



Experience Anatomy FOUNDATION

The Experience Anatomy Foundation is dedicated to serving families who are interested in contributing to the enhancement of medical research, as well as healthcare provider and student education.

Please return completed forms to donate@anatomyfoundation.org.

If death has occurred, immediately contact us at 704-910-6022 someone will be available 24/7. Call anytime including weekends and holidays to arrange transportation and care.

For all other inquiries please email donate@anatomyfoundation.org or call **704-910-6022** during regular business hours.

The Process of Donation

1. **Register** (a.) self as donor prior to death or, (b.) by legally authorized party at time of death:
 - a. Self-register by filling out the appropriate paperwork to become registered in the donation program. Be sure to inform your family and friends of your wishes and the need to contact the Experience Anatomy Foundation immediately after death.
 - b. Authorized person as described in the Uniform Anatomical Gift Act registers decedent at time of death by directly contacting Experience Anatomy Foundation and completing appropriate paperwork.
2. **Eligibility determination** will be made by reviewing donor forms. Please note that acceptance is determined on a case-by-case basis and is not guaranteed until the time of death.
3. **Transportation** will be coordinated by The Experience Anatomy Foundation from the place of death to the Experience Anatomy facility.
4. **Utilization** of Donor's gift once matched with research or education study.
5. **Cremation** after completion of research or education studies, the Experience Anatomy Foundation will transport the donor for cremation.
6. **Return** of the donor's remains to their designated person or their ashes are spread at sea. Family receives a letter of appreciation about how their loved one helped further education and research.

Instructions

Thank you for considering whole body donation. Your gift is an investment in creating a better future. ALL forms must be completely filled out and are necessary for donation.

If you would like to self-register as donor, please complete the following:

- Documentation of Gift
- Medical and Social History
- Donor Vital Statistics Information
- Designation of Remains

If you are filling out the paperwork for a loved one, please complete the following:

- Authorization of Gift
- Medical and Social History
- Donor Vital Statistics Information
- Designation of Remains



Frequently Asked Questions

Thank you for considering whole body donation. We truly consider each of our donors a gift and worthy of the utmost respect for their noble service and act of generosity. If you have additional questions or would like more clarity on any part of our process please email us at

donate@anatomyfoundation.org or call **704-910-6022** during regular business hours.

Who can donate their body to science?

Almost every one can donate their body. Exclusions include some contagious diseases and size parameters.

Will my acceptance into the donor program be guaranteed once registered?

Acceptance into the donation program cannot be guaranteed until time of death and is based on donation criteria being met. In the event you do not meet the donation criteria at the time of death, your loved ones will then be responsible for making arrangements for burial or cremation. Some families plan alternative arrangements to help ensure your wishes are met regardless of circumstances.

Can my loved ones still plan a memorial?

Yes. They can plan a memorial service separate from your donation. Many families choose to have a memorial service at the time of passing while others choose to wait until remains are returned. Because of the time restrictions associated with whole body donation it is not possible to have the donor's body present for a traditional funeral service. Your loved ones will be responsible for costs associated with any memorial or funeral services.

What is the cost to my family to donate?

There is no cost to the family if donation is accepted. The Experience Anatomy Foundation pays for all costs associated with your donation. This includes transportation from the place of passing, filing the death certificate, as well as cremation and return of remains once our process is complete.

What happens to the donor once they are received at The Experience Anatomy Foundation?

Once donors are accepted to the Experience Anatomy Foundation they participate in research and educational programs for our sister company, Experience Anatomy. These programs include but are not limited to researching the latest surgical techniques and medical devices as well as life-saving skills training and healthcare education. Donor participation may involve dissection and/or anatomical disarticulation or segmentation (e.g. removal of extremities), preservation, photography/imaging, and/or distribution to Experience Anatomy approved entities, all done for research and educational projects. All donors are treated with the utmost dignity and respect throughout our process. Once study of the donor is complete they will be taken for cremation and promptly returned to their designee.

Can registration occur after death?

Yes. Registration can be completed at the time of death by a legal authorizing party as described in the Uniform Anatomical Gift Act. Donation criteria must be met and acceptance is not guaranteed.

Can you be a whole-body donor and an organ donor?

Yes! Organ donation is a separate registry from whole body donation. We urge individuals and families to consider organ donation first as it can be life saving for someone else. Whole body donation will always come second to organ donation. Registering as an organ donor does not register you as a whole body donor.



How soon after death should the Experience Anatomy Foundation be contacted?

Immediate notification is imperative so that proper care may be taken. Please contact us if death is imminent or has just occurred at 704-910-6022 for 24-hour service.

For all other inquiries please email donate@anatomyfoundation.org or call **704-910-6022** during regular business hours.

Who is responsible for the removal and transportation of the donor to the Experience Anatomy Foundation?

