



How the Body Donation Process Works

1. Become a pre-signed donor / or enter the program at the time of death.
 - a. You can become a pre-signed donor by submitting to Genesis the paperwork that can be found on the Genesis website, www.genesislegacy.org or by requesting a packet by calling Genesis at (901) 278-7841 or toll-free at (877) 288-4483.
 - b. Call to Genesis at the time of death at (901) 278-7841 or toll free at (877) 288-4483.
2. Medical and social history criteria will be reviewed to make sure you are a donor that can be tentatively accepted into the Genesis program.
3. Acceptance will be reassessed at the time of death based on the donor's updated medical and social history.
4. The Genesis Team coordinates transportation from the place of death to MERI.
5. MERI receives the donor and uses the donor for medical education and research and this use may involve dissection and or anatomical segmentation and or distribution to MERI approved entities for research and educational projects.
6. MERI will file and pay for up to six death certificates and pay for the cost of cremation.
7. Cremated remains available within 6-12 months and may not include all of the tissues that have been recovered for medical education and research purposes.
8. Ashes can be returned to the family or interred in a local Mausoleum.
9. Family will receive a research letter detailing the types of procedures the donor participated in.



Unfortunately, for the protection of our staff and the learners who come to MERI each year, we do not accept donors with **HIV, hepatitis B or C, active syphilis, active tuberculosis and/or certain major infectious bacterial or viral diseases, such as sepsis, emboli, MRSA, VRE, spongiforms such as mad cow disease, etc.,** which could be passed along during hands-on training and research programs: Please refer to the Genesis website, www.genesislegacy.org/eligible/ for a **complete list of exclusionary criteria.** We do not accept donors under the age of 18, and are unable to accept persons who are excessively obese or excessively emaciated.

***Acceptance of this gift by MERI is contingent upon medical and suitability criteria at the time of death.**

MERI suggests that each donor have an **alternate plan should they be ineligible** to be accepted as a donor due to a medical condition at the time of death that would prevent them from being a “good teacher”.

*Genesis Donor Program • Medical Education & Research Institute • 44 South Cleveland • Memphis, TN 38104
(901) 278-7841 • 1-877-288-4483 (GIVE) • Fax: (901) 722-9392 • www.genesislegacy.org*



**Medical Education & Research Institute
Genesis Donor Program
Anatomical Gift Authorization Form**

I, _____ being of sound mind and body, do hereby freely
(Type or print full name of Donor – First, Middle, Maiden, Last)

make an anatomical gift of my remains upon my death to the Medical Education & Research Institute (MERI), 44 South Cleveland, Memphis, TN or to its designee, for education and/or research for the advancement of medical, dental, or other health science therapy. I understand that this gift may be used for research or the education of medical professionals in surgical and other techniques, and that this use may involve dissection and/or anatomical segmentation and/or distribution to MERI approved entities for research and educational projects. I understand that acceptance of this gift by MERI is contingent upon medical and suitability criteria at the time of death, and that acceptance is not guaranteed. I understand that neither I nor my estate will receive any compensation for this gift. I also understand that MERI will test blood samples for certain communicable diseases, including HIV, and that positive results may be reported if required by law.

I understand that it will be the responsibility of the MERI to arrange for the removal, preparation, transportation, biomedical studies on and final disposition of my remains, at no cost to me. Any fees related to the above will be paid by the MERI to the funeral home and/or service firm(s) involved.

I understand that the above planned studies are usually completed in one year or less. I also understand that when these studies are complete the MERI will cremate my remains and arrange appropriate disposition of my ashes. I understand the return of cremated remains may not include all of the tissues that have been recovered for medical research or educational purposes. I hereby authorize such cremation and disposition. I also understand that upon my cremation, my ashes may be returned to my family at their request. I further understand that all inquiries, requests, or special instructions about my donation or disposition must be provided to the Medical Education & Research Institute, Genesis Donor Program, 44 South Cleveland, Memphis, TN, in writing by the legal representative of my estate upon my death.

The attached Vital Statistics Form and Medical History Form are considered part of this Document of Gift.

I understand that this document is a binding document of gift pursuant to the Uniform Anatomical Gift Act of my state of residence, and that this decision cannot be revoked by any other person. I hereby make this anatomical gift, to take place upon my death, to the MERI Genesis Donor Program, for their evaluation and use for medical education and research.

IT IS IMPORTANT THAT YOU AND YOUR WITNESSES SIGN ON THE SAME DAY

Donor Signature Date

Donor Street Address

City State Zip

How did you hear about us?

