The donation of a person’s body after death is a tremendous gift. We are grateful for everyone who expresses an interest in body donation. We appreciate your attention to the following.

1. Unlike medical schools, we do not return remains to the family. The skeletal remains are a very important component to our research and teaching program. The first donation made to our program in 1981 continues to be studied by researchers today.

2. We reserve the right to decline donations of individuals who have some form of infectious disease such as HIV, tuberculosis, hepatitis of any kind, or antibiotic resistant infections such as MRSA, even if contracted after donation is arranged.

3. Donors with an infectious disease who still wish to donate may do so by choosing to have their remains cremated. We have a growing collection of cremains that provides an invaluable learning resource. People choosing this option should contact us prior to making arrangements. This allows us to work with the crematory involved to ensure the remains are not pulverized. The family must assume responsibility for the arrangement and cost of cremation.

4. We also reserve the right to decline a donation if our facility is at capacity. In case of denial by the University, alternate final arrangements should be discussed by the donor and/or the family.

5. We will arrange transportation to our facility if the deceased is located within the state of Tennessee and within 100 miles of Knoxville. Outside the state of Tennessee or more than 100 miles from Knoxville, the donor and/or the donor’s family must make arrangements for the transportation of the body to our facility and assume responsibility for any associated costs.

6. We are unable to transport from a private residence or nursing home facility. The donor’s family must arrange for transportation and assume responsibility for the cost. We will transport a body from a hospital, funeral home, forensic center, or some healthcare facilities that are within the geographic limits stated above.

7. We need to have signed donation documents or releases prior to transporting. This may be a faxed copy, but the original must be sent as soon as possible. Your donation paperwork will not be complete until originals are returned.

8. Pre-donor paperwork needs to be returned to the Forensic Anthropology Center at the time of completion in order for a file to be established. Changes of address or medical status should be sent to keep donor files up to date.

9. Pre-donor paperwork needs 2 witnesses to verify your signature, but does not need to be notarized.

10. We do not perform autopsies to determine cause of death on donations to our program.

If you have any questions or concerns that have not been addressed in this letter, please feel free to contact us at 865-974-4408 or donateinfo@utk.edu.
This packet contains all the forms required for registering with our body donation program; policy sheet, body donation document, and body donation questionnaire. Please feel free to contact us with any questions you may have.

**Body Donation Document**

**A. Copies of the Form**
- Three copies of the body donation document are provided to you. We need an original with a valid signature returned with your donation paperwork. The other 2 copies should be retained by you and/or your family for your records.

**B. Signature Completion of the Form**
- Top portion of the form is to be completed by the donor. The donor should be of sound mind and aware of the nature of our program at the time of signing.
- The middle portion is to be completed by two adult witnesses. At least one witness should be someone other than a close family member, guardian, or who exhibits a special care for the donor.
- A notary is not required for completion of this portion of the form.

**C. Trauma Research request**
- Knowledge of how trauma occurs is of significant interest to the biomedical and anthropological communities. Understanding trauma allows us to better interpret forensic case material and help us to work towards the prevention of such trauma in living patients. This would directly benefit the legal community and aid military personnel protective equipment needs.
- Please initial the statement at the bottom of the form if you are interested in participating in trauma related research. A donation will **only** be used for this type of research when initials are present and there is a need.

**D. Simulation Center training (Graduate School of Medicine)**
- Medical residents at the UT Graduate School of Medicine use cadavers occasionally to learn new medical procedures. The FAC and the Simulation Center are partnering to provide cadavers for temporary use for this training. The remains are then returned to the FAC.
- Please initial the statement at the bottom of the form if you are interested in participating in trauma related research. A donation will **only** be used for this type of research when initials are present and there is a need.

**E. Special Requests**
- We ask that you state any special requests you may have as to how we use your remains at the bottom of this document or on an attached sheet. We will make every effort to honor any requests.

**Biological Questionnaire**

**A.** Please complete this form to the best of your ability.

**B.** Information provided is needed for the completion of the Certificate of Death and contributes information for our research.

**C.** We ask that any changes of your statistical information be forwarded to us (ex. Name change, address change, significant health changes) in order for us to keep our record updated.

**Acceptance into Program**

**A.** Acceptance into our donation program will be determined once forms are completed and mailed back to us. Please see points 2 and 4 in the Program Policy Sheet.

