



SCHOOL OF MEDICINE

Anatomical Donor Program



Anatomical Donor Program
1550 College St., Box 173
Mercer University – School of Medicine
Macon, GA 31207
Office phone: 478-301-2433
e-mail: ADP@mercer.edu

Dear Potential Donor:

Thank you for your interest in the *Anatomical Donation Program* at Mercer University School of Medicine. This file contains all of the documents necessary for enrollment in the program. Additionally, there is a packet of information which is to be given to your doctor.

If you have any questions concerning these materials or any aspect of the body donor program, please send an e-mail or call the School of Medicine at 478-301-2433.

Complete each of the forms in the donor packet, and mail your packet to the address above. And upon the completion and return of the above paperwork, and your acceptance into the Anatomic Donor Program of Mercer University School of Medicine, you will be mailed your *Identification Card* for the program.

On behalf of the faculty of the School of Medicine, I respectfully offer our thanks for your interest in facilitating the training of healthcare professionals.

Sincerely,

Anatomical Donation Program

Enclosures

Mercer University School of Medicine

Anatomical Donation Program

(478) 301-2433 (Weekdays)

(478) 301-2970 (24 Hours)

Steps To Enroll as an Anatomical Donor:

1. Fill out the *Certificate for Bequeathing Human Remains*.
 - a. Complete one copy for Mercer University School of Medicine (Mercer's Copy).
 - b. Complete one copy for your Medical Doctor (Physician's Copy).
 - c. Have a Notary Public witness your signature on each of the two copies.
2. Fill out the *General Information* form.
3. Fill out the *Burial of Ashes* form.
4. Fill out the *Alternative to Donation* form.
 - a. Complete one copy for Mercer University School of Medicine (Mercer's Copy).
 - b. Complete one copy for your Medical Doctor (Physician's Copy).
5. Photocopy each of the documents above for your records and for the person(s) who will be overseeing the disposition of your remains.
6. Give the *Physician Information Packet* and the physician's copies of the *Certificate* and the *Alternative to Donation* form to your Medical Doctor.
7. **Return by mail the following completed items** to Mercer University School of Medicine at least 90 days before your death.
 - a. *Certificate for Bequeathing Human Remains* (Mercer's Copy, signed, dated, and notarized)
 - b. *General Information* form
 - c. *Burial of Ashes* form (signed and dated)
 - d. *Alternative to Donation* form (Mercer's Copy, signed and dated)

NOTE: Upon the completion and return of the above paperwork, and your acceptance into the Anatomic Donor Program of Mercer University School of Medicine, you will be mailed your ***Identification Card*** as a registered Anatomic Donor.

Mercer University School of Medicine

Students who are training in the healthcare professions must have a thorough understanding of the human body. Donation of an individual's remains to a medical school enables students to learn human anatomy from the best of all teachers... the body itself.

Questions & Answers regarding Anatomical Donation Program

Below are questions asked most frequently by those considering giving their bodies to the medical school:

Will my body be used for research as well as teaching?

No. The Anatomical Donation Program at Mercer University School of Medicine utilizes all donated human remains exclusively for teaching, training and instructional purposes. The majority of bodies are used for the teaching of anatomy (body structure) to MUSM medical students. Other bodies are used by surgery interns and residents at our cooperating hospitals, including Medical Center of Central Georgia, to review anatomy during their specialty training. A few bodies are used by physicians to solve problems or to develop new medical or surgical procedures.

Will it cost me anything?

Possibly. If you are within 50 miles of Macon at the time of your death, the costs for transportation will be covered by Mercer. If you are outside that perimeter, you may want to consult with your local funeral home to determine your cost for transportation to our contract funeral home here in Macon for embalming. Even then, though, embalming and cremation will be paid by Mercer.

May my family have a memorial service for me if I donate my body to Mercer University? *Yes.* With proper coordination the family may arrange such a service.

Will my family or estate be able to obtain a death certificate?

Yes. Your family may obtain the death certificate from any authorized agency.

Should anyone else know about my decision to donate?

Yes. Several members of your family and your doctor should be aware of your decision to donate your remains.

Will my remains be returned from the School of Medicine?

Possibly. All of the donations used at Mercer are cremated following their use. This may be up to 24 months after death. The ashes can be returned to donor's family, or, if the donor wishes, they can be interred in the University plot.

Do I need to have a "Will" to donate my remains?

No. Anatomical donations to Mercer occur by direct enrollment with us. Your information packet contains all of the necessary forms.

Can I donate my organs to other agencies before I donate my body?

No... with one exception. You may donate your eyes to some organization other than Mercer.

Can anything prevent my donation?

Yes. Certain diseases or infections during your lifetime can prevent your donation. There are even certain height and weight restrictions. Information regarding these restrictions is contained in the *Physician Information Packet*. Ask your doctor to help you determine if you are medically suited to be an Anatomical Donor. However, even enrolled individuals are sometimes turned away for various reasons (see the *Physician Information Packet*). Consequently, we require that you submit an “Alternative to Anatomical Donation” form in case your desire to donate is not a possibility when the time comes.

Can my family donate my remains without my consent?

No. Individuals must enroll themselves at least 90 days prior to death. The bequeathal form must be signed by the donor and witnessed by a Notary Public.

Who should be notified of my death?

During regular business hours the physician, hospital or nearest relative should immediately call the Anatomical Donation Program at Mercer University: (478) 301-2433. After hours and on weekends please call the Mercer University Police: (478) 301-2970.

May friends and/or relatives make contributions to Mercer University School of Medicine in my memory?