Daytime Phone Evening Phone

Witness Signature Date

Witness Signature Date

Please Type or Print Witness Name

Please Type or Print Witness Name

Witness Street Address

Witness Street Address

City State Zip

City State Zip

Relationship to Donor

Relationship to Donor



Instructions:

1. This individual has made a very special and precious life-giving decision. Please notify the Medical Education & Research Institute (MERI) immediately upon death so that proper care may be provided for the donor.
2. Please note that the Medical Education & Research Institute accepts no responsibility for any anatomical gift until signed and witnessed donor forms have been received.
3. In cases where an individual other than the donor is authorizing the donation, the state Uniform Anatomical Gift Act provides which individuals may make the gift, in the order specified. Please check with Genesis in order to determine who the correct authorizing party is for your state.
4. This form bearing the original signature of the donor or authorizing party, and witnesses, must be sent or delivered to the Medical Education & Research Institute, 44 South Cleveland, Memphis, TN 38104.
5. Copies of this form will be retained by the MERI, and should be retained by the firm or official directing the donation, relatives of the deceased, and if necessary, filed in appropriate state or county offices.
6. Please note that the Medical Education & Research Institute and Genesis anatomical donor program are the same institution.
7. Please note that MERI may not be able to accept every willing donor, and may decline to accept a donor who does not meet the requirements for anatomical donations at the time of the donation.

*Regular business hours for the Medical Education & Research Institute and the Genesis Donor Program are from 8:30 a.m. to 5 p.m. central time, Monday through Friday. There is someone on call 24 hours a day, seven days a week, after hours, on weekends and holidays to receive telephone calls at (901) 278-7841 or toll-free at 1-877-288-4483 (GIVE).



**Medical Education & Research Institute
Genesis Donor Program
Acknowledgement or Donation by Authorizing Third-Party**

I, _____, for humanitarian reasons, do hereby

Name of Authorizing Party)

i) make an anatomical gift of the body

ii) acknowledge the gift of the body of

_____, Donor, to Medical Education & Research Institute (MERI), 44 South Cleveland, Memphis, TN, or its designee, for education or research for the advancement of medical, dental, or other health science field or therapy. My relationship to the donor is _____.

I hereby acknowledge that this donation is volunteered without obligation of any kind on the part of the MERI, and that I will not be compensated for this gift. I understand that this gift may be used for research or the education of medical professionals in surgical and other techniques, and that this educational use may involve dissection and/or anatomical segmentation and/or distribution of tissues off-site to MERI- approved projects. I also understand that MERI will test blood samples of the donor for certain communicable diseases, including HIV, and that positive results may be reported if required by law.

By checking this box, I request that the MERI contact me concerning any positive serological results, so that I may authorize the release of such information, and other personal medical information, to the extent permitted by law.

I understand that the planned studies usually average one year or less. I also understand that when these studies are complete, the Medical Education and Research Institute will cremate the remains and arrange appropriate disposition of the ashes. I understand the return of cremated remains may not include all of the tissues that have been recovered for medical research or educational purposes. I hereby authorize such cremation and disposition pursuant to the laws of my state.

I further understand that all inquiries, requests, or special instructions about the donation or disposition of the above named must be provided to the MERI Genesis Donor Program, 44 South Cleveland, Memphis, TN, in writing by the Authorizing Party for the above- named.

The attached Vital Statistics and Medical History Forms are considered part of this Authorization.

I understand that it will be the responsibility of the MERI to arrange for the removal, preparation, transportation, biomedical studies on and final disposition of the donor's remains. Any fees related to the above will be paid by the MERI to the funeral home and/or service firm(s) involved. The remains will be transported to the Medical Education and Research Institute, 44 South Cleveland, Memphis, TN, with all costs prepaid.

Signature of Authorizing Party

Date

Please Print or Type the Name of the Authorizing Party

Relationship to Donor: _____

Authorizing Party Information:

Street Address

City

State

Zip

Daytime Phone Number w/area code

Evening Phone Number w/area code

How did you hear about us? _____

Genesis Donor Program ♦ Medical Education & Research Institute ♦ 44 South Cleveland ♦ Memphis, TN 38104

GEN-001 (901) 278-7841 ♦ 1-877-288-4483 (GIVE) ♦ Fax (901) 722-9392 ♦ www.genesislegacy.org Rev. 2/23/09, 8/31/09, 11/13/09, 9/15/11



**Medical Education & Research Institute
Genesis Donor Program
Donor Vital Statistics Information***

Completing this form will help the Medical Education & Research Institute make certain that all information is on hand to complete your gift donation and prepare essential legal documents after death. This information will be disclosed only as necessary to facilitate your donation, and as permitted or required by state law.