**B.** You will receive a letter of acceptance and a donor card with contact information to carry in your wallet.

V8_2012
I, ____________________________, do hereby dispose of and give my body, after my death, to The University of Tennessee, Knoxville, for use by the Department of Anthropology or its designee, for educational and research purposes. I request, authorize, and instruct my surviving spouse, next-of-kin, executor or the physician who certifies my death to notify The University of Tennessee, Department of Anthropology (telephone: (865) 974-4408), immediately after my death of the availability of my body.

Witness my hand and seal this _____ day of _________________, _____, at ______.

________________________
Donor’s Signature

________________________
Address

On this _____ day of _________________, ________, signed this Body Donation Document in our presence and we, as attesting witnesses, at the request of the Testator and in his/her presence and in the presence of each other have also signed this document.

WITNESSES:

Name: ____________________________  ____________________________
     (Print Name)                     (Signature)

Address: __________________________________________
          __________________________________________
          __________________________________________

Name: ____________________________  ____________________________
     (Print Name)                     (Signature)

Address: __________________________________________
          __________________________________________
          __________________________________________

I wish for my remains to be used for trauma research/Simulation Center that will provide the foundation for training professionals in life saving techniques and in the construction of equipment that would enhance and/or prevent the need for these measures.
I, ____________________________, do hereby dispose of and give my body, after my death, to The University of Tennessee, Knoxville, for use by the Department of Anthropology or its designee, for educational and research purposes. I request, authorize, and instruct my surviving spouse, next-of-kin, executor or the physician who certifies my death to notify The University of Tennessee, Department of Anthropology (telephone: (865) 974-4408), immediately after my death of the availability of my body.

Witness my hand and seal this _____ day of _________________, _____, at ______.

________________________________
Donor’s Signature

________________________________
Address

On this _____ day of _________________, _______, signed this Body Donation Document in our presence and we, as attesting witnesses, at the request of the Testator and in his/her presence and in the presence of each other have also signed this document.

WITNESSES:

Name: ____________________________
(Print Name) ____________________________
(Signature)

Address: ____________________________
__________________________________
__________________________________

Name: ____________________________
(Print Name) ____________________________
(Signature)

Address: ____________________________
__________________________________
__________________________________

_____ I wish for my remains to be used for trauma research/Simulation Center that will provide the foundation for training professionals in life saving techniques and in the construction of equipment that would enhance and/or prevent the need for these measures.
I, __________________________, do hereby dispose of and give my body, after my death, to The University of Tennessee, Knoxville, for use by the Department of Anthropology or its designee, for educational and research purposes. I request, authorize, and instruct my surviving spouse, next-of-kin, executor or the physician who certifies my death to notify The University of Tennessee, Department of Anthropology (telephone: (865) 974-4408), immediately after my death of the availability of my body.

Witness my hand and seal this ______ day of _________, ______, at ______.

______________________________________________________________
Donor’s Signature

______________________________________________________________
Address

On this ______ day of _________, ______, signed this Body Donation Document in our presence and we, as attesting witnesses, at the request of the Testator and in his/her presence and in the presence of each other have also signed this document.

WITNESSES:

Name: ______________________   ________________________
(Print Name)                    (Signature)

Address: ___________________________________

                                           ___________________________________
                                           ___________________________________

Name: ______________________   ________________________
(Print Name)                    (Signature)

Address: ___________________________________

                                           ___________________________________
                                           ___________________________________

I wish for my remains to be used for trauma research/Simulation Center that will provide the foundation for training professionals in life saving techniques and in the construction of equipment that would enhance and/or prevent the need for these measures.
The Forensic Anthropology Center (FAC), Department of Anthropology at the University of Tennessee relies on people like you, and we are very appreciative. As you know our research focus has always been on human remains following death. However, we have been considering some research areas that could involve you as a living subject.

Examples of living subject research by faculty and students of the FAC might include such things as surveying why you are interested in donating your body at death, or taking body measurements or 3D scans of faces and fingerprints.

Each research proposal will be subject to the University of Tennessee’s Internal Review Board for use of living human subjects for approval.

(please circle your desire for this program)

Yes, I would like to be considered for living subjects related research.

No, I would not to be considered for living subjects related research.

