



Dear Potential Donor:

I would like to take this opportunity to thank you for considering Philadelphia College of Osteopathic Medicine's Body Donor Program in Georgia. The staff, faculty, and medical students are grateful for any consideration you give our program. As you contemplate 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, return all completed donor documents (originals), with appropriate signatures in full, to me as soon as possible.

Please retain copies of your donor documents and give to your next of kin. Then, send your completed and signed documents (originals) to: **PCOM Georgia Anatomical Donor Services**. A Donor Identification card and registration letter will be sent via U.S. Postal Service to the registered donor once all properly completed donor documents are received. **All completed donor documents should be returned to the following address for consideration:**

*PCOM Georgia Anatomical Donor Services  
C/O Body Donation Program  
625 Old Peachtree Road NW  
Suwanee, Georgia 30024*

**Please understand that registering with our body donor program does not guarantee your acceptance into the body donation program.** You may want to have an alternative plan for your disposition should your body not be accepted by our College at the time of your death. This is specifically addressed in our donor documents section—"Procedure for Donation of a Body to PCOM Georgia/PCOM South Georgia."

PCOM Anatomical Donor Services **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 studies.** The donor's cremains are generally returned to the next of kin, in 1-2 years, after all studies conclude. The College also conducts a memorial service to honor all donors on a predetermined date that is chosen by the College.

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 the donor documents carefully to verify these exclusions. Again, you may want to have an alternative plan for your disposition should your body not be accepted by our College at the time of death. Again, thank you for considering our College's body donor program.

Sincerely yours,

Jeffrey K. Seiple, MBA, LFD, LE  
Director of Anatomical Donor Services



## BODY DONOR PROGRAM

# PROCEDURE FOR DONATION OF A BODY TO PCOM GEORGIA AND PCOM SOUTH GEORGIA

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 Program 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 Uniform 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. Registering with our Body Donation Program does not guarantee acceptance into the program itself. **All completed donor documents should be sent via U.S. Postal Service to:**

PCOM Anatomical Donor Services  
C/O Body Donation Program  
625 Old Peachtree Road NW  
Suwanee, Georgia 30024

### 2. Acceptance of the Body:

The College reserves the right to decline a body not suitable for research and education. Suitability will be reassessed at the time of death prior to moving the remains to our location for embalming. The Program 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, bacterial infections, 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 if 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 275 miles) which makes transportation to the College unfeasible.

### 3. Procedure at Time of Death:

The Legal Next of Kin and/or their designated agent, of the potential donor, is responsible for notifying PCOM Georgia's Anatomical Donor Services of the donor's death within a reasonable time period (1-2 hours). PCOM Anatomical Donor Services reserves the right to decline any donation at their discretion. **Contact PCOM Anatomical Donor Services at: 678-225-7477.** At this time you can discuss any specific wishes regarding memorial and/or funeral services before the remains are removed.

### 4. Transportation:

*Contact the Program Coordinator prior to having a body transported to PCOM Georgia, so they can make all arrangements for moving the donor 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 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 and/or the Uniform Anatomical Gift Act.



BODY DONOR AUTHORIZATION

Please print all information except where signature "/s/" is indicated.

Name: \_\_\_\_\_
First Middle Last

Permanent Address: \_\_\_\_\_
Street
City State Zip

Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
Month Day Year

I hereby bequeath my remains to Philadelphia College of Osteopathic Medicine (PCOM Georgia/PCOM South Georgia/PCOM Anatomical Donor Services) for such medical, scientific or educational purposes as the College shall decide...

Please check one:

- Please return my cremains (ashes) to my Legal Next of Kin and/or Designated Agent. \_\_\_\_\_ Donor Initials.
Please contact my Next of Kin (NOK) to discuss final disposition of cremains.

Name (Next of Kin): \_\_\_\_\_
First Middle Last

Address: \_\_\_\_\_
Street
City State Zip

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

Date: \_\_\_\_\_ /s/ \_\_\_\_\_

Signature of Donor or Designated Agent \_\_\_\_\_ Date \_\_\_\_\_

FAMILY ENDORSEMENTS

(SPOUSE, PARENTS, ADULT CHILDREN, BROTHERS AND SISTERS)

We, the family of \_\_\_\_\_, understand and support the intent of this authorization to embalm, examine and cremate their remains.

Signature: Printed Name: Date: Relationship: Phone:
/s/ \_\_\_\_\_
/s/ \_\_\_\_\_
/s/ \_\_\_\_\_

Witnesses: Printed Name: Date: Relationship: Phone:
/s/ \_\_\_\_\_
/s/ \_\_\_\_\_

\*\*Both Witnesses must be disinterested parties or non-family members of the donor\*\*



# AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

In connection with the donation of the body of the donor listed below for medical and educational purposes, I authorize PCOM Anatomical Donor Services, PCOM Georgia, and PCOM South Georgia, to use or disclose the protected health information of:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Donor Name Date of Birth

\_\_\_\_\_  
Street Address City, State and Zip Code

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

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 and/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 any of the Philadelphia College of Osteopathic Medicines Georgia Campuses and to any medical and/or educational institution for educational/research 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 the Philadelphia College of Osteopathic Medicines Anatomical Donor Services at the following address: PCOM Anatomical Donor Services, 625 Old Peachtree Road NW, Suwanee, Georgia 30024.
- 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, PCOM Anatomical Donor Services, PCOM Georgia Campus, and PCOM South Georgia Campus 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

Donor's Full Legal Name: \_\_\_\_\_

*(If Female, Include Maiden Name)*

SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

U.S. Armed Service:  Yes  No / Branch: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Please Check Marital Status:  Never Married  Married  Divorced  Widowed  Legally Separated

Spouses Maiden Name if Married: \_\_\_\_\_

Donor's Occupation/Business: \_\_\_\_\_

Address of Donor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Education Level:  1-8  9-11  12 or GED  Some College  Associate  Bachelor  Masters  Doctorate

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Informant's Name: \_\_\_\_\_

Relationship to Donor: \_\_\_\_\_

Informant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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



**BODY DONOR  
PROGRAM**

## **BODY DONOR AUTHORIZATION FOR CREMATION**

Please print all information except where signature is indicated.

Donor's Name: \_\_\_\_\_  
*First Middle Last*

Donor's Permanent Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

Date of Donor's Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
*Month Day Year*

Date of Donor's Death: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
*Month Day Year*

I, \_\_\_\_\_ (Donor's Name or Legal Next of Kin and/or Designated Agent) grant permission to the College (PCOM Georgia/PCOM South Georgia /PCOM Anatomical Donor Services) to cremate the remains of this donor as required. I also agree and understand that the body may possess certain unique structures, either anatomical or pathological, that would greatly benefit anatomical education and medical research and may not be recovered for cremation.

I understand and agree that the cremation will be arranged and paid for by PCOM Georgia/PCOM South Georgia and that the donor's remains will be returned to the legal next of kin and/or designated agent.

Name (Next of Kin): \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

Phone Number: \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_

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