgia Campus - Philadelphia College of Osteopathic Medicine, Suwanee, Georgia **will pay the transportation expense on all accepted donors**. In addition, **we will also pay any costs associated with cremation once our medical students have completed their work**. The cremains are returned to the next of kin after all studies conclude. The College also conducts an annual memorial service to honor all donors as well as thank their families. Your family will be contacted and invited to our annual service once it is scheduled.

The study or research conducted at our College does not determine the cause and/or manner of death. The cause and/or manner of death will be identified on the official death certificate which is signed by the medical examiner, coroner, or attending physician.

We do reserve the right to decline any individual that does not meet our criteria. Please examine our downloadable paperwork to verify these exclusions. You may want to have an alternative plan for your disposition should your body not be accepted by our College.

Feel free to call me should you have any questions concerning the bequeathal of your body with our program. I am always available to assist, clarify, and address any concerns you might have.

Again, thank you for considering our College's donor program.

Sincerely yours,

Jeffrey K. Seiple
Anatomical Coordinator



Body Donor Program

PROCEDURE FOR DONATION OF A BODY TO GA-PCOM

Georgia Campus – Philadelphia College of Osteopathic Medicine (the College) is grateful for the exceptional legacy which our donors pass on to the next generation of physicians and their patients. Please review the following information regarding the donation process, and share it with family or those close to you when discussing your final wishes.

1. Donor Registration:

After the Anatomical Coordinator approves your application, the donation will be registered with the College's Body Donation Program. Pre-registration is preferable (30 days) but not required. We honor Next of Kin donations as provided in the Georgia Anatomical Gift Act. Please note that although a donation may be normally registered with the Program, there are some circumstances in which the College may be unable to accept the body at the time of death, as further discussed below. Therefore, it is important to consider and discuss alternative arrangements with your family.

2. Acceptance of the Body:

The College reserves the right to decline a body not suitable for medical research and study. Suitability will be reassessed at the time of death prior to moving the remains to our location for embalming. The Anatomical Coordinator will speak to the facility where the remains are located to determine if remains are still suitable for donation. Some reasons why a donation may be declined include, but are not limited to: colostomy, decomposition, decubitus ulcers, deformity, contagious or highly infectious diseases, edema, extreme emaciation, gangrene, jaundice, obesity, suicide, recent major surgery, and removal of organs. The gift will also be declined when a close family member objects to or has great discomfort with the donation, or the body is located outside the state of Georgia. The College may also decline a donation if the body is located at a distance (exceeding 220 miles) which makes transportation to the College unfeasible.

3. Procedure at Time of Death:

Immediately after the time of death, please contact the Anatomical Coordinator at 678-225-7477. At this time you can discuss any wishes about memorial/funeral services before the remains are removed.

4. Transportation:

Contact the Anatomical Coordinator prior to having a body transported to a funeral home, so he can make all arrangements for moving the remains and assuring compliance with College procedure.

5. Final Disposition:

After completion of all anatomical studies (which generally occurs approximately 1-2 years after donation), the remains are cremated at the College's expense. At that time, the cremains are returned to the donor's family, or may be interred/scattered by the College, in accordance with the wishes of the donor and his/her family, as required by the Anatomy Board of the State of Georgia. If final disposition of the cremains by the College is preferred, the College will bear the associated cost.

After cremation, the donor will be honored at a special memorial service held annually by College medical students and faculty. The College invites donors' families to attend and participate in this memorial service.



Body Donor Program

BODY DONOR AUTHORIZATION

Name

FIRST MIDDLE LAST

Address

STREET

CITY STATE ZIP

Date of Birth

**Social Security
Number**

I hereby bequeath my remains to Georgia Campus – Philadelphia College of Osteopathic Medicine (the College) for such medical, scientific or educational purposes as the College shall decide, to include transfer to another accredited institution. I understand that the College reserves the right to decline the donation if my remains are not suitable for medical study or research or are located at a distance which makes transport to the College infeasible, or if my close relatives strongly object to the donation. If I should die outside of the state of Georgia, the College will be unable to accept the donation, and my remains should be offered to the nearest medical school where the need exists. If my remains must be declined, my family or estate will be responsible for arranging for and paying the costs of final disposition of the body. I/We also grant permission to the College to embalm the remains as required. I understand and agree that the remains are cremated at the conclusion of their use and will be returned to the next of kin. Transportation (within 220 mile radius of Atlanta, Ga.), embalming and cremation services will be arranged and paid for by GA-PCOM. The preparation and cost of the death certificate is the responsibility of the next of kin / estate of the donor.

