Donor Authorization to Anatomical Gift Program and to the Frank H Netter MD School of Medicine at Quinnipiac University

- 1. Consent: Being eighteen years of age or over and of sound mind, I hereby offer my human remains after death as an unrestricted anatomical gift to the Anatomical Gift Program at the Frank H Netter MD School of Medicine at Quinnipiac University.
- I understand that my accepted human remains may be used for the purposes of education, research, or both within the University or another institution, in the sound judgment and sole discretion of the Anatomical Gift Program.
- I understand that the acceptance and exact use of my body will be at the discretion of the Anatomical Gift Program. In some cases such use may involve exposures to destructive or damaging forces. Examples of how the gift might be used for education or research include: diagnostic imaging; medical education and training; forensics/pathology; embalming training, technique/skills, etc.
- I understand that, for the purposes of education or research, the Anatomical Gift Program reserves the right to preserve and retain individual tissues and organs, and to create photographic, video, or media images of parts of my gift in ways that are de-identified and with respect for my dignity and are subject to publications and editorials.
- **2. Applicable Laws:** Pursuant to Chapter 368, Section 19a-279 of the Connecticut General Statutes.
- **3.** Duration of Donation and Final Disposition: My preference regarding the duration of my donation is as follows: I give permission for Quinnipiac University to dispose of my remains by cremation.

*Please sign on appropriate line/choice. Choose **only one** option:

- Temporary Donation: _
 - Sign
 My donation will be used in any manner that the Anatomical Donation Program deems necessary and appropriate, within or external to the University. Following use of the donation, the Anatomical Gift Program will cremate the donor's (my) body and will be ready for return to the designated next of kin (*Indicated on Supplemental Form*) within approximately 18-24 months.

-OR-

- Permanent Donation:
 - Sign The Program may retain my donation indefinitely to be used in any manner that the Anatomical Gift Program deems necessary and appropriate, within or external to the University, without time constraints on the use of the donor's body. Following use of the donation, the Anatomical Gift Program will cremate the donor's (my) body, hold them and scattered the cremated remains on/in the University's "Remembrance Garden". When Permanent Donation is selected, the cremated remains/ashes will not be returned.
- 4. Further Information: This authorization is voluntary and no treatment, payment, or enrollment or eligibility for benefits is conditioned upon my signing this form. This authorization expires only upon the revocation of my anatomical gift. I understand that I have the right to amend or revoke this gift by (1) delivery of a signed statement to Quinnipiac University and the Frank H. Netter MD School of Medicine, Anatomical Gift Program and Human Anatomy Department Laboratory, (2) an oral statement made in the presence of two persons, or (3) any form of communication during a terminal illness or injury addressed to a physician or surgeon.

My signature confirms that I have read and understand the Anatomical Gift Program's documentation.

Anatomical Gift Program DOCUMENT OF GIFT

Pursuant to Chapter 368, Section 19a-279 of the Connecticut General Statutes: I hereby give my body, to be delivered after death, to the Anatomical Gift Program of Quinnipiac University and the Frank H. Netter MD School of Medicine.

DONOR

Signature			Date
Signature			Date
Printed Name			Date of Birth
Street Address of Donor	Town	State	Zip Code
Best Telephone		Email	

WITNESSES

The DONOR signed this Authorization for Anatomical Donation, and we, in the Donor's presence and at the Donor's request, have provided our names as witnesses to the Donor's signature. We state that the Donor appears to be at least eighteen years of age and appears to be of sound mind and not under or subject to undue influence.

Witness 1

Signature			Date
Printed Name			
Street Address of Witness 1	Town	State	Zip Code
Best Telephone		Email	
Relationship to Donor			
Witness 2			
Signature			Date
Printed Name			
Street Address of Witness 2	Town	State	Zip Code
Best Telephone		Email	
Relationship to Denor			

SUPPLEMENTARY INFORMATION ABOUT DONOR

Please include the following information with the donation form and return to: Mr. Jesse Gomes, Director of Operations of the Human Anatomy Laboratory and Anatomical Gift Program, 275 Mount Carmel Avenue, NH-MED, Hamden, Connecticut 06518

This information is used to complete the death certificate and is kept confidential and secure in the office the University's Licensed Funeral Director/Director of Operations of the Human Anatomy Laboratory and Anatomical Gift Program.

Full Legal First Name	Full Legal Middle Name/Initial	Full Legal Last Name		
Sex (Male or Female)	Date of Birth (MM/DD/YYY)	Birthplace (City, State or Foreign Country)		
Residence State	Residence County	Residence City/Town		
Residence Street and Number	Apartment Number	Zip Code		
Armed Forces (Yes or No)		Branch		
Marital Status (Married/Married but	Separated/Widowed/Divorced/Never Married)			
Spouse's Full Legal Name (If wife, 1	name prior to first marriage)			
Father's Full Legal Name (First, Mic	ldle, Last)			
Mother's Full Legal Name (First, Mi	ddle, Last-Prior to First Marriage)			
Informant's Name (Next of Kin)	Informant	Informant's Relationship		
Informant's Residence State		Residence City/Town		
Informant's Residence Street and Nu	mber Apartment Number	Zip Code		
Donor's Highest Level of Education degree/Associates degree/bachelor's	(8 th grade or less/9 th -12 th grade no diploma/high sch degree/Doctoral or Professional Degree)	ool Graduate or GED/some college but no		
Hispanic Origin (Yes or No: If Yes:	Mexican, Puerto Rican, Cuban, Other-Latino-speci	ify)		
Donor's Usual Occupation (Example	: Teacher, do not use retired)			

Donor's Type of Business/Industry (Example: Education, do not use retired)

Name			
Street Address	Town	State	Zip Code
I request that immedia	itely after i	ny death	, the university
be notified by calling 2	03-582-65	87. A lice	ensed Funeral
Director will be in cont	act with yo	ou to arra	ange the remova
of deceased			
l understand that the unive suitable for its program.	ersity has the r	ight to refus	e any body that is not

Donor's Signature

Quinnipiac

Frank H. Netter MD School of Medicine



My body has been donated to the Anatomical Gift Program at the Frank H. Netter MD School of Medicine