



Donor Information for Gift of Body Donation

Thank you for your interest in donating your body to Washington University School of Medicine (WUSM). The School appreciates the importance of gifts made by program participants and their families. Through this generosity, participants directly contribute to the advancement of medical education and biomedical research.

The information provided here will assist you in making your decision. If after reviewing this information you wish to donate your body to WUSM, please complete the donor form, make copies for your records, and return the "School-Original Copy" with original signatures to the Department of Neuroscience at the address below. Because wills often are not read until after final disposition of the body, we recommend you talk to your family, physicians and/or attorney about this donation and provide them with copies of your donation form so they may carry out your wishes upon your death.

Note: Not all registered donors will be acceptable donors at the time of their death. WUSM reserves the right to refuse a body after death. Reasons for such refusal include, but may not be limited to a) an autopsy was performed, b) a body was embalmed; c) organs were removed for donation or transplantation (only eyes and brain may be removed after your death); d) communicable disease or infection (i.e. HIV-AIDS, Hepatitis B & C, MRSA, COVID-19); e) trauma to the body; f) recent invasive surgery; g) suicide; and/or h) extreme obesity. You are advised to have an alternate plan in the event your body cannot be accepted.

Attached is the form by which this donation may be made. If you wish to donate your body to WUSM, this form must be completed in its entirety and submitted to the program prior to death. We recommend you make copies of the information sheet and the donor form to share with your family or other individuals who will be responsible for your remains.

1. We require the form be: a) typed or legibly printed; b) signed by you in the presence of two (2) witnesses; and c) signed by those two witnesses, who must be over the age of 18.
2. Please provide a brief medical history, prepared by you, which includes illnesses, broken bones, surgeries (for women, number of pregnancies and vaginal and/or C-section births) and the approximate dates when each event occurred. This information can be useful in helping students understand the anatomy.
3. There is no fee to donate your body to WUSM. However, funeral directors and transporters charge for the services they provide. Please inquire about these charges before authorizing someone to transport your body. Your funeral director should call the Body Donor Program (see phone numbers below) to arrange for the delivery of your body.
4. Your body must not be autopsied or embalmed when received by WUSM.

After WUSM receives your body, no further information will be made available concerning your remains' use or final disposition. Bodies donated to WUSM are cremated and not returned to the family. They are scattered in a pastoral setting on property owned by the University. However, as a place of respite, WUSM offers Memorial Grove at Tyson Research Center as a place that families and friends may visit for reflection and connection to their loved ones. Because of the diversity of the individual donors, memorialization is left to the family of each donor.

If you have any questions, please do not hesitate to contact us at 314-362-3597 or 1-855-502-7894 (toll free).

Body Donor Program
Washington University School of Medicine
MSC 8108-01-03
660 South Euclid Avenue
St. Louis, Missouri 63110-1093

Gift of Body To Washington University School of Medicine

Name: _____
Mr. Mrs. Ms.

Address: _____

City, State, ZIP: _____

PERSONAL DATA

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____

City _____ State _____ Country _____

Marital Status: Single Married Widowed Divorced

Occupation: _____

Member of the Armed Services: YES No

Father's Name _____
First _____ M.I. _____ Last _____

Mother's Name _____
First _____ M.I. _____ Maiden _____

I, (please print your full name) _____

the undersigned, being a person of sound mind and eighteen (18) years of age or over, pursuant to the provisions of the Uniform Anatomical Gift Act, hereby make a gift of my body immediately after my death, to Washington University School of Medicine, or with the approval of the Chairman of the Department of Neuroscience at Washington University School of Medicine, to any other accredited Medical or Dental School, College or University, within or outside of the State of Missouri, for teaching and advancement of medical science. (This includes anatomical study, teaching, or autopsy or any combination of these at the sole discretion of the Neuroscience Department). I hereby direct that my **unautopsied and unembalmed** body be delivered to said Department of Neuroscience at Washington University in St. Louis, 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 made by me be construed to revoke or alter this gift unless expressly so stated therein. **I understand my body will NOT be returned for burial or cremation**, nor will any information about the use or final disposition of the body be provided once the body has been received by Washington University School of Medicine. I further agree to hold Washington University harmless against any liability arising from the use or disposition of said body.

Washington University School of Medicine reserves the right to refuse admission to the Body Donor Program or to refuse receipt of any body after death. Possible reasons for refusal include, but are not limited to: autopsy, embalming, removal of organs (except eyes and brain), communicable disease or infection (i.e. HIV-AIDS, Hepatitis B & C, MRSA, COVID-19), trauma to the body, recent invasive surgery, suicide

You should have alternate plans for burial or cremation in the event your body cannot be accepted.

Date: _____ Signature: _____

The undersigned being persons of more than eighteen (18) years of age acknowledge and certify to the fact that they both witnessed the execution of the foregoing Gift of Body by the donor on the date first hereinabove written:

1. Witness Signature: _____ **Print Name:** _____
Address: _____

2. Witness Signature: _____ **Print Name:** _____
Address: _____

Return this form to:

Body Donation Program, Washington University School of Medicine, MSC 8108-01-03, 660 South Euclid Avenue, St. Louis, MO 63110-1093

If you have questions, contact the Body Donation Program at: 1-855-502-7894 (toll free) or bodydonorprogram@wustl.edu