Checklist and Payment Information:

1. **You MUST return the SIGNED Donor Acknowledgement Form, or your donation Form will NOT be accepted.**

2. Make sure you have signed on the donor signature line.
3. Make sure you have **TWO** witnesses sign your form.
4. Make sure you have indicated your wishes for the disposition of ashes.
5. You may keep the instructions for yourself. Mail in the donor acknowledgment form and pages 4 and 6 (if applicable).
6. Fill out and return the mortuary service form with the registration form.

CREMATED REMAINS FEE PAYMENT INFORMATION:

We accept check or money orders for the return of cremated remains fee. Please make payable to UT Health - BDP.

Please be sure to include the one of the following on the check/money order or with the payment:

1. **For pre-payment of the return of cremated remains fee:**
   Donor's first and last name, C/R (cremated remains) and the date of birth.

2. **For after-death payment of return of cremated remains fee:**
   Donor's first and last name, C/R and date of death.

Please mail to the address below:

UT Health San Antonio
Body Donation Program – MC 7762
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

Figure: 22 TAC §206.9(c) *TFSC Form A-4, rev. 5.4.26, for use following this date.*

ANATOMICAL WHOLE BODY DONOR ACKNOWLEDGEMENT FORM

I acknowledge that UT Health San Antonio - Body Donation Program (*name of donee Whole Body Donor Program*) informed the undersigned about the following regarding whole body donation of _____*(name and date of birth of person whose body is donated)* for the advancement of medical, dental, health and forensic science education, training, and/or research. I understand that the whole body gift is altruistic in nature, and neither the donor nor the donor's estate will be compensated for the gift. I understand that the gift document authorizes the following, and governs to the extent of any conflict: ***(Check the boxes that apply)***

1) The donee may or will use the whole body or part of the body donation for:

- ☑ Medical education (e.g., medical, dental, or health professions educational courses/labs).
- ☑ Research (e.g., anatomical, cellular, and/or tissue studies, medical device innovation).
- ☑ Clinical skills training (e.g., medical device training, current or new surgical training).
- ☑ Mortuary science education (e.g., training for funeral services, embalming).
- ☐ Forensic science education (e.g., studying body decomposition outdoors in the natural elements) or search/rescue training (e.g., canines used to find a body/part buried in debris).
- ☐ Other:_____

2) Consequences of the whole body donation will or may include:

- ☑ Students/health professionals dissecting or observing the dissection of body/body parts, where the skin and tissue is disarticulated or segmented, to learn about the body by identifying muscles, nerves, vessels, bones, joints, and/or organs.
- ☑ The removal/separation of body parts from the body and transfer to multiple locations for trainings, medical device testing, education, etc., by the donee or other TFSC licensees.
- ☐ The transfer of ☐ body or ☐ body part(s) to other facilities ☐ in-state or ☐ out-of-state.
- ☑ Use by students and health professionals at ☑ traditional educational settings (e.g., university classrooms/labs), ☑ traditional medical facilities (e.g., hospitals, bioskills facilities), or ☐ non-traditional facilities (e.g., hotels, convention centers).
- ☑ Photo/video use of body or body parts, which may include identifying features.
- ☐ Other:_____

3) The final disposition of the whole body donation by the donee may include:

- ☑ Cremation and return of the cremated remains to the person designated in the gift document or otherwise authorized by Section 711.002, Health and Safety Code.
- ☑ Cremation by the donee or a 3rd-party licensee, and cremated remains will not be returned.
- ☐ Other:_____

Donee provided sufficient time to ask questions and receive information on the uses, consequences, and final disposition of the whole body donation.

Donor/Person Legally Authorized Printed Name **Signature** **Date Signed**

INSTRUCTIONS FOR THE WILLING OF BODIES TO:

DEPARTMENT OF CELL SYSTEMS AND ANATOMY
UT Health San Antonio

PURPOSE OF THE BODY DONATION PROGRAM

The Body Donation Program provides anatomical material that is essential for the furtherance of medical knowledge. Most of the bodies that come through this program to UT Health San Antonio are used in the teaching of anatomy (body structure) to medical students, dental students, or students of the allied health sciences. Some bodies are used by resident physicians and dentists in their training for specialty practice. Other bodies may be used by biomedical scientists in research aimed at the solution of specific health problems or the development of new medical or surgical procedures or devices. In all cases, the Body Donation Program retains control of the body and is responsible for its treatment in a manner befitting a human body.

