

**Note: Our Criteria for acceptance requires proof of COVID vaccination + booster, OR a negative COVID test within 3-5 days of death, or post-mortem, and no recent exposure. This may change at any time. Updated June 6, 2022.**

### **Thank you for inquiring about The Anatomical Gifts Program:**

Please review these documents and call with any questions you have. This is not an application for anatomical donation. Please do not return any of these forms to us. We do not screen or accept donors until just prior to death, or at the time of death. We do not keep records of potential donors.

These documents help prepare you and your loved ones. Please read the **Overview and Process** carefully and see the documents to fill out in the last four pages. Keep these documents in a safe place and let your loved ones know where they are. We will assist your loved ones with compassion and care, and walk them through the process, when the time comes.

**The donor cards**, when signed by the “donor” and witnessed by non-partial\* witnesses (\*not family members or anyone who would benefit from your death), **are a legal document showing your intent to donate**. We will need an original, signed and witnessed card at the time of death.

Please keep one copy of your donor card in your wallet and give at one to your “agent” who will assist at the time of your death – and perhaps one to another person. Have a copy included in your medical records so your intent is known and so it will be easier for our staff to have permission to speak to your medical providers to gather necessary information.

**Included are forms to keep until the time of death** (call if you want paper copies mailed to you)

1. **Printable copy of a donor card** (page.2).
2. **Voluntary Health Information** document which is very helpful to our instructors and students, but not required (pages 11-12).
3. **Vital Information for the Death Certificate** is for the funeral home or mortuary transport service and to assist in your planning (page 13).

Please call us every two years to check for updates in the program.

Sincerely Yours,



Gwendolyn Keith

Program Coordinator, Anatomical Gifts Program

Office: 919-681-5471; On-Call: 919-812-7430; email: [Gwendolyn.keithwellstone@duke.edu](mailto:Gwendolyn.keithwellstone@duke.edu)



### INTENT TO MAKE ANATOMICAL GIFT

In compliance with the Uniform Anatomical Gift Act of the North Carolina General Statutes and in hope that I

may help others, I, \_\_\_\_\_  
hereby give my entire body intact for anatomical study and research, if needed and medically acceptable, and release protected health information, if available, to take effect upon my death. **Signed by the donor and the following two witnesses in the presence of each other.**

-----Fold here for wallet size card-----

\_\_\_\_\_  
*Signature of Donor* *Date Signed*

\_\_\_\_\_  
*Date of Birth* *City & State*

\_\_\_\_\_  
*Signature of Witness #1* *City & State*

\_\_\_\_\_  
*Signature of Witness #2* *City & State*

### Contact Duke Anatomical Gifts upon death:

Weekdays: **919-681-5471** (closed weekends & holidays)

24 hour emergency phone: Monday-Friday: **919-812-7430**

### Representative to assist at the time of my death:

\_\_\_\_\_  
*Name* *Relationship*

\_\_\_\_\_  
*Phone Number* *Alternate Phone Number*

### Helpful information:

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

I have chosen this funeral service to transport/hold my body while eligibility for donation is being determined (or hold at hospital decedent care/morgue):

\_\_\_\_\_  
*Funeral Home/Transport Service* *Phone Number*

If this company is no longer operating or available, or circumstances arise that create the need, I authorize, with my signature on the back of this card, Duke Anatomical Gifts Program to arrange transport services in order that it may facilitate the donation of my body.

### Please check back every 2 years for any changes.

Keep one signed and witnessed copy of this card in your wallet & give the other to someone who can assist at time of death.



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*Signature of Donor* *Date Signed*

\_\_\_\_\_  
*Date of Birth* *City & State*

\_\_\_\_\_  
*Signature of Witness #1* *City & State*

\_\_\_\_\_  
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Keep one signed and witnessed copy of this card in your wallet & give the other to someone who can assist at time of death.