Full Legal Name:

First Middle Maiden Last

SSN: _____ Sex: _____ Date of Birth _____
(Month/Day/Year)

Donor's Age _____

Donor's Permanent Address:

Street City State Zip County
(Please notify us with any change of address)

Within city limits? _____ Number of years you have resided at this residence? _____

Donor's Home Phone w/area code: _____

Place of Birth: _____
City State County

Are you a U.S. Citizen? _____

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Marital Status: _____ Name of surviving spouse _____
(Married, Never Married, Widowed, Divorced) (If wife, give **Maiden** Last Name)

Occupation: _____ Employer: _____
(Give type of work during most of your life, DO NOT use retired)

Race – African-American, American Indian, Asian, Caucasian, Hispanic, etc. (please specify)

If of Hispanic origin, please specify Cuban, Mexican, Puerto Rican, etc: _____

Education – Please specify only the HIGHEST grade completed.

Elementary/Secondary (0-12): _____ College (1-4 or 5+) _____



Donor's Father's Name:

First Middle Last

Donor's Mother's Name:

First Middle MAIDEN

List name and current address of Donor's Authorizing Party (see instructions for your state) or Next-of-Kin:

Name: _____ Relationship to Donor _____

Street Address: _____

City: _____ State _____ Zip _____

Daytime Phone w/area code _____ Evening Phone w/area code _____

Should donor's ashes be returned to family or other individual(s)? Yes No If yes, please indicate the person who is to receive the ashes:

Name: _____ Relationship to Donor: _____

Street Address/City/State/Zip: _____

Daytime Phone w/area code _____ Evening Phone w/area code _____

If ashes are NOT to be returned to the family or other individual(s), the donor's ashes will be placed in a mausoleum in Memphis, TN.

To be completed by the donor's Authorizing Party, MERI staff, or other appropriate individual(s) at the donor's time of death:

Suspected Cause of Death: _____

Donor's Date of Death: _____ Donor's Age at time of Death: _____

If applicable, name and location of hospital, etc.)

Place of Death: _____ County of place of Death: _____



**Medical Education & Research Institute
Genesis Donor Program
Medical History Form**

I, _____ (or the Authorizing Party of)

_____ do hereby give my
(Type or print full name of Donor—First, Middle, Maiden, Last)

written permission to release my/the donor's medical records on file at the time of death to the Medical Education & Research Institute (MERI), 44 South Cleveland, Memphis, TN, or to its designee, for the purpose of education and research for the advancement of all medical, dental, or any health science field or therapy.

The MERI cannot accept anatomical donors with hepatitis B or C, HIV, active syphilis, or active tuberculosis, or certain other medical conditions, depending on the review of the Medical Director. In order to provide the most authentic training experience possible, the MERI cannot accept donors who have been embalmed. The MERI is also unable to accept persons who are excessively obese (to be determined on an individual height and weight basis) and children under the age of 18 years of age.

The following questions are to be answered about the Donor:

As an anatomical donor to the MERI, the following are the donor's/my most recent surgeries, medications, transfusions (year transfused if any) and diagnoses that I have knowledge of to the present day.

Past Surgeries / Illnesses:

Current Medication(s):

Have you ever had a hepatitis vaccine? _____

Blood transfusion? _____

Height? _____ Weight? _____



Do you smoke? _____ If yes, how long? _____

Quit? _____ When? _____

Do you drink alcohol? _____? If yes, how long? _____

Quit? _____ When? _____

Please provide the name(s), address(es) and phone number(s) of any physician(s) who can provide information about the your medical history:

Donor / Authorizing Party Signature:

Donor / Authorizing Party Address:



**Medical Education & Research Institute
Genesis Donor Program
Special Projects Gift Consent**

Anatomic gifts to the MERI are used for the advancement of clinical research and hands on medical training. MERI's Academic Review Board reviews each curriculum to determine its appropriateness for our anatomic donors. From time to time, a request is made to approve the involvement of MERI anatomic donors in special courses and research projects which will lead to improved knowledge, discovery or care in the fields of battlefield medicine, forensic pathology, crime scene investigation, fire investigation, accident safety and other vital scientific endeavors. Only anatomic donors who have an additional special projects gift consent on file will be considered for these special projects. Because the donor's body will be subjected to more extreme conditions that are likely to result in damage and destruction of all or a large part of the body, and are different in nature, extent and duration from the majority of educational and research uses, donor participation in these projects is voluntary and requires a separate detailed authorization.

