



ANATOMICAL GIFT FORM

SIU SCHOOL OF MEDICINE

In view of the need to further the advancement of medical sciences and research and to aid in the education of medical practitioners I, _____ pursuant to the Illinois Anatomical Gift Act, hereby make this anatomical gift of the body of: _____ who died on _____, in the City of _____, County of _____, State of _____.

The marks in the appropriate circles below indicate my relationship to the above-named decedent according to the following order of priority for donations made during the life of the donor (Preneed Donation), as provided for by 755 ILCS 50/5-5(a).

Preneed Donation:

- | | |
|--|--|
| <input type="radio"/> 1. The donor | <input type="radio"/> 3. A parent of the donor |
| <input type="radio"/> 2. An agent of the donor | <input type="radio"/> 4. The donor's guardian |

The marks in the appropriate circles below indicate my relationship to the above named decedent according to the following order of priority for donations made at the time of death of the donor (At Need Donation), as provided for by 755 ILCS 50/5-5(b).

At Need Donation:

- | | |
|--|--|
| <input type="radio"/> 1. Decedent's agent acting under a power of attorney for health care | <input type="radio"/> 7. An adult grandchild |
| <input type="radio"/> 2. Guardian of the decedent | <input type="radio"/> 8. A grandparent |
| <input type="radio"/> 3. Spouse or civil union partner | <input type="radio"/> 9. A close friend of decedent |
| <input type="radio"/> 4. An adult child | <input type="radio"/> 10. Guardian of the estate of the decedent |
| <input type="radio"/> 5. A Parent | <input type="radio"/> 11. Any other person authorized or under legal obligation to dispose of the body |
| <input type="radio"/> 6. An adult sibling | |

All donors:

- ☐ I hereby authorize the disposal of any cremated remains of said gift by the School of Medicine.
- ☐ I would like cremated remains returned or to pick them up per the attached Disposal of Cremated Remains form.

I understand that it is my responsibility to make the arrangements with a funeral home to forward the body of the decedent to the **SIU School of Medicine** as soon as practicable after the decedent's death.

I further understand that the **SIU School of Medicine** reserves the right to decline this anatomical gift for any reason.

Dated this _____ day of _____ 20____ at _____, _____
(Day) (Month) (Year) (City) (State)

Signature (must be signed by each individual for that level of kinship)

WITNESS: (Must be someone not immediately related to donor)

1. Signature _____

2. Signature _____

Print Name _____

Print Name _____

Address: _____

Address: _____

City/ State/ Zip: _____

City/ State/ Zip: _____



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PRENEED INSTRUCTIONS (prior to death)

1. Complete two copies of the Anatomical Gift Form leaving the date, city, county, and state of death blank.
2. Select the appropriate option for Item #1 and #3 and complete the remainder of the form.
3. One executed copy should be retained by the person requesting the donation or the person in charge of their final arrangements. The School of Medicine does not need a copy of the form returned to them.
4. It is recommended that the second copy be provided to the funeral home of your choice.

We suggest that a funeral home be contacted to discuss your request to be an anatomical donor.

SIU School of Medicine does not allow pre-registration. However, these forms can be completed in advance of death and retained by the funeral home of choice. Eligibility is determined following death.

AT NEED INSTRUCTIONS (following death)

At the time of death, the next of kin should contact a funeral home of choice to assist with the donation process. The funeral director should be instructed to contact the Southern Illinois University School of Medicine to confirm the donation.

The funeral director and/or next of kin must confirm that the donor meets the following criteria to be acceptable:

1. Maximum body size is 6' tall, 20" width at widest point, and a maximum of 200lbs.
2. Donors cannot be autopsied, have severe trauma, decomposition, or used for organ donations (other than corneas).
3. **Individuals with any of the following conditions will not be acceptable donors:** AIDS/HIV, sepsis, Hepatitis B or C, Herpes II, Creutzfeldt-Jakob disease, meningitis, Paget's disease, staphylococcus (MRSA), C. difficile infection, or tuberculosis.
4. The donation will need to take place within 24 hours of the time of death.
5. No embalming should be completed prior to delivery without authorization by the School of Medicine.

If the donor had not completed an Anatomical Gift Form prior to death, each of the next of kin will need to complete an Anatomical Gift Form and sign the Disposition of Cremated Remains Form. Additional forms may be used if necessary.

The Anatomical Gift Form will need to be witnessed by two individuals that are not related to the next of kin.

The funeral director will be responsible for all the necessary documentation from the State of Illinois. A listing of the documents can be obtained by contacting the School of Medicine.

All the necessary documentation must be in place prior to delivery or the donation will not be accepted. Due to institutional policy, no exceptions to are allowed.

Southern Illinois University School of Medicine reserves the right to deny any donation.

Contact Information: 8:00 a.m. to 4:30 p.m. Monday through Friday (for inquiries and donation purposes):

Amanda Davis, Anatomy Curator Coordinator:

(618) 453-8438

Barbara Tuthill, Executive Director: (618) 453-1467

After 4:30 p.m., weekends, and holidays (for immediate donation purposes):

Amanda Davis: (618)453-8438

Barbara Tuthill: (618)559-1675