## Anatomical Gifts Program

## Overview

Duke University School of Medicine's Anatomical Gifts Program is a **WHOLE BODY** donation program. We are deeply grateful for the generous donation people make for the purpose of educating our present and future medical professionals. Our students come from many disciplines, including medicine, physical therapy, biomedical, nursing, anesthesiologists, physician assistants, pathology, practicing physicians, orthopedic and plastic surgeons, oncologists, neurologists, ophthalmologists, cardiologists, transplant specialists, evolutionary anthropologists, and more.

We hold our donors with reverence, gratitude, and awe. The deep learning that happens through the generosity of donors cannot be replicated. Body donation offers learning through the diversity of human life experience. Students witness first-hand how disease and health present themselves in the human body. They gain knowledge and learn humility and appreciation for their first patients, which helps them with every patient they touch in their lifetimes of service. Accomplished medical practitioners improve their care and discover, practice and improve procedures to better serve humanity.

### ***Body donation is a gift that keeps on giving***

**Our process starts at the time of death.** There is no pre-registration. We provide Uniform Donor Cards for potential donors (P. 2). The cards inform loved ones and doctors of the intent to donate to Duke School of Medicine and provide our contact information for your loved ones at the time of death. We **HIGHLY** recommend you have your intentions to donate written in any other health care documents.

We do not facilitate brain or organ donation. We will work with brain donors to other programs if the program is compatible with our criteria and timing, and arrangements are made prior to death.

We do not facilitate research projects in our labs. People who wish to donate their bodies for specific study of a disorder or disease need to find researchers working on that particular issue and get involved in a study during their lifetime.

**We keep no records before death occurs.** We screen donors based on criteria and other conditions occurring just prior to, and at the time of death. Criteria is designed for the safety of the students, our staff and patients (see Step 3, page 7-8). We provide a *Voluntary Health Information Form*. The *Vital Information for Death Certificate Form* is a courtesy to assist with planning to give to the mortuary/funeral service upon death.

**We can often accept a body if there is no Uniform Donor Card.** However, only relatives with **Next of Kin (NOK)** status or persons with notarized, North Carolina **Health Care Power of Attorney (HCPOA)** documents or other documents recognized in North Carolina are able to donate a body if not other documents refute a donation (see Step 2, page 6).

**Our facility is open daytime, weekday hours to receive donor bodies.** We are closed weekends and holidays. We try to receive bodies within 3 days of the time of death. We recommend you and your family choose a funeral home or transport service with cold storage in case the death occurs when our facility is closed (see Step 5. Page 9). This also gives us time to contact family and medical professionals to qualify the donor for acceptance and to process the required documents to release the body. If we are unable to qualify the donor for our program, the family is able to consider alternatives.

**We do not perform autopsies, nor do we produce medical reports.** In order to honor the privacy of our donors, we also do not disclose the courses or outcomes of studies.

**We normally keep donor bodies for two months to two years.** We do our best to match our donors with their best opportunity for teaching based on their medical situations and history. We cannot anticipate the exact time we will complete with the studies.

**The expenses the family/estate will need to pay for:** Transportation of the donor body to our facility, possible cold storage prior to the donation, and the cost of filing death certificates. Funeral homes and mortuary transport services generally facilitate the death certificates. Payments for these services must be arranged directly from family or estate to the transport provider or funeral home (see Step 5, page 7). If this cost is a hardship to the family, we may be able to assist with the cost. But please contact us, prior to the death - if possible. We cannot compensate families after payments have been made; and may not be able to cover full costs that some funeral homes will charge.

**We facilitate and cover the cost of cremation** after studies are complete. Our donors are cremated individually. We contract with a local crematorium and who then returns the cremains to us in a temporary, plastic urn. We, in turn, return it to the family.

**At the end of the studies,** when cremains are ready, we offer families the option to pick up the cremains at Duke, or for the Program to mail back the cremains of your loved one. We can also scatter your loved one's cremains at a special location in the Duke Forest.