One example of such a special project is the Fire Investigation course that is used for educating Fire & Arson investigators, Sheriff's Officers, Police, Prosecutors, Emergency Responders, Coroners, Medical Examiners, and Death Investigators. The courses educates professionals how to properly investigate fire fatalities and helps them determine whether or not the death is a result of a crime or an accident. The training exercises recreate a fire scene (vehicle/house) so that investigators can accurately identify the true cause of death in what survives of the body to reveal vital information if a crime has been committed and give clues to what really happened to the victim(s) hopefully leading to justice and the perpetrator and allowing further such crimes and fatalities to be prevented.

These highly specialized courses involve purposeful damage and partial or complete destruction of the body. But without this type of donation, it would be difficult for this knowledge to be taught and new discoveries to be made. Any donor remains would be cremated and returned to the family or interred as requested by the donor/authorizing party. If you give permission for your body to be used for the advancement of scientific endeavors such as fire investigation, battlefield medicine, forensic pathology, or crime investigation please include your signature and date on this form. Thank you for considering this special project participation opportunity.

Your signature below authorizes the use of donor's body in a Special Project, including but not limited to the project described above.

Donor or Authorizing Party Signature

Date

Please print or type the name of Authorizing Party _____



**Medical Education & Research Institute
Genesis Donor Program
Frequently Asked Questions**

This information is provided in hopes of answering any questions for those persons who are considering signing into the Genesis Legacy of Life donor program. If you have a question that is not answered here, please don't hesitate to call or e-mail us and we will be happy to assist you.

Am I eligible for body donation?

Most people who choose body donation can. A person must be at least 18 years old and there is no upper age limit. The most common reasons a donation is declined are Hepatitis B or C, HIV, Active Tuberculosis, Active Syphilis, history of illegal drug use, incarceration, being severely over weight, jaundice, and major infections at the time of death such as MRSA, Staph, Sepsis, C-Diff. Please see our Donor Exclusion Criteria List.

Is the Genesis program available in my state?

The Genesis program is open to those persons who pass away in the following states: Alabama, Arkansas, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, Tennessee and Texas.

How can I sign into the Genesis program?

Simply fill out the Genesis Donor Consent forms which may be downloaded from our website, genesislegacy.org or, give us a call and we can send you an information packet. Once we receive your completed donor consent forms, we will reply by mail and include several donor cards for you to keep with you. We may also accept donors at the time of death even though they may not have pre-registered with us.

Can a person be an organ donor and a Genesis donor?

Yes, you can sign the back of your driver's license, or any other Advance Directives document to be an organ donor and complete our forms to be a Genesis donor as well.

How soon after death should the Genesis program be contacted?

Immediately. It is imperative that the Genesis program be notified as soon as possible so that proper care may be given to your loved one. There is someone on call 24 hours a day, seven days a week, after hours, on weekends and holidays to receive telephone calls at (901) 278-7841 or toll-free at 1-877-288-4483 (GIVE). If death is imminent, you may also contact the Genesis program to advise us in advance to assist you.

Who is responsible for transporting the donor to the Genesis program at the MERI?

Upon notification of your loved one's death, and the screening process to determine acceptance has been completed by the Genesis staff, arrangements will be made by the Genesis staff for the transportation and care of your loved one. Your family will not have to make any transportation arrangements.



How and when will I receive the death certificates?

The Genesis program at the MERI will file and pay for up to six death certificates. We will forward them to you as soon as we receive them. It generally takes between four to six weeks for the MERI to receive the death certificates due to the fact that we may be filing from a different state from where the death occurred. The completion of a death certificate is time-dependent upon many factors and individuals including the signing physician, county officials, hospitals and the county health department where the death occurred.

Can I request which type of research I would like my body donation to benefit?

Although the MERI conducts educational and research programs in all areas of medicine, it is based upon the needs of the sponsors and we do not know in advance what those needs may be during the course of a donor's stay. If you would like your donation to support a specific medical research, we suggest you contact that organization and register with their program directly. Through the Genesis Program, you can be assured that critical life saving training, education and research will greatly affect the lives of many people throughout the world.

How long will the donor stay at the MERI?

Donors remain at the MERI from six months to a year.

What happens when the studies on the donor have been completed?

The donor is cremated at no cost to the family. The Genesis program at the MERI makes all the arrangements for the cremation.

Is it possible to have the donor's ashes returned to the family?

Absolutely. At the time of death of the donor, the family may request to have the donor's ashes returned to them. The donor's ashes may also be interred at a **mausoleum** in the Memphis area.