

Anatomical Board of the State of Nebraska

986395 Nebraska Medical Center, Omaha, Nebraska 68198-6395
Voice (402) 559-6249 Fax (402) 559-3400

Department of Biomedical Sciences
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Creighton University
Omaha, Nebraska 68178
(402) 280-2015

Department of Genetics, Cell Biology, and Anatomy
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DONATION FOR HUMANITY

Your expressed interest in participating in the advancement of medical education and research is truly commendable. This is a significant contribution to future generations for which money cannot substitute and which perpetuates an individual's usefulness to society past their lifetime. Each participant will train not less than four new health professionals and the valuable data gained from each study may assist in advancing the treatment or alleviation of various diseases or physical afflictions. What more fitting memorial can one leave behind than a medical contribution capable of ensuring life and health for thousands, among them perhaps one's own children and grandchildren?

It is perfectly legal in the State of Nebraska for residents or non-residents to donate themselves to the Anatomical Board of the State of Nebraska. This Board is the agency with legal responsibility for the care and assignment of donors for scientific studies within medical and dental centers in Nebraska. The Board distributes the donors among the educational institutions as needed in order to make optimum use of all donors. Studies of anatomical donors are for educational and research purposes only. No legal findings will be determined and no report will be given upon completion of the study. Generally, most studies are concluded within two years. Upon completion of the study a reasonable attempt will be made to notify the donor's family. Cremated remains of a donor not claimed within one year following the notification, or the attempted notification, of the donor's family will be interred or entombed in a common plot owned by the designated university in an Omaha cemetery.

Enclosed are several pages of instructions which provide detailed information on the body donation program. Should you desire to participate in the advancement of medical science and education this way, please complete the enclosed forms and return them for enrollment. A formal will is not required for the donation of one's self; however the Certificate of Bequeathal must be returned to the Board for acceptance before the enrollment is completed. A wallet card will be mailed to the donor upon acceptance into the program. Donors who have not completed the enrollment will not be accepted. You are strongly advised to also consult with your relatives, physician, minister, lawyer or any party responsible for your affairs after death so they may know your wishes.

INSTRUCTIONS FOR DONOR

(Keep this page for your records)

1. Occasionally a problem may exist which would interfere with the intended use of a donor's gift for education and research. The body may not be acceptable if any of the following conditions are present: organs or parts removed for transplantation (with the exception of eyes) or autopsy; decomposition of the body; severe trauma, drowning, burning, homicide or motor-vehicle accident; death from suicide; contagious disease; morbid obesity, emaciation, body contracture, jaundice, or edema. The Board also cannot receive donors when storage capacity for donors has reached its limit.
2.
 - a) **Complete the Certificate of Bequeathal** in the presence of two witnesses (not members of your family). In the State of Nebraska it is desirable that agreement and consent of next-of-kin be obtained. Since other states may specify agreement and consent of close relatives, out-of-state donors should be certain to obtain the signature or consent of all the closest next-of-kin on the certificate of bequeathal.
 - b) **Make two copies of the Certificate.**
 - 1) **Place one copy with readily available personal papers.** (A bank safe deposit box is not recommended.)
 - 2) **Provide one copy of the Certificate** to a member of the family, close friend, or attorney who will attend to all arrangements in sending the donor to the Nebraska Anatomical Board. Also, provide them with a copy of the "Instructions to Survivors" page which follows.
 - 3) **Return the original Certificate of Bequeathal with requested information to the Anatomical Board for enrollment in the program. Regardless of college preference, send the Certificate of Bequeathal to:** The Anatomical Board of Nebraska, 986395 Nebraska Medical Center, Omaha, NE 68198-6395.
3. ALTHOUGH NOT ESSENTIAL, the donor may elect to make advance arrangements with a funeral director in the vicinity. The funeral director should be informed of the donor's plans to dedicate himself to medical science and be instructed as to his responsibilities. (See "Instructions to Survivors")

Should the donor or his survivors wish to hold a funeral service, a viewing or visitation before delivery to the Anatomical Board, this is permissible. **The cost of these services must be assumed by the donor's estate or family members.**
4. A brief Medical History is of great value in Medical School teaching and research programs. A form for this purpose is enclosed. **Return the MEDICAL HISTORY page with the original Certificate of Bequeathal.**
5. After the study is completed, the arrangements for the final disposition of the donor's cremated remains are contained in paragraph 3 of "Instructions to Survivors."
6. A wallet card will be sent to the donor upon enrollment in the Deeded Body Program. Enrollment is **required** before a donor can be accepted.
7. **Your financial support can also help advance education and research in the health sciences at both the University of Nebraska and Creighton University.**

To send your tax deductible contribution, address it to:

**Research and Development Fund, Anatomical Board of the State of Nebraska
986395 Nebraska Medical Center
Omaha, NE 68198-6395**

INSTRUCTIONS TO SURVIVORS

(To be given to a family member, close friend or attorney)

1. The State Anatomical Board or your local funeral director will expedite the completion of all the necessary papers such as the signing and filing of the death certificate.
2. The donor may not be autopsied. If no viewing/visitation or funeral with the deceased present is planned, the donor should be transferred as soon as possible to the State Anatomical Facility. Transportation arrangements can be made through one of the following procedures:
 - a) If death occurs within a 60 mile radius of Omaha and there is to be no funeral, you may contact the State Anatomical Board at (402) 559-6249 or the pager at 402-888-3965. In the event of an emergency at night, weekends, or holidays, telephone the UNMC switchboard at (402) 559-4000 or the pager at 402-888-3965.
 - b) If there is to be a funeral and/or death occurs beyond a 60 mile radius of Omaha, please contact the local funeral director of your choice. Be sure to inform the funeral director that you have a donor for the Anatomical Board. The funeral director will then make arrangements for delivery to the State Anatomical Facility. Upon arriving at UNMC, the person making the delivery should contact the security officer at (402) 559-5111.