**Memorial Service.** We hold an annual Memorial Service for donors' families in the Spring or Summer of the year following the donors' cremations. The service is held at the Duke Chapel in Durham. It is an opportunity for students, doctors and instructors to share what the donation has meant to education and medical science. The students also hold their own private memorial service to honor our donors, their "silent teachers." They are humbled and awed by such a gift, and honor their silent teachers. This is a time for them to share their gratitude and process their experiences with each other. Due to unforeseen circumstances, such as the COVID pandemic, 2020 onward, we may have to continue to postpone this service or have it virtually.

## Process for Body Donation at Duke University

**Prospective Donors:** Please read through this information packet to better understand the details of our program, decide if it fits your objectives, and take steps to prepare.

**Fill out our donor card** (we recommend filling out at least two), sign, and have two impartial\* witnesses sign each card. Keep one card in your wallet. Give the additional, signed card(s) to Next of Kin, family members, and HCPOA representatives. Please alert medical professionals about your desire to donate. You may also document your intent to donate your whole body as an “anatomical gift” in your will. Please put it in any health care directive, and your medical records as it also helps to give us permission to speak to health care providers for medical information needed to approve the gift.

*\* **Witnesses must be” impartial.” In other words, they **cannot be** family members, or any persons benefitting directly from your death, or medical providers.***

**Without a signed donor card**, if you do not have Next of Kin willing to assist in your donation – we recommend you appoint someone as your Health Care Power of Attorney (HCPOA). Advance health care directive documents are often available through with your health care provider, attorney, social worker, or the North Carolina Secretary of State. Out-of-state documents may not be recognized in North Carolina. Please find a copy of HCPOA form for NC at this address:

[https://www.dukehealth.org/sites/default/files/health\\_care\\_power\\_of\\_attorney.pdf](https://www.dukehealth.org/sites/default/files/health_care_power_of_attorney.pdf)

**Note:** if you choose organ or tissue donation, and organs are harvested at the time of your death, we cannot accept your body for our program. For organ donation, please see: <https://www.donatelifenc.org/> or <https://carolinadonorservices.org>.

**There is no pre-registration for our program.** We do not keep information on those who have requested donor cards. **A donor card does not guarantee we can receive the donor body.** It is a legal statement of the individual’s choice to donate their body upon death. The donor card has phone numbers for loved ones to call to start the process of acceptance when death is imminent or at the time of death.

**Step 1: We recommend calling our on-call phone if the donor’s death is imminent, is in hospice, or is in critical condition in the hospital.** If the donor has died and is under hospice care, call the hospice first. If the death is not expected, at the workplace or home, call emergency medical personnel and the decedents physician. If the death was unattended, call the police. Then, when authorities are notified, call the **Anatomical Gifts Program on-call phone: 919-812-7430**, we answer 24 hours on weekdays from 8:30am Monday, to 4:30pm Friday. **We are closed weekends and holidays.** If the death occurs when we are closed, leave a message and we will return the call on the next business day. Make sure the body is held in cold storage, as a hospital morgue or funeral home or transport service with cold storage (see Step 5, p.9).



**Be prepared:** We require faxed copies of the Donor Cards, HCPOA documents and may need copies of parts of a Will or other Health Care Directives. We must make sure the people we work with have the legal right to donate you or your loved one's body and/or give permission for us to speak to medical professionals.

Please also have phone numbers available for primary care doctors, specialists last seeing the donor, hospice and/or the hospital floor, charge nurse number. We also require proof of COVID vaccinations and boosters or a negative COVID test within 5 days of death.

## Step 2: Determining authority and qualified agents for donation

**A Donor Card that is signed (by the donor themselves) and witnessed (signed by two impartial witnesses- see p.5)** is a legal document declaring the individual planned and has chosen to donate. However, a representative is needed to assist in a donation and make appropriate decisions, help us reach family, your medical providers and arrange funeral transport. The representative will also direct the disposition of cremains.