PROCEDURE FOR WILLING YOUR BODY

Texas law (Health and Safety Code of the State of Texas, Title 8, Chapters 691-693) allows people 18 years of age or older to will their bodies for use in the advancement of medical science. This bequest does not require the consent of relatives and may be made by completing the simple statement on the attached Body Bequeathal Agreement form. The statement requires the donor's signature, attested to by the signatures of two witnesses of legal age. The form does not need to be notarized, and relatives, spouses, or neighbors, etc., may sign as witnesses. In fact, it is desirable to have such people witness the form to avoid misunderstanding among the survivors. You have been given one copy of the will form designating UT Health San Antonio as recipient of your body. When you have completed the form, please return it to the address at the top of the page for registration by our office.

After your will is entered into our records, a signed copy of the form will be returned to you, along with a wallet card that identifies you as a body donor. One copy of the form should be kept with your personal papers, but do not place it in a safe deposit box in a bank vault. It is important to use these forms and follow this procedure, since a bank box may not be opened or a formal will may not be read until it is too late to comply with your intentions to have your body used for medical purposes. Other copies of the form may be used to inform the person who is likely to manage your affairs at the time of your death that you wish your body to be used in medical science. Also notify your family, attorney, doctor, and friends of your bequest.

ARRANGEMENTS FOR DELIVERY OF YOUR BODY TO UT HEALTH SAN ANTONIO

For use in medical studies, bodies must be specially embalmed as soon after death as reasonably possible; if embalming is not begun within six (6) to eight (8) hours after death, the body may not be acceptable. The Body Donation Program will make these arrangements at the time of death; the family should call the office at **(210) 567-3900**. If the family prefers to make private arrangements with a mortuary, the Body Donation Program should be informed at the time of death and then called by the funeral home when the body is ready to be released; in this case, it may be helpful to provide a copy of the will form and these instructions to the firm that is likely to be chosen. Please note that embalming beyond that needed for anatomical study will render the body unacceptable; if questions regarding procedure arise, please have the mortician call our office for clarification. The fees charged by making private arrangements with a mortuary will be incurred by the family or estate.

DISPOSITION OF REMAINS

After study of the body is completed, the remains shall be cremated. It is not unusual for the length of study to require three (3) to five (5) years, but it may be shorter. **We will neither promise nor agree to a time span for the length of our studies.** If a request has been made to return the ashes, our office will call the telephone number provided in order to notify the recipient when the ashes are ready to be mailed by registered mail through the United States Postal Service. Unless we are asked to return the cremated remains, the ashes from all bodies studied during the same general period of time will be buried, approximately once a year, in the University's private cemetery.

The Body Donation Program can return available cremated remains of your body to your family if, **at the time the body is received,** the request is made and the agreement to do so is signed. It may not be possible to comply if the request is made at a later time.

The Body Bequeathal Agreement form (page 4) contains a blank in which your desire concerning the disposition of ashes can be recorded. There is a separate agreement to the conditions placed upon return of available cremated remains. Your survivors will be required to pay for the return of ashes. Under no circumstances will uncremated remains be returned.

COST

Ordinarily, the Body Donation Program will pay a nominal fee for the mortician's basic services in preparation and transportation of your body from the funeral home to UT Health when death occurs within 100 miles of San Antonio. **Costs of services beyond those ordinarily required for anatomical preservation of the body or charges exceeding those normally paid by this institution will be the responsibility of the family or estate. The Body Donation Program will not accept charges for funerals, memorial services, counseling, etc., or for transportation of bodies beyond 100 miles from San Antonio.** If death occurs at a greater distance from San Antonio, expense can sometimes be minimized by arranging at the time for the body to be received by an appropriate institution located closer to the place of death; the Body Donation Program often can assist but cannot guarantee success in this effort. **Additionally, as noted in the preceding section, the Body Donation Program will require payment for the return of available cremated remains, if that agreement is signed.** If you move out of the San Antonio area, your will to this Body Donation Program should be revoked and a substitute arrangement made with an approved institution nearer your new home.