Yes. Gifts are tax-deductible, should be made payable to the Anatomical Donation Memorial Fund, and be directed to the Anatomical Donation Program. Alternatively, gifts may be made through the Mercer University Website via the Alumni/Giving menu. When using the latter option please direct your gift to the Anatomical Donation Memorial Fund using the “Other” option and be sure to designate “In memory of (donor’s name)” in the Comments section. Gifts will be acknowledged to the donor and to your family. Funds from such gifts will be used only for medical education.

How may I leave my body to Mercer University?

You may download the necessary forms from the Mercer University School of Medicine web site http://medicine.mercer.edu/Introduction/about_adp or by calling (478) 301-2433, by sending an e-mail (ADP@mercer.edu).

Mercer University School of Medicine

Anatomical Donation Program

(478) 301-2433 (Weekdays)

(478) 301-2970 (24 Hours)

Certificate for Bequeathing Human Remains

I, _____, hereby give my body immediately following my death to:
Please print your name.

*Mercer University School of Medicine
Division of Basic Medical Sciences
1550 College Street
Macon, Georgia 31207-0001*

My body is given for such teaching purposes as the institution shall decide. I understand that acceptance of my remains by Mercer University School of Medicine is contingent upon the conditions specifically outlined below under *Section A*. Providing my remains are accepted as a donation, I am aware that other conditions also apply as outlined under *Section B*, and I have indicated, **by my initials**, that I both understand and approve of all of these conditions.

Section A

- _____ I understand that my remains can be refused by Mercer University School of Medicine if my death occurs at a location deemed by the Director of the Anatomical Donation Program to be too far from the School to allow for timely transport and/or adequate preservation.
- _____ I understand that my remains can be refused by Mercer University School of Medicine if blood vessels preclude adequate preservation or if an autopsy or organ donation occurs (excluding eye donation).
- _____ I understand that at my death, if distance precludes transport back to Macon, I agree to use of my body by another medical school.
- _____ I understand that my remains can be refused by Mercer University School of Medicine due to a variety of conditions which are listed in the accompanying Physician Information Packet.
- _____ I understand that, should my remains not be accepted by Mercer University School of Medicine for whatever reason, financial responsibility for the disposition of my remains rests with my family and/or my estate.

Section B

- _____ I understand that the costs for transportation (within a 50-mile radius of Macon) of my remains, embalming, and cremation are to be paid by Mercer University School of Medicine.
- _____ I understand that if Mercer accepts my remains but then determines that embalming cannot be completed, Mercer University School of Medicine will have the remains cremated at its expense.
- _____ I understand that a portion of my remains could be retained for long-term teaching purposes as deemed necessary by Mercer University School of Medicine, and, as such, this portion would not be contained with the ashes returned to my family or those interred at the University's burial plot.

Donor Signature _____ Date _____

Notary Signature _____

Notary Seal and Date

Commission expiration _____

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General Information

DONOR:

Name _____
First Middle (Maiden) Last

Address _____ Apt. _____

City _____ State _____ Zip _____

Date of Birth _____ Birthplace -city/state _____

County/ Country of Birth: _____ U.S. Citizen? ___ yes ___ no

Occupation: _____ Kind of Business: _____

Soc. Security # _____ Veteran: _ yes _ no; Branch of Service: _____

Sex: ___ Race: _____ Descent: _____ Marital Status: _____

Spouse's Maiden Name _____

Father's Full Name _____ Deceased? ___ yes ___ no

Mother's Maiden Name _____ Deceased? ___ yes ___ no

NEXT OF KIN:

Name _____ Relationship _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Phone (____) _____

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Burial of Ashes

The remains of all anatomical donors are cremated following their use in the medical curriculum. The ashes are then available for return to either a family member or a friend of the donor. Those not wishing that their ashes be returned can ask to have the University bury them in the University Plot. Mercer University School of Medicine, buries the ashes of its anatomical donors during a Memorial Service each spring.

Please choose one of the following...

Bury these ashes in the Mercer University plot.

Return these ashes to:

Name _____ Relationship _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Phone (____) _____

For those who would like their ashes returned...

The Medical School will contact the above individual when the donor's ashes are available. Failure to claim these ashes within six (6) months following notification will result in burial of the ashes at the University Plot.

Donor Signature _____ Date _____

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Alternative to Anatomical Donation

There is always a possibility that your donation may not occur due to circumstances beyond the control of the School of Medicine. Anatomical donations are sometimes prohibited by storage limitations, physical restrictions (such as donor height or weight), or certain medical conditions. For further information regarding medical conditions which may prohibit your donation, please consult the *Physicians Information Packet*, included herewith, and your doctor.

Please understand that we will do whatever we can to insure your donation, but the Program Director reserves the right to reject any donation deemed unacceptable. We must make this determination at the appropriate time and place. Thus it is important that you complete and return this form as part of your enrollment.

In certain unusual circumstances, Mercer may accept a body, but subsequently determine that it cannot be adequately embalmed for the Anatomy Program. In that circumstance, we reserve the right to proceed with cremation, at Mercer's expense, but the cremains will be disposed as prescribed by the donor on the form "Burial of Ashes."

I have indicated, **by my initials below**, that I both understand and approve of each of these conditions:

_____ **In the event that Mercer University School of Medicine cannot accept my anatomical donation, I understand that my family and/or the trustee(s) of my estate must make final arrangements through a funeral home of their choosing.**

_____ **And in the event that Mercer University School of Medicine cannot accept my anatomical donation, I understand and accept that all expenses for transportation, embalming, cremation, and return of my remains will be borne by my family and/or estate.**

Donor Signature _____ Date _____

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