If there is no properly signed and witnessed **Donor card**, or no bequeathal in a will designating Duke Anatomical Gifts as the recipient, an Agreement to Donation document will be drafted and can be signed by **Qualified Agents, who include the following:**

**1) Individuals who are named as agent with Health Care Power of Attorney (HCPOA)** in a signed and notarized Health Care Power of Attorney (HCPOA) document. Health Care Power of Attorney (HCPOA), holds highest level of legal authority around decisions when the patient is not able to make them him/herself. HCPOA documents and any existing "end of life documents" must be faxed to us and reviewed

**2)Next of Kin (NOK) Order of Authority**, when there is no signed donor card, no objection, but no specification about an individual's desire to donate, and no individual is appointed the agency of Health Care Power of Attorney, Next of Kin is determined order of priority in N.C. Gen. Stat. § 130A-412.11 as set forth below:

1. Spouse of the decedent
2. Adult Children (Step-children if they are legally adopted) of the decedent
3. Parents of the decedent
4. Adult Siblings of the decedent
5. Adult Grandchildren of the decedent
6. Grandparents of the decedent
7. Persons who were active, legal guardians of the person at the time of death;
8. Any other person who has been granted legal authority to dispose of the decedent's body.

**If there is not an existing signed donor card, and anyone in the family exists with higher or equal authority, they must be involved in the decision and be willing to sign the documents.**

\* We reserve the right to decline any donor who has not documented their desire to donate if we do not have adequate legal documentation of *the legal relationship to the donor* of the person assisting with the donation.

### Step 3: Screening for medical criteria

We screen medical information to determine if the body qualifies. We cannot verify this information with the donor far ahead of the time of death, because infections and other conditions can present at the end of life. **Our staff must verify the condition of the body at the time of death, or just prior to death by speaking with the medical professionals who worked with the donor up until the time of death.**

1. The family and/or health care power of attorney need to alert the medical professionals –to give Duke Anatomical Gifts Program staff permission to speak with the medical professionals about the medical condition of the donor.
2. Medical professionals may include: the charge nurse at the hospital, the family doctor, hospice nurses, doctors or specialists overseeing their medical care.
3. It is most helpful if we are provided with the most direct phone numbers to reach medical providers. Please note: we do not have access to Duke medical charts.

### Criteria

**These guidelines are established for the safety of our staff, students, educators, and the body's suitability for teaching.** Criteria may be amended due to specific medical courses and lab capacity. We do assess each individual, close to, and at the time of death, taking into account many factors.

1. We do our best to receive the body within 3 days of death.
2. Donors must be 18 or over. There is no age limit over 18.
3. General Height: Under 6' 4" in height.
4. General Weight: must be height and weight proportional; BMI under 27-28, but not skeletal. Women between 100 and 180 lbs; and men between 100 and 200 lbs.

Some exemptions to both height and weight may be made on a case-by-case basis, taking into account height/weight proportion, BMI and specific studies/courses happening at the time.

5. The body **must be free of infections, blood diseases and contaminants** including, but not limited to:
  - a. Any history of Hepatitis A through E (even if it was deemed "cured")
  - b. Active staph infections, MRSA, VRSA, VRE; E.coli; Clostridium Difficile (C. Diff)
  - c. Creutzfeldt-Jakob, HIV, AIDS, Fungus Candida Auris, Klebsiella
  - d. Active tuberculosis, meningitis, encephalitis, Noro Virus, COVID  
(Please note, we will need verification that any donor is free of COVID, or fully vaccinated with updated boosters against COVID)
  - e. Sepsis (blood poisoning)
  - f. Severe jaundice

