

## TO MAKE A BODY DONATION AFTER DEATH TO THE WEST VIRGINIA UNIVERSITY HUMAN GIFT REGISTRY

A family member or others legally responsible for disposition of a body may offer a body donation after death, even if no donor form was completed by the deceased before death. It is critical that the Human Gift Registry be contacted immediately after death.

### INSTRUCTIONS:

1. The WVU Human Gift Registry should be contacted by phone immediately after death at 304-293-6322. After 4:30 PM, the call will be processed by a 24 hour answering service. Please leave a message and someone will return the call as soon as possible. It is essential to notify the Registry as soon as possible to ensure that the body will be properly handled for donation. A set of questions will be asked to ensure that the donation qualifies for acceptance.
2. Complete the Relative Release—Donation Form. It must be dated and signed by the relative in the presence of two witnesses. The witnesses must then sign in the presence of the relative. Retain a copy of the completed document with your personal papers.
3. Complete the General Information and Request Form. This information is necessary to complete the death certificate and will be held in strict confidence according to HIPAA guidelines.
4. Fax, then mail, the original, signed Relative Release Form and the General Information form to:  
Human Gift Registry  
4052 Health Sciences North  
PO Box 9131  
Morgantown, WV 26506-9131  
Fax: 304-293-8159 Do not fax death notification, please call 304-293-6322
5. A signed death certificate must be obtained before the body can be moved. This certificate is normally provided by the funeral director, hospital, nursing home, medical examiner, etc.
6. The Human Gift Registry will arrange for appropriate transport of the body once the forms and signed death certificate are obtained.

If you have any questions, please contact the Human Gift Registry, at 304-293-6322 between the hours of 8:15 AM–4:30 PM, Monday through Friday; or visit the web site at <http://wvuhgr.com/>

# RELATIVE RELEASE—DONATION FORM

West Virginia Anatomical Board

This document certifies that I, \_\_\_\_\_  
Your Name - Print or type

Being the \_\_\_\_\_ of the deceased, \_\_\_\_\_  
State Relationship Name of Deceased

and the person legally responsible for the disposal of his or her body do hereby donate and release, without restriction, said body to the West Virginia Anatomical Board to be utilized as needed for the advancement of scientific and medical education and research. Such action is taken in accordance with Title 133, of the West Virginia Higher Education Policy Commission, Series 33, Anatomical Board, which provides that any of the following persons, in order of priority stated when persons in prior classes are not available at the time of the certification of death, and in the absence of actual notice of contrary indications by the decedent or opposition by a member of the same or a prior class, may donate the decedent's body for purposes of scientific or medical research and education: (1) A spouse; (2) An adult daughter or son; (3) Either parent; (4) An adult brother or sister; (5) A guardian of the person of the decedent at the time of the certification of his or her death; (6) Any person authorized or under obligation to dispose of the body.

RELATIVE AND THE WITNESSES MUST SIGN IN THE PRESENCE OF EACH OTHER

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

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

First Witness

Second Witness

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

City, St, Zip \_\_\_\_\_

If the relative has a preference as to the institution where the gift may be registered, please indicate below. Most bodies will be used at one of the three major medical institutions in West Virginia (WVU, MU and WVSOM). Some may be used at other locations affiliated with these schools or served by their faculty, or by approved programs in other states or countries that have need for them. The preference of the relative will be considered in the use of the gift, however; the West Virginia Anatomical Board is not bound by the preference of the relative and may use the gift as needed in the advancement of scientific, medical education and research.

Check One Preferred Registry Location  
 West Virginia University  
 Marshall University  
 WV School of Osteopathic Medicine

Promptly upon death of the donor, please telephone the WVU Human Gift Registry at 304-293-6322. Complete instructions to arrange for acceptance of the donation will be given at time of death. Contact the treating physician, county coroner, or other appropriate government official to obtain a death certificate. Transportation expenses, within limits set by the West Virginia Anatomical Board, will be paid by the designated gift registry.

**The Human Gift Registry Is Under No Obligation To Accept An Anatomical Gift And Reserves The Right To Decline Any Donation**

# GENERAL INFORMATION AND REQUEST FORM

Please complete this form and return to the Human Gift Registry with the Registration Form. This information is necessary to completing a death certificate and will be held in confidence according to HIPAA guidelines. Please answer all questions if known.

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

Donor Address - Street \_\_\_\_\_ City \_\_\_\_\_ Inside city limits (yes/no) \_\_\_\_\_

County \_\_\_\_\_ State, Zip \_\_\_\_\_

City and State of Birth \_\_\_\_\_ Citizen of What Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name (if female give maiden name) \_\_\_\_\_

Contact Name (or next-of-kin) \_\_\_\_\_ Phone \_\_\_\_\_

Contact Address - Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mother's Name (first,middle,maiden) \_\_\_\_\_

Father's Name (first,middle,last) \_\_\_\_\_

Race (American Indian,White,Black,etc.) \_\_\_\_\_

Hispanic Origin (yes/no) \_\_\_\_\_ If yes specify country (Cuban,Mexican,PR,etc.) \_\_\_\_\_

Education completed 1-12 \_\_\_\_\_ College 1-4 \_\_\_\_\_ Other \_\_\_\_\_

Ever in U.S. Armed Forces (yes/no) \_\_\_\_\_

Usual Occupation (prior to retirement) \_\_\_\_\_ Kind of Business or Industry \_\_\_\_\_

List any known infectious diseases (HIV+,AIDS,Hepatitis,TB,Herpes,etc.) \_\_\_\_\_

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## OPTIONAL REQUESTS BY SURVIVOR

Request invitation to annual Memorial Service (multiple family/friends may attend per single invitation)

Name (one only) \_\_\_\_\_ Phone \_\_\_\_\_

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

Request to return ashes (please note there may be significant time between donation and ashes return)

Name (one only) \_\_\_\_\_ Phone \_\_\_\_\_

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