Print Name ________________________________________________________

__________________________________________   _________________
Signature           Date
Name ___________________ / ___________________ / _______________        Sex: male___ female___

Social Security # ________ — ________ — ________        Race: White / Black / Hispanic / Other_________________

Date of Birth ____/____/____ Age _____ Place of Birth (city/state)___________________________

Home Address

City ___________________________ County_____________________ State _____ Zip ___________

Phone Number___________________________ Inside City Limits: yes ___ no___

Mother’s Name (include maiden) _________________________________ Place of Birth__________________

Father’s Name ____________________________________________ Place of Birth__________________

Driver’s License Height ________ Weight _________ Recent Weight Loss: yes ___ no___

Handedness: Right ___ Left___ Shoe size ____ Blood Type ________ Hair Color___________

(natural)

Marital Status: (circle one) Never Married Married Widowed Divorced Unknown Other

Spouse: ____________________ / ___________________/ _______________ Living___ Deceased___ Unknown___

Last (include maiden) / First/ Middle

Number of Children: _______

Highest Education Level (indicate number of years)

Elem/Second (0-12): _______ College (1-4; 5+): _______

Military Service: yes ___ no___

Childhood Socio-Economic Status: (circle one) Lower Lower Middle Middle Upper Middle Upper

Usual (life-long) Occupation _______________________ Business/Industry _______________________

Residence History (list additional locations as necessary)

Childhood Hometown (0-15 years of age):

City __________________ State ____ Start Date ___ End Date ______
City __________________ State ____ Start Date ___ End Date ______
City __________________ State ____ Start Date ___ End Date ______

Location as an Adult (any place you have lived for more than 1 year)

City __________________ State ____ Start Date ___ End Date ______
City __________________ State ____ Start Date ___ End Date ______
City __________________ State ____ Start Date ___ End Date ______
City __________________ State ____ Start Date ___ End Date ______
Dental History – Check all that apply

- Extensive Dental work
- Lower Dentures: When________
- Upper Dentures: When________
- Upper and Lower Dentures: When________
- Partial Plate
- Braces

- Most/all teeth
- Bridge
- Gum Disease
- Dental Disease
- Other ____________________________

Teeth Missing

- Few
- Many
- All

Medical History (please indicate the approximate year for each). Please do not provide just a Doctor’s name.

- Surgery (general)
- Plastic Surgery (indicate type and location) ____________________________

- Fractures ____________________________
- Cancer (type) ____________________________
  Treatment: ____________________________
  Length of Illness: ____________________________

- Auto Accident (traumatic)
- Smoker If yes, how long? ____________________________

- Spinal Injuries
- Alcoholism

- Open Heart Surgery
- Amputations
- Diabetes Type: __________

- Prosthetics (e.g. Hip or knee replacement) When: ____________________________
- Other (Including childhood disorders) ____________________________

Medical History (continued) – Please describe the above and any other information you feel may be important, including current medications, timing of injuries, the locations of traumatic injuries, or a family history of an illness, etc. Please attach additional pages as necessary.

Habitual Activities (i.e., jogging, repetitive motions, life-long occupation activities, etc.) - 

PLEASE CONTINUE ON NEXT PAGE
Name ____________________  /_________________/ _______________

Last                First                       Middle

Eye Color
☐ Blue
☐ Green
☐ Gray
☐ Brown
☐ Hazel
☐ Other _________

Tattoo(s)
☐ Yes
☐ No

If yes, Description:

Body Location:

Body Piercing(s)
☐ Yes
☐ No

If yes, Description:

Body Location:

Next of Kin Information

Name ___________________________________________             Relationship _____________________________________

Address ___________________________________________           Phone number _____________________________________

City ___________________  State _____   Zipcode ___________ email: _______________________________

Informant Information (if other than donor or Next of Kin)

Name ___________________________________________             Relationship _____________________________________

Address ___________________________________________           Phone number _____________________________________

City ___________________  State _____   Zipcode ___________ email: _______________________________

DO NOT CONTINUE IF YOU ARE A LIVING DONOR

Location of death (if applicable)             Date of Death ________________

Institution/Hospital ___________________________________________________________________________________________

Address ___________________________________________________________________________________________________

City ___________________  County _________ State _____   Zip code __________

Thank you for taking the time to fill out this questionnaire.
If we can be of further assistance, please feel free to contact us.

Return completed forms to:
Dr. Lee Meadows Jantz
Department of Anthropology
250 South Stadium Hall, Knoxville, TN 37996-0720
e-mail: donateinfo@utk.edu
phone: (865) 974-4408

Version 6:8_2012