- g. Open wounds, skin ulceration, large bed sores, unhealed deep incisions, gangrene (exceptions are possible, based on current condition of the wounds and/or current course needs)
  - h. Ascites or any significant abdominal bloating/fluids
  - i. Recent (within 6 months) radioactive implants
6. Other situations under which we cannot accept a body:
- a. A body that was in medical isolation
  - b. Drowning, submergence in water at death
  - c. Severe burns, severe trauma
  - d. Significant invasive surgery
  - e. Significant edema in the head and facial area
  - f. The body must not have undergone any internal exploratory autopsy or tissue removal (biopsies) without prior coordination and approval of our team, and it must be performed in Duke University Hospital Pathology Lab.
    - i. We can, in special circumstances, work with donors who are involved in other Duke research in pre-arranged cases, when doctors request to remove tissue, if performed in Duke University Hospital Pathology Lab, or through pre-approval in coordination with another pathology lab.
  - g. We are open to receiving bodies when brain donation is planned, if pre-arranged and coordinated with us. We do not harvest brains in our facility.
  - h. Post death amputations or donation of an organ after death. Eye/cornea donation is accepted. *For eye donation contact Miracles in Sight: [MiraclesinSight.org](http://MiraclesinSight.org).*
  - i. We generally do not accept embalmed bodies, with the exception of circumstances when we have pre-approved and are working with a funeral home with a pre-arterial embalming if the family requires a funeral – but this requires pre-planning and close coordination.

Note: Our current criteria for acceptance requires proof of COVID vaccination and booster(s) as recommended by the CDC, OR a negative COVID test within 3-5 days of death or post-mortem, depending on circumstances around patient and no known exposure. Updated 6/6/2022. Please note this policy may change before we can change our website and paperwork, so please check with us.



## Step 4: Signing and faxing donor card or “Release of Body” form

Prior to, or once the donor’s body has been accepted, we need a faxed copy of the donor card. If there is no existing donor card, we will fax an **Agreement to Donation** form that must be signed by the Next-of-Kin or Health Care Power of Attorney and two, non-partial witnesses. The form must be FAXED back to us in order to legitimize the donation and we must receive it prior to our authorizing transportation to our facility. We also **need the original, signed copies of the donor card or Agreement to donation** mailed back to us or sent with body in the care of the transport service.

Often hospitals, hospices, nursing homes, funeral homes and banks will assist you to receive and send faxes for body donation. UPS Stores, FedEx Stores and office supply stores like Office Max and Office Depot have fax machines.

**These are the legal contracts**, giving us permission to hold the donor for use in our program until cremation. It also gives the family a choice for where to send the cremated remains, or instructions for us to scatter them at Duke Forest in Durham, North Carolina.

## Step 5: Arranging transportation to our facility

Family/Estate is responsible to arrange and pay transport to our facility at Duke University Campus in Durham, NC by a funeral home, mortuary service or mortuary transport service\*. We recommend a service with cold storage in case the death occurs over a night or weekend when our facility is closed.

1. We recommend researching a transport service of your choice ahead of time if you are planning your donation. ***Different funeral homes and mortuary transport services provide different services at a wide range of costs.*** It is helpful to provide the phone numbers of your chosen service to family members in your planning documents. We will coordinate with the service to help them get the body to our facility. Our program will do our best to help your loved ones find a transport option if you have not designated one, but we cannot guarantee the best option for your situation. *\*Please note: if it is a financial hardship to the family/estate to pay for funeral transport if we accept a donation, please let us know as soon as possible in the process, we may have resources to assist your family but cannot guarantee.*
2. In the case that we are unable to accept a donor’s body due to certain medical conditions, weight, timing or other factors, we recommend having an alternative plan, which may involve cremation or burial.
3. If a donor lives or dies far from North Carolina, we recommend finding an alternative program in your community. If the donor feels strongly about donating to Duke University, find a funeral home that can to fly or transport the body within 3 days of death. But please be aware, we may still need to decline.

## Step 6: Preparation of the death certificate

We do not process death certificates. We require that licensed funeral or mortuary professionals file the paperwork for death certificates. We must have a copy (we do not require a certified copy) for our files and cremation. Funeral/Mortuary professionals generally charge a fee to file, and can help you get certified copies. The funeral home/mortuary service can fax it to us. Your family/estate may need certified copies to close bank, credit card and retirement accounts, and settle estates, real estate, life insurance, online accounts, and other legal matters. You can arrange to pay for copies with the funeral service or get them online or from the Register of Deeds from the county where the death occurred.