After being notified of the death, and once the donation has been accepted and confirmed, the Experience Anatomy Foundation will make proper arrangements for transport. Transportation will be carried out by the Foundation directly or through our trusted partners, James Funeral Home of Huntersville, North Carolina.

Can cremated remains be returned and how long does it take?

Yes, donor cremains will be returned to the designated person indicated at the time of registration. Donors stay with the Experience Anatomy Foundation for up to 18 months, but are often returned within 6 months or less. Please note that cremated remains may not include all of the tissues that have been retrieved from medical education and research programs. These will be appropriately medically incinerated.

What if there is not a designee named to return remains?

If there is not a designee appointed at the time of death by the donor or by the legal authorizing party, the donor's cremated remains will be stored at the Experience Anatomy Foundation until our annual donor memorial at which the ashes will be scattered at sea. Donors and legal authorizing persons may also choose to have the donor's remains scattered at sea by checking the appropriate box on the Designation of Remains form.

What if the designee changes their mind about what to do with the remains?

Remains will be returned to the named designee unless there is a written statement by the designee requesting a change. If the designee chose to not have remains returned they can reclaim remains so long as they are still in the custody of The Experience Anatomy Foundation prior to our annual memorial and ash scattering at sea.

Who utilizes donor tissue through The Experience Anatomy Foundation?

The Experience Anatomy Foundation is a not-for-profit sister company to Experience Anatomy. Experience Anatomy facilitates training and utilizes human tissue across numerous specialties including physician, resident, and fellowship training, medical device specialties, patient education, healthcare workforces such as massage and physical therapy, educators and students, first responders, and military medics.

We take care in choosing our partners and vet every program that we work with and maintain a chain of custody to make sure donors are treated with care and dignity. Our donors and their families make this life saving work possible. Our partners have deep gratitude and respect for that gift.

Do you charge researchers, medical professionals, and educational institutions for donated bodies?

No. Human tissue has no monetary value; it is intrinsically priceless and cannot be bought, sold or owned. While The Experience Anatomy Foundation is a nonprofit organization, our services are fee-based.

Our service fees only include costs associated with preparation, care, maintenance, transportation, and disposition of donors.

The Experience Anatomy Foundation works hand-in-hand with our sister company Experience Anatomy, a for profit anatomical education company. We adhere to all federal and state legal requirements related to our donation identification and coordination services.

Will my life insurance cover any funeral costs if I donate my body?

Please contact your insurance carrier for specific policy coverages.



SELF-REGISTRATION
Document of Gift

I, _____
first middle last

being of sound mind and body, choose to make an anatomical gift of my remains upon my death. I understand that by this gift, I donate the remains of my body to the Experience Anatomy Foundation for anatomical study in the advancement of health sciences education, biological health sciences, and research. This gift is made in accordance with the Revised Uniform Anatomical Gift Act, G.S. §130A-412.3 et seq. and as authorized by North Carolina state law, and will be used at the discretion of the **Experience Anatomy Foundation**. In addition, I authorize the release of my personally identifiable health information (medical records) to the **Experience Anatomy Foundation** in order for it to assess the suitability of my gift for educational and research use.

By agreeing to donate my body I understand and accept that:

- I am donating my body for education and research. The programs of study of my body will be determined by the **Experience Anatomy Foundation**. These programs include but are not limited to researching the latest surgical techniques and medical devices as well as life-saving skills training and education. Donor participation may involve dissection and/or anatomical disarticulation or segmentation (e.g. removal of extremities), preservation, photography/imaging, and/or distribution to Experience Anatomy approved entities, all done for research and educational projects.
- The information I have provided in General Information is true and correct and will be used to file a death certificate at the time of my death providing my body is accepted by the **Experience Anatomy Foundation**.
- I understand that my Social Security number will be used for verification and death certificate purposes only and will be securely retained.
- The **Experience Anatomy Foundation** reserves the right to decline any donation including for the reasons listed in the information pages. If the body is declined, the **Experience Anatomy Foundation** will not accept financial responsibility for the disposition of the body.
- I understand that studies can range typically from 2 to 3 weeks up to 18 months in length.
- I understand that the body may be subject to extensive and/or long-term preservation.

I authorize the **Experience Anatomy Foundation** to cremate my remains consistent with the G.S, 90-210.120.et seq., as I have designated.

Printed Name: _____

Signature: _____ Date: _____

Witness: _____ Witness: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

(continue on back)



NEXT-OF-KIN REGISTRATION
Document of Authorization

I first middle last, make an anatomical gift of
the body of first middle last to the Experience

Anatomy Foundation upon their death. I understand that by this gift, I donate the remains of the named individual's body to the Experience Anatomy Foundation for anatomical study in the advancement of health sciences education, biological health sciences, and research. This gift is made in accordance with the Revised Uniform Anatomical Gift Act, G.S. §130A-412.3 et seq. and as authorized by North Carolina state law, and will be used at the discretion of the Experience Anatomy Foundation. In addition, I authorize the release of their personally identifiable health information (medical records) to the Experience Anatomy Foundation in order for it to assess the suitability of this gift for educational and research use.