EXCLUSIONS

Because bodies willed to the school are used mainly in the education of physicians, dentists, and allied health personnel, and to a minor extent in medical research, the usefulness of a body is greatly diminished if all parts are not intact. Therefore, bodies from which parts have been removed for transplant purposes or during the course of an autopsy will not be accepted for the Body Donation Program. Our program is not attempting to compete with other programs that make organs and tissues available for transplantation or with those that promote postmortem studies necessary for the maintenance of quality in medical care; all these efforts offer benefits to society, but since the needs of each program exclude mutual use of the body, the donor or survivors must make a clear choice in how the body will be used. Exceptions to this general rule are that the corneas (but not whole eyes) may be donated to an eye bank (through a separate willing process) and that bodies on which surgery or amputation has been performed will usually be accepted, if the incisions have healed.

The Body Donation Program cannot guarantee acceptance of a willed body. A body will not be acceptable if any of the following conditions are present:

1. Organs or parts (other than corneas) have been removed at or following the time of death (for transplantation or autopsy);
2. Decomposition of the body before embalming;
3. Severe trauma, such as death from drowning, burning, homicide, or motor vehicle accident;
4. Death by suicide;
5. Open wounds (including recent major surgery) or ulceration of the body;
6. Contagious diseases, especially viral, such as virulent herpes, hepatitis, or HIV, but also other drug-resistant infectious diseases, dementias of the Creutzfeldt-Jacob type;
7. Excessive obesity, emaciation, or body contractures;
8. Ruptured aneurysm; or
9. Malignancy that has spread to involve multiple adjacent organs, especially within the abdominal region.

In summary, the Body Donation Program reserves the right to refuse any body which is, in the opinion of the Director, unfit for its use or which for other reasons it cannot use.

REGISTRATION OF THE FORM WILLING YOUR BODY

If you wish to will your body to UT Health San Antonio under the foregoing conditions, **complete and return** this form to the Body Donation Program to the address shown at the bottom of this page. One copy will be placed in our files and two registered copies of the form, signed by our personnel, will be returned for your use. You will also be sent an identification card to carry in your wallet, stating your wish that your body be used in our willed body program and giving instructions for notifying us of your death. **It is essential that your donation forms be registered by our office, since your body may not be accepted if we do not have a record of your registration.**

UT Health San Antonio
Body Donation Program

THIS IS THE DONATION FORM. IT MUST BE FILLED IN

BODY BEQUEATHAL AGREEMENT

To Whom It May Concern:

It is my desire that upon my death my body be given, for the purpose of advancement of medical and research education, to UT Health San Antonio. Therefore, I have instructed those who will arrange for disposition of my body to notify the Body Donation Program of the institution named above, **(210) 567-3900** [after-hours number - Olinger-Saenz Mortuary Services: **(210) 924-4137**], at the time of my death, so that appropriate arrangements can be made.

Furthermore, I understand that the institution is obligated to pay only standard fees for embalming and transportation according to rates approved by UT Health San Antonio. The University will pay to transport a body a distance of 100 miles or less from San Antonio, Texas. If my death should occur at a greater distance from San Antonio, I have instructed my representative to pay for the transportation in excess of 100 miles or to locate a closer approved institution to receive my body.

Although I am willing my body to the institution named above, I realize that my body may be sent to another institution which might have greater need for anatomical specimens, as directed by the State. **If you do not want to permit the body donated by this agreement to leave the State of Texas, DO NOT COMPLETE AND SIGN THIS FORM. Please contact another donation location in the state. We can give other telephone numbers if you call our office**. **Transportation outside of The State of Texas will be paid by the University. It is not unusual for the length of study to require three (3) to five (5) years**, but it may be shorter. We will neither promise nor agree to a time span for the length of our studies.