## Step 7: We provide cremation services after the studies are finished

## Step 8: Returning the cremains

At the time of donation you can choose how to receive your loved one's cremains. We mail a letter advising you the study is complete, and we follow up with a call to make sure you are still at the address on file and then we mail the cremains to the designated family member or internment site. Or we arrange at time for you to pick up them up at Duke Campus. We also can scatter the cremains for you in a special scatter site at Duke Forest.

## Final step: Memorial service and expression of gratitude

We have historically held an annual memorial service in the Spring/Summer of the year of the donor's cremation for the family members. It is an opportunity for our students and educators to let the families know what impact the donors have on their education and their appreciation for the generous donation. You will receive an invitation in the mail and we ask you to RSVP. Under adverse situations, we may need to postpone the service.

Our students hold their own, private memorial service, as they are deeply touched by the generosity and depth of what they learn and their connection to their "silent teachers."

**Thank you for considering whole body donation to Duke University School of Medicine's Anatomical Gift Program. Please contact us every 2 years for updates.**

Please check our website at: <http://agp.som.duke.edu>  
email: [anatomicalgifts@dm.duke.edu](mailto:anatomicalgifts@dm.duke.edu)

Please contact us with questions. This document is intended for informational purposes only and is a summary of the donation process. All donations are subject to the completion of the donation process.

## Voluntary Personal Health History Donor Name: \_\_\_\_\_

Date: \_\_\_\_\_ DUKE medical record number\*: \_\_\_\_\_ \*If available and you are willing to share.

Thank you for taking the time to fill us in with information. This is not required, but it is appreciated. This information will be shared, in anonymity, with instructors to enhance learning opportunities for students. Please keep this information in your files and instruct your representative to send it to us at the time of your death. This does not replace our call to medical professionals at the time of your death to screen for criteria.

### 1. Childhood Illnesses (please circle if you've had any of the following):

Measles          Mumps          Rubella          Chicken Pox          Rheumatic Fever          Polio  
Other \_\_\_\_\_

### 2. Do you have any radioactive medical implants? Circle one: Yes No

If yes, date and location of implant: \_\_\_\_\_  
\_\_\_\_\_

### 3. Do you have a pacemaker, brain stimulator or other electrical/magnetic device implanted? (For knee/hip/skull/orthopedic work, see question #6) Circle one: Yes No

If yes, date, type of device and location: \_\_\_\_\_  
\_\_\_\_\_

### 4. Women only:

Have you had a hysterectomy? Circle one: Yes No

How many live births have you had? \_\_\_\_\_

Have you had any Cesarean births? Circle one: Yes No

### 5. Please list any medical problem(s), and the age you were when it was diagnosed: (Examples may include, but are not limited to: Diabetes I or II, Asthma, Congestive Heart Disease, COPD, Cancers, Hypertension, Congenital issues, Cirrhosis, Parkinson's, Muscular Dystrophy, Leukemia, Sickle Cell Anemia, ALS, Dementia, Alzheimer's, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 6. Please list and date any knee or hip replacements, or hardware in spine, extremities, skull, other, or amputations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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7. Please list and date any other surgeries, including organ removals or transplants that you have experienced: \_\_\_\_\_

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8. Did your work or activities you engaged in during your life, or things you were exposed to, impact your health? In what ways? \_\_\_\_\_

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9. **Special Notes:** Things you would like us to know about you (or include additional information from any prior section. Feel free to add additional sheets of paper, or records you feel important to share.) \_\_\_\_\_

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10. To the best of my knowledge, this information is true and I am willing to share it with instructors and students at Duke School of Medicine to enhance the education of medical professionals so they can benefit from my gift.