NOTE: Body donation may involve expense for the donor's estate or survivors whether elected by survivors or required by circumstance. If death occurs within a 60-mile radius of Omaha and the body can be delivered to the Anatomical Board within 12 hours of the death, there may be little or no expense depending on if a mortuary is involved and their particular policies. Beyond the 60-mile radius, or if delivery of the donor will require more than 12 hours, additional arrangements may need to be made with a mortuary. The Anatomical Board reimburses mortuaries in Nebraska **only for mileage** at the rate of \$1.50/mile one way, up to 250 miles. It is important that survivors have a clear understanding of expenses involved when they make arrangements with a mortuary.

Families of potential donors are advised that the Nebraska State Anatomical Board may not accept all donations. The Board retains the right to refuse donors deemed unsuitable for current needs for education and research, and cannot receive donors when storage capacity for donors has reached its limit.

3. After completion of the study which generally lasts two years, the human remains will be cremated with dignity and respect. There are several available choices regarding the final disposition of the donor:
 - a) If requested to do so, the Anatomical Board will return the human cremated remains at the expense of the university in a suitable container to the designated relative, mortuary, or cemetery for final disposition. Any and all costs of final disposition after the cremated remains are received by the designated party must be borne by the estate or survivors of the deceased. Cremated remains of a donor not claimed within one year following the notification, or the attempted notification, of the donor's family will be interred or entombed in a common plot owned by the designated university in an Omaha cemetery.
 - b) If no such request is made, upon completion of the study, the human cremated remains will be interred or entombed by the Anatomical Board in a common plot owned by the designated university in an Omaha cemetery.

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CERTIFICATE OF BEQUEATHAL

and Cremation Authorization

(Return this page)

I, _____, hereby express my wish to donate my body following my death to the Anatomical Board of the State of Nebraska. I understand that this is a statement of my wish and intention to dedicate myself to medical education and scientific research in the state of Nebraska. In order that this wish may be carried out promptly and effectively after my death, I accept responsibility for obtaining the consent of all relatives or close friends likely to have concerns about the cremation and final disposition of my body. I also authorize the release of my medical records to the Anatomical Board of Nebraska.

I have indicated my preference below for the location of the study, however, I understand the Board may assign my body to the university where needed in order to make optimum use of all donors. Creighton University, the University of Nebraska and the Anatomical Board will make a reasonable effort to respect my preference.

- _____ The University of Nebraska
_____ Creighton University
_____ No Preference

Signed _____

Social Security # _____

Address _____

City _____ State _____

Zip _____

Date _____

Phone () _____

Witness _____

Witness _____

(Witnesses should not be members of your family)

(Return this form)

Endorsements of Survivors: We understand and support the intent indicated in this Certificate of Bequeathal and agree to cremation of the donor in accordance with applicable laws and regulations.

Name	Address	Relationship	Date Signed

Are there any other close relatives (spouse, parents, grown children, brothers or sisters) who have not signed? Yes _____ No _____

Will they respect the donor's wishes and honor the bequeathal and cremation? Yes _____ No _____

PLEASE CHOOSE THE FINAL DISPOSITION OF HUMAN CREMATED REMAINS:

- INTERMENT by the Nebraska Anatomical Board at a cemetery chosen by:
Creighton University or The University of Nebraska
- RETURN the human cremated remains of the donor to: FAMILY MORTUARY CEMETERY
Please indicate address: _____

Notification of Memorial Service: Every year the students from each medical center hold a memorial service to honor those donors who have contributed to their education. Families who wish to be invited to the memorial service after the study has been completed should indicate their wishes below.

Notify family member of memorial service after study is completed? Yes _____ No _____

Name of person to notify:

Name	Address	Phone Number

Next of kin or person in charge of donor's affairs: (Name, Address, Phone Number)

(Before returning the bequeathal form, make a copy of both sides for a family member, close friend or attorney and one for your records.)

BRIEF MEDICAL HISTORY

(Return this form)

Please Print

Name: Last _____

First _____

Middle _____

Sex: _____ **Height:** _____ **Weight:** _____ (required)

Primary Occupation (prior to retirement):

Disease History (example childhood diseases, heart, kidney, etc.):

Operation and Accident History:

Disabilities or Deformities:

DEATH CERTIFICATE INFORMATION

(Return this form)

Please Print

Date of Birth: _____

City and State of Birth: _____

Marital Status (circle one): **Never Married** **Married** **Widowed** **Divorced**

Name of Surviving Spouse: _____

If wife, give Maiden Name: _____

Father's Name: _____

Mother's Name, including Maiden Name: _____

Dates of Military Service (if applicable): _____

Education: (0-12 years) _____ College (1 year or more) _____

Current Doctor: Name and Address _____

Current Dentist: Name and Address _____