In addition, I understand that I cannot be guaranteed that my body will be acceptable at the time of death. If I am obese, emaciated, or have arms or legs that cannot be straightened; if I have a dangerous contagious disease at the time of my death; if my body has open wounds, is damaged by severe trauma (violent death), or undergoes decomposition prior to embalming; if organs or parts are removed (transplantation or for an autopsy); if I have widespread cancer or massive internal hemorrhage; or if I commit suicide, my body will not be acceptable for the Body Donation Program. If my body is rendered unfit for use in anatomical studies by these or other reasons, my survivors will need to make other arrangements for the final disposition of my body. If my body is acceptable, I authorize release of pertinent radiographs and information from my medical records to officials of the above-named institution, for the purpose of enhancement of the use of my body in medical education or research.

Complaints or inquiries regarding a willed or donated body should be directed to:

Texas Funeral Service Commission
1801 Congress, Suite 11-800
Austin, Texas 78701
512-936-2474

Mail completed forms to: **BODY DONATION PROGRAM, DEPARTMENT OF CELL SYSTEMS & ANATOMY**
Mail Code 7762, 7703 Floyd Curl Drive, San Antonio, Texas 78229
Or send Fax to: **210.567.1818**
If you have questions about the program or need help completing this form, please call: **210.567.3900**

My signature below attests to my acceptance of the conditions outlined in the BODY BEQUEATHAL AGREEMENT on the previous page.

Name:_____ **Social Security #**_____
(Please Print) First Middle Last

Address:_____ **Date of Birth**:_____

_____ **Phone**:_____
City State Zip

SIGNATURE OF DONOR:_____ **Date:**_____
First Middle Last
(Please sign in ink)

My Next of Kin is:_____ _____
(name - please print) Address

_____ _____ _____
Relationship Phone Number City State Zip

SIGNATURE WITNESSED BY:

_____ _____
Signature of first witness Address

_____ _____
Name (please print) year of birth City State Zip

_____ _____
Signature of second witness Address

_____ _____
Name (please print) year of birth City State Zip

RETURN OF AVAILABLE CREMATED REMAINS --- I understand that I will be required to pay a $250 fee for this service before receiving the cremated remains.

_____ I **DO NOT** wish to have available cremated remains returned
(If checked, stop here)
_____ I **DO** wish to have available cremated remains returned. I agree to pay the fee for this service.
(If checked, the accompanying agreement must be read and then signed.)

Notice for Request of Disclosure of Social Security Number. Disclosure of your Social Security Number ("SSN") is required of you for UT Health San Antonio to register this body with the state of Texas, as mandated by Texas Administrative Code, Title 25, Part 4, §477.7 "Board Forms". Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable laws.

NOTICE ABOUT INFORMATION LAWS AND PRACTICES. With few exceptions, you are entitled, upon your request, to be informed about the information UT Health San Antonio collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code,* you are entitled to receive and review the information. Under Section 559.004 of the *Texas Government Code,* you are entitled to have UT Health San Antonio correct information about you that is held by UT Health San Antonio and is incorrect, in accordance with the procedures outlined in The University of Texas System Business Procedures Memorandum 32. The information that UT Health San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the *Texas Government Code)* and rules.

DO NOT WRITE BELOW THIS LINE (for office use only)
Registered by the Body Donation Program of UT Health San Antonio

_____, _____
BDP Representative Signature Date

COMPLETE THIS FORM ONLY IF CREMATED REMAINS ARE TO BE RETURNED

CREMATION AGREEMENT
RETURN OF CREMATED REMAINS

In compliance with Texas Administrative Code §206.14, UTHSA will agree to return the available cremated human remains of an individual person ONLY under the conditions presented in this agreement.

When a body is donated to science in the state of Texas, it reaches its permanent and final legal destination when it arrives at the institution to which it is donated. In this case, that institution is UT Health San Antonio (UTHSA). The relevant statute is contained in the Health and Safety Code of the State of Texas, §691. A body that is donated to science at UTHSA may be used in health education, research, or both. In the process of education and/or research, parts of the body may be completely destroyed, or they may be kept for teaching purposes. These parts will **NOT** be available for cremation.

Cremation is a non-reversible process in which human remains are burned in a gas flame at a temperature of about 1800°F. At this temperature, all soft parts of the body vaporize, and only burned bone remains. The pieces of burned bone are removed and processed to resemble ash or sand. These processed cremated human remains become the "ashes" which can then be returned if requested.