\_\_\_\_\_  
Signature of Donor, Next-Of-Kin or Health Care Power of Attorney

\_\_\_\_\_  
Date

## Vital Information for Death Certificate

This form is a courtesy to help you gather information in preparation, or at the time of death. Please keep a copy of this with your Body Donation Information for loved ones/your representative to assist at the time of death. This is to go to the funeral home/funeral transport service, so they are able to file the death certificate.

Donor's Suffix: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Donor's Last name prior to first marriage: \_\_\_\_\_

Donor's Gender: \_\_\_\_\_ Donor's Date of Birth: \_\_\_\_\_ Donor's Date of Death: \_\_\_\_\_

Donor's Birthplace (County/State/Country): \_\_\_\_\_

Donor's Marital Status: \_\_\_\_\_

Donor's Surviving Spouse-if wife, give maiden name: \_\_\_\_\_

Donor's Usual Occupation (if retired, prior to retirement): \_\_\_\_\_

Kind of Business/Industry: \_\_\_\_\_

Donor's Social Security Number: \_\_\_\_\_

Is the Donor's Residence in a Foreign Country? Circle one: Yes / No

If YES: which Country? \_\_\_\_\_

Last Residence of Donor: County (or Province): \_\_\_\_\_

City or Town: \_\_\_\_\_

Street Address: \_\_\_\_\_ Inside City Limits: circle: Y / N

State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Was Donor Ever in the Armed Forces?: circle: Y / N . If yes, which branch? \_\_\_\_\_

Donor's Education Level (years of school completed and/or degree. For example: grade of school completed; high school diploma; associate's degree; college degree, graduate school degree): \_\_\_\_\_

Is Donor of Hispanic Origin?: \_\_\_\_\_ Donor's Race: \_\_\_\_\_

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

Donor's Mother's Name Prior to First Marriage: \_\_\_\_\_

Representative, providing this document **at time of death**:

Name \_\_\_\_\_ Relationship to Donor/Decedent \_\_\_\_\_

Representative's Mailing Address: \_\_\_\_\_

Representative's Phone Number: \_\_\_\_\_

Alternate Representative and Phone Number (if applicable): \_\_\_\_\_



#### INTENT TO MAKE ANATOMICAL GIFT

In compliance with the Uniform Anatomical Gift Act of the North Carolina General Statutes and in hope that I

may help others, I, \_\_\_\_\_  
hereby give my entire body intact for anatomical study and research, if needed and medically acceptable, and release protected health information, if available, to take effect upon my death. **Signed by the donor and the following two witnesses in the presence of each other.**

----- Fold here for wallet-size card -----

\_\_\_\_\_  
*Signature of Donor*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*City & State*

\_\_\_\_\_  
*Signature of Witness #1*

\_\_\_\_\_  
*City & State*

\_\_\_\_\_  
*Signature of Witness #2*

\_\_\_\_\_  
*City & State*

#### Contact Duke Anatomical Gifts upon death:

Weekdays: **919-681-5471** (closed weekends & holidays)

24 hour emergency phone: Monday-Friday: **919-812-7430**

#### Representative to assist at the time of my death:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Alternate Phone Number*

#### Helpful information:

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

I have chosen this funeral service to transport/hold my body while eligibility for donation is being determined (or hold at hospital decedent care/morgue):

\_\_\_\_\_  
*Funeral Home/Transport Service*

\_\_\_\_\_  
*Phone Number*

If this company is no longer operating or available, or circumstances arise that create the need, I authorize, with my signature on the back of this card, Duke Anatomical Gifts Program to arrange transport services in order that it may facilitate the donation of my body.

#### Please check back every 2 years for any changes.

Keep one signed and witnessed copy of this card in your wallet & give the other to someone who can assist at time of death.

**Please Note:** During the COVID pandemic in addition to our usual criteria we are requiring proof of a COVID vaccination and boosters or proof of a recent COVID test showing the donor is COVID negative. Please plan ahead and call our program as soon as a donor is close to death to verify current criteria.

We recommend printing and signing two copies of this card so an original, signed copy is easily available at the time of death