Please check one:

- Please return my cremains (ashes) to my Next of Kin.
- Please contact my Next of Kin to discuss preferences for final disposition of cremains.

Name

(Next of Kin)

FIRST MIDDLE LAST

Address

STREET

CITY STATE ZIP

Phone

Signature

Date



Body Donor Program

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

In connection with the donation of the body of the donor listed below for medical education purposes, I authorize the Body Donation Program of Georgia Campus - Philadelphia College of Osteopathic Medicine to use or disclose the protected health information of:

Donor Name

_____/_____/_____
Date of Birth

Street Address

City, State and Zip Code

Phone

The purpose of any such use or disclosure is to facilitate the use of the donor's body for medical education and the cremation of his/her remains. I understand that the information to be disclosed may include information relating to the cause of death of the donor, or any information discovered in the course of studying the donor's body.

The information may be disclosed to any of the following classes of individuals or entities: students, faculty and staff of Georgia Campus - Philadelphia College of Osteopathic Medicine, for medical education purposes; governmental or regulatory agencies (if necessary, for public health purposes to report any information about the donor's medical status at the time of his/her death); and/or a crematory, for purposes of cremation of the donor's remains.

I understand that:

- Steps are routinely taken to protect the identity of all donations.
- The information disclosed may include information relating to sexually transmitted diseases, HIV/AIDS, or other communicable diseases. It may also include information about psychological or psychiatric conditions and/or alcohol and drug abuse. I further understand that by signing below, I am specifically authorizing the release or disclosure of this type of information.
- I have the right to revoke this authorization in writing at any time, except to the extent information has already been released in reliance upon this authorization. My written revocation must be signed and dated and submitted to Georgia Campus - Philadelphia College of Osteopathic Medicine.
- I have the right to see and copy the information described on this form if I ask for it, and that I may receive a copy of this form after I sign it.
- No treatment, payment, enrollment in a health plan or eligibility for benefits is dependent upon my signature of this authorization. However, the Body Donation Program of Georgia Campus - Philadelphia College of Osteopathic Medicine may condition my donation upon my authorization to use and disclose this information.
- Information disclosed pursuant to this authorization may be subject to re disclosure by an authorized recipient of such information. It is possible that once disclosed, the privacy of the information may no longer be protected by state or federal confidentiality laws.

This authorization will expire upon the return of the donor's cremated remains to his or her family, unless revoked in accordance with the procedure described above.

Signature of Donor or Authorized Representative

Date

Printed Name

Relationship if other than Donor

Representative of Body Donor Program



Body Donor Program

DONOR VITAL STATISTICS INFORMATION

Please furnish the information requested below. Do not use initials, unless there are initials only and then state if that is the case. Please provide complete (First, Middle, Last) names. Please list the type work you did most of your life.

Legal Name

FIRST MIDDLE LAST

Name At Birth

FIRST MIDDLE LAST

Gender

Male Female

Date of Birth

Social Security Number

Birthplace

Country of Citizenship

Race

Origin of Ancestry

Education

Your Usual Occupation

Were you ever in the U.S. Armed Forces?

Yes No

If Yes, list Branch

Spouse's Name at Birth

FIRST MIDDLE LAST

Father's Name

FIRST MIDDLE LAST

Mother's Name at Birth

FIRST MIDDLE LAST



Body Donor Program

BODY DONOR AUTHORIZATION FOR CREMATION

**Name
(Donor)**

FIRST MIDDLE LAST

Address

STREET

CITY STATE ZIP

**Donor's Date of
Birth**

_____/_____/_____
MONTH DAY YEAR

**Donor's Date
of Death**

_____/_____/_____
MONTH DAY YEAR

I, _____ (Next of Kin) grant permission to Georgia Campus – Philadelphia College of Osteopathic Medicine (GA-PCOM) to cremate the remains of this donor as required. I understand and agree that the cremation will be arranged and paid for by GA-PCOM and that the cremains will be returned to me.

**Name
(Next of Kin)**

FIRST MIDDLE LAST

Address

STREET

CITY STATE ZIP

Phone

Signature

Date

Printed Name