If the cremated remains are NOT to be returned to the legal next of kin or a designated individual, the human remains may be cremated at the same time with the remains of other individuals. Under these conditions, the cremated remains of a single individual will NOT be recoverable. The cremated remains of all individuals that are not returned will be irretrievably co-mingled with the cremated remains of other individuals in a common container, which will be buried underground in the UTHSA Cemetery. The site is identified with a marker stone.

When the cremated remains of an individual human ARE to be returned, the cremator is cleaned thoroughly before cremation, and the available remains of only one human body are cremated at a time. After the cremation, the machine is thoroughly cleaned, and the cremated remains are processed for return.

In order to provide the extra services associated with the return of available cremated human remains of an individual, a fee of $250.00 is charged.

Your signature indicates you have read and understand the conditions that UTHSA places upon agreeing to return the cremated remains of a human to you. It also indicates that you will hold harmless the university and its employees in this process.

CREMATION AGREEMENT
RETURN OF CREMATED REMAINS

I understand these conditions and want my available cremated remains returned.

_____***I have enclosed the fee of $250.00 to cover the extra services associated with the return of the available cremated human remains. Please make checks / money orders payable to UT Health San Antonio - BDP.***

_____***I have NOT enclosed the fee of $250.00 to cover the extra services associated with the return of the available cremated human remains. I will send the $250.00 at a later date.***

I understand that in fulfilling the purpose of donating a body to science that parts of the body may have been completely destroyed or they may have been kept for teaching purposes.

I will hold harmless UT Health San Antonio and employees of UT Health San Antonio in this process.

Signature of Donor: _____

Date: _____

The person(s) listed below will be contacted by the Body Donation Program prior to the return of the available cremated remains. The Body Donation Program will attempt to contact them by phone and/or mail the person below with the contact information listed. If after 90 days we are unable to contact this person, we will bury the ashes in the UT Health San Antonio Memorial Park Cemetery during the next Burial of Ashes Ceremony.

Name _____ Relation _____

Address _____ Phone No. _____

_____ Alternate Phone No. _____
(City) (State) (Zip)

Email Address: _____

Alternate Person to Contact:

Relation _____

Name _____ Phone No. _____

Address _____

_____ Alternate Phone No. _____
(City) (State) (Zip)

Email Address: _____

DO NOT WRITE BELOW THIS LINE (for office use only)

Registered by the Body Donation Program of UT Health San Antonio

_____, _____
BDP Representative Signature Date

THIS INFORMATION IS NEEDED FOR US TO FILE THE DEATH CERTIFICATE. UPON COMPLETING ALL THE INFORMATION, PLEASE SEND IN WITH YOUR REGISTRATION FORMS

Please Return Information for Death Certificate with the Body Donation Program forms

Name_____
(First) (Middle) (Last) (Maiden)

Date of Death _____/_____/_____ **Sex** Male or Female

Date of Birth _____/_____/_____ **Age** N/A

Birthplace_____ **Social Security #**----------_____
(City & State or Foreign Country)

Marital Status (Please Circle) Married, Widowed, Divorced, Never Married, Unknown

Surviving Spouse_____(If wife, Please give Full Maiden Name)

Residential Address_____**N/A**_____ **City**_____**N/A**_____

County_____ **State**_____ **Zip Code**_____ **Inside City Limits** Yes or No

Father's Name _____

Mother's Full Maiden Name_____

Highest Education Level Completed _____
(If College, Specify Degree or some College but no Degree)

Of Hispanic Origin Yes or No **If Yes, Specify**_____
(Mexican, Puerto Rican, Cuban, etc…)

Race_____

Ever in Armed Forces Yes or No **Branch of Service** _____

Usual Occupation of Deceased – (Before he/she Retired)_____

Occupational Business or Industry_____

Informant's Name & Relationship _____**SELF**_____

Informant's Mailing Address _____

Informant's Telephone #_____**Fax #**_____

Informant's E-mail address (optional**)**_____

Name of Cemetery_____**N/A** _____

Location of Cemetery (City and State)_____**N/A**_____