

GIFT OF BODY INFORMATION AND INSTRUCTIONS

Thank you for considering gifting your remains to PHSU St. Louis Body Donor Program. Your generous gift will play a critical role in educating future physicians and helping patients of tomorrow. The need for bodies is great and your gift will allow PHSU students to learn and understand the complexities of the human body far better than they could learn from textbooks alone.

Forms - if you decide to make this donation, both attached forms are to be completed, and your signature **must be witnessed by a notary**. Return the first notarized form to us and retain the second notarized form with your personal records. Additional copies may be made for your funeral director/transporter and the family member(s) or other person(s) responsible for your remains. A brief medical history prepared by yourself will be helpful and should be returned with the gift of body form. Please include a simple list of illnesses, broken bones, surgery performed, and, for women, the number of children born, including the approximate date and age at which each occurred.

Relatives, friends, doctors, or those who might be near at the time of death must know of this donation to carry out your wish. At that time, they will need to arrange transportation of your **unautopsied and unembalmed** body to Ponce Health Sciences University – St. Louis as quickly as possible.

It is important to update the information on this form, including contact information for you and your next of kin. An update form may be requested by calling (314) 499-6804 or emailing bodydonorprogram@psm.edu.

Transportation—When transportation arrangements are made, a copy of the Gift of Body form should be given to the funeral director or transportation company. They will then have the information needed to complete the death certificate.

Contingency Plan - Not all registered donors are acceptable donors at the time of their death. Ponce Health Sciences University – St. Louis reserves the right to refuse admission to the Body Donor Program or to refuse any body at the time of death. Reasons for refusal include any communicable diseases, infections, isolation precautions such as HIV, hepatitis, tuberculosis, MRSA, ORSA, VRE, C-Diff, etc., which were not attested before death. There may be other reasons that Ponce Health Sciences University – St. Louis may be unable to accept the donation of your body at the time of death, including, but not limited to, circumstances involving amputations, autopsy, or organ donation (no organs other than eyes may be removed for transplantation purposes), major trauma due to accidents or suicide, or morbid obesity (in general, females who exceed 200 pounds and males who exceed 250 pounds). **Please have alternate contingency plans in the event Ponce Health Sciences University – St. Louis is unable to accept the donation of your body.**

Final Disposition - Once your body has been accepted by Ponce Health Sciences University – St. Louis, further information concerning the body will not be provided. Several years may lapse before teaching and research have been completed, after which the remains are cremated and returned to the family. **Notification that cremation has occurred will be provided to a family member.**

Memorials - Because of the diversity of body donors, decisions about memorial services at the time of death are left to each family.

Additional information can be found on our website: www.stlouis.psm.edu/body-donor-program. Thank you for inquiring about our Body Donor Program. If you have any questions, please do not hesitate to contact us at (314) 499-6804 or bodydonorprogram@psm.edu.

RETURN THIS COPY TO THE UNIVERSITY

Ponce Health Sciences University – St. Louis

2351 Market St.
St. Louis, MO 63103

<https://www.psm.edu>

GIFT OF BODY

NAME: _____

OMr. OMrs. OMs. ODr.

Social Security Number

ADDRESS: _____

Phone Number

City

State

Zip

Email Address

Being of sound mind and eighteen (18) years of age or over, pursuant to the provisions of the Uniform Anatomical Gift Act, I hereby make a gift of my body, immediately following my death, to the **Ponce Health Sciences University – St. Louis**, for use by the **Ponce Health Sciences University – St. Louis, School of Medicine** or, with the approval of the Director of the Gift Body Program, to any other accredited medical or dental school, college, or university within or outside the State of Missouri or by any other entity subject to University policies and procedures and the supervision of **Ponce Health Sciences University – St. Louis** personnel, for educational, scientific, or such related uses as the Director shall deem proper, which may include educational presentations for students, residents, faculty, and community health care professionals concerning the latest health care developments, surgical techniques, and products. I hereby direct that my body, unautopsied and unembalmed, be delivered to the **Ponce Health Sciences University – St. Louis** immediately after my death. This is my free act and deed and not my last will and testament and is not intended to revoke, change, alter, or cancel, or in any other manner whatsoever, affect any will made by me during my lifetime, nor shall any will be made by me to be construed to revoke or alter this gift, unless expressly so stated therein. I understand that if my body has any communicable diseases, infections, isolation precautions such as HIV, hepatitis, tuberculosis, MRSA, ORSA, VRE, C- Diff, etc., which were not attested prior to death, it will not be accepted for donation under any circumstances. I understand there may be other reasons that **Ponce Health Sciences University – St. Louis** may be unable to accept the donation of my body at the time of death, including but not limited to circumstances involving amputations, autopsy or organ donation, major trauma due to accidents or suicide, or morbid obesity (in general, females who exceed 200 pounds and males who exceed 250 pounds). **Ponce Health Sciences University – St. Louis** reserves the right to refuse donations depending upon the condition of the body and/or the needs of the Institution. Please have alternative contingency plans in the event **Ponce Health Sciences University – St. Louis** is unable to accept the donation of your body. I understand that it is my responsibility, or the responsibility of my family after death, to contract the services of a funeral home or transportation service to transport my body to **Ponce Health Sciences University – St. Louis**. I understand that after its use, my cremains will be returned to my family members. I understand **THAT IT MAY BE UP TO TWO YEARS BEFORE STUDIES ARE COMPLETED AND MY CREMAINS ARE RETURNED.** I agree to hold **Ponce Health Sciences University – St. Louis** harmless against any liability arising from the use or disposition of my body.

DATE

DONOR SIGNATURE

STATE OF _____

CITY/COUNTY OF _____

On this day the ____ of _____, 20__, before me personally appeared,
_____, to me known to be the person described in and who executed the foregoing
instrument donating his/her body and acknowledged under oath he/she executed the same as his/her free act
and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the
City/County and State aforesaid on the day and year first above written.

My term expires _____

Notary Public's Signature and Seal

RETURN THIS COPY TO THE UNIVERSITY
PLEASE CONTACT OUR OFFICE TO UPDATE INFORMATION

Person(s) to be notified at the time of death (relative, friend, attorney, executor, etc.)

NAME: _____

OMr. OMrs. OMs. ODr.

Social Security Number

ADDRESS: _____

Phone Number

City

State

Zip

Email Address

Please check the box *if* your next of kin wishes to be notified when cremation occurs.

Date of Birth: _____ Service in the Armed Forces: Yes

No

Place of Birth: _____

city

state

-or-

foreign country

Marital Status:

Never married

Married

Widowed

Divorced

Spouse's Name: _____

First

Middle

Maiden Name

Last

Donor's Occupation: _____

(if retired, indicate occupation before retirement)

Highest Level of Education: Elementary/Secondary: _____ College: _____ College Graduate: _____

Father's Name: _____

First

Middle

Last

Mother's Name: _____

First

Middle

Last

Maiden Name

Brief Medical History (Please include a simple list of illnesses, broken bones, surgeries performed, and the number of children born by women. Also, include the approximate date and age at which each occurred. Add additional pages if needed).