By agreeing to donate the body of the named individual I understand and accept that:

- I am donating the named individual's body for education and research. The programs of study of the body will be determined by the Experience Anatomy Foundation. These programs include but are not limited to researching the latest surgical techniques and medical devices as well as life-saving skills training and education. Donor participation may involve dissection and/or anatomical disarticulation or segmentation (e.g. removal of extremities), preservation, photography/imaging, and/or distribution to EA-approved entities, all done for research and educational projects.
- I have the authority to make this donation in accordance with the Revised Uniform Anatomical Gift Act § 130A-412.11.
- The information I have provided in General Information is true and correct and will be used to file a death certificate at the time of the named individual's death providing their body is accepted by the Experience Anatomy Foundation.
- I understand that the decedent's Social Security number will be used for verification and death certificate purposes only and will be securely retained.

The Experience Anatomy Foundation reserves the right to decline any donation including for the reasons listed in the information pages. If the body is declined, the Experience Anatomy Foundation will not accept financial responsibility for the disposition of the body.

- I understand that studies can range typically from 2 to 3 weeks up to 2 years in length.
- I understand that the body may be subject to extensive and/or long-term preservation
- I authorize the Experience Anatomy Foundation to cremate my remains consistent with the G.S, 90-210.120. et seq., as I have designated.

Printed Name: _____

Signature: _____ Date: _____

Witness: _____ Witness: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

(continue on back)



Medical and Social History

Please complete all fields with as much known information as possible. This information will help the Experience Anatomy Foundation match your donation to the best fitting program.

Name: _____
first middle last

Date of Birth: _____ **Height:** _____ **Weight:** _____

Past Surgeries (back, knee, pacemaker, hernia repair, broken bones, etc.):

Illnesses: (high blood pressure, arthritis, diabetes, cancer, kidney disease, etc.):

List of Current Medications:

Has the donor ever had chemotherapy and/or radiation? If so please list condition being treated and date(s) of therapy:

Was donor known to have HIV, Hepatitis B or C? _____

Did the donor ever smoke? Yes / No If yes, how long? _____

Did the donor quit smoking? Yes / No If yes, when? _____

Hobbies, Interests, and Activities: (running, painting, playing an instrument, etc.)



Donor Vital Statistics Information

(All information necessary for Death Certificate)

Completing this form will make certain that all information is on hand to complete your gift 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.

Donor Information

Full Name:

_____ first _____ middle _____ last

Maiden Name (if applicable): _____

Address:

_____ street _____ apt/unit#

_____ city _____ state _____ zip

Phone Number: _____

(Living Donor) Email: _____

Donor SSN: _____

Place of Birth (County and State): _____

Date of Birth: _____

Gender: _____ Race: _____

Donor Occupation (before retirement): _____

Donor Education Level: _____

Donor Served Armed Forces: Yes / No

Branch: _____

United States Citizen: Yes / No

Marital status: Single / Married / Divorced / Widowed

Name of Surviving Spouse (if applicable): _____

Spouse Phone: _____

Spouse Email: _____

Donor Parents Information

Father's Full Name:

_____ first _____ middle _____ last

Mother's Full Name:

_____ first _____ middle _____ last

_____ maiden

Informant or Next-of-Kin

Full Name: _____

Relationship to Donor: _____

Address:

_____ street _____ apt/unit#

_____ city _____ state _____ zip

Phone Number: _____

Email: _____

(continue on back)



Designation of Remains

I direct that the remains be returned to one of the individuals listed below with priority given according to the order in which they are listed. Only those individuals listed below will be allowed to receive ashes.

Distribution by the **Experience Anatomy Foundation** to individuals other than those named by the donor will require a change request in writing that is signed by the designee and notarized. Please notify The Experience Anatomy Foundation of any change of address. The Foundation will contact designee prior to shipping remains to confirm shipping details.

Please note that cremated remains may not include all of the tissues that have been donated for medical education and research purposes and these will be appropriately medically incinerated.

- Spouse (as listed above)
- Informant of Next-of-Kin (as listed above)
- Other Recipient Name: _____

Relationship to Donor: _____

Address: _____
street apt/unit#

city state zip

Phone Number: _____ Email: _____

Additional Recipient Name: _____

Relationship to Donor: _____

Address: _____
street apt/unit#

city state zip

Phone Number: _____ Email: _____

OR _____ I choose to NOT have the donor's remains returned. Donor's remains will be kept in the care of The Experience Anatomy Foundation until they are scattered at sea. (I direct that my ashes will be scattered at sea consistent with G.S. 90-210.120. et seq.)

Signature: _____ Date: _____

Full Name: _____ Date: _____
first middle last

