TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
Institute of Anatomical Sciences
Willed Body Program

3601 4th Street STOP 6528
Lubbock, Texas 79430-6528
T 806.743.2708 | F 806.743.9455
WBP.Lubbock@ttuhsc.edu

Anatomical Donation Disclosure

What Happens at the Time of Donation

Upon the donor's death, contact must be made with the Texas Tech University Health Sciences Center (TTUHSC) Institute of Anatomical Sciences (IAS) Willed Body Program (WBP) at 806-743-2708. The WBP evaluates each donated body to ensure it is suitable for education, training, and/or research purposes. This evaluation may include a medical/social history form and/or blood testing for communicable diseases (e.g., Hepatitis B, Hepatitis C, HIV) or other contagious conditions. Test results will not be shared with the donor's family or representative, but may be incorporated during education, training, or research activities in a de-identified and secure manner. The WBP may elect to embalm the body or use the body in a more natural state. If the body cannot be used for education, training, or research, the body will be cremated.

Personal items such as clothing or bedding will be discarded. Other personal belongings will be kept for seven days for the family to retrieve. If not claimed, these items may be discarded. Medical/dental implants, pacemakers, artificial joints, and similar items and materials will be recycled or destroyed and are not available for return.

How are Donations Used

A donated body may be examined, studied, or dissected for education, training, or research purposes. Parts of the body—such as organs, limbs, tissues, or fluids—may be removed for further study. Education, training, or research activities using a donated body or part may be conducted within TTUHSC or by other approved groups, including universities, research organizations, non-profits, or companies involved in medical education or device development. Pictures or videos of the donated body will be limited to authorized users and care will be taken to avoid identifying marks or features.

Donors and/or families may not select or designate the specific use of the donated body. The use of the donated body depends on many factors, including but not limited to, the condition of the body and the education, training, and research needs.

Although the donation is made to the WBP at TTUHSC IAS, the body may be transferred to another facility approved by the Texas Funeral Service Commission (TFSC), either inside or outside Texas. If transferred, the donor will be moved as a whole body and returned as a whole body for cremation.

What Happens at the Conclusion of the Donation

Donors will be cremated when all education, training, and research activities are completed, (e.g., cremation is the final disposition for all donors). Cremated remains will be returned to the person designated at registration. If the designated representative chooses not to receive the remains, the cremated remains will be irretrievably co-mingled and interred in the WBP ossuary and therefore, unavailable for future return to the family. While Texas law prohibits payments for donated bodies, the WBP covers the cost of cremation at the conclusion of the education, training, or research and there is, therefore, no cost to the family for cremation.

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Willed Body Donation Form

In this form, "Donor" refers to the individual listed in the "Donor Information" section below. The Willed Body Program (WBP) within the Institute of Anatomical Sciences (IAS) at the Texas Tech University Health Sciences Center (TTUHSC) accepts only first-person donations or donations from next-of-kin. Submitting a donation form does not confirm acceptance. Official acceptance will be communicated by WBP staff. If the WBP is unable to accept the donation, the next of kin or estate executor will be responsible for making other arrangements for final disposition. Any costs related to those arrangements are the responsibility of the family or estate.

I understand that donation requires cremation as the Donor's final disposition. Cremated remains will be returned only if the Cremation Designation section below is completed. If this section is not completed, I understand that the cremated remains will be irretrievably co-mingled and interred in the WBP ossuary and therefore, unavailable for future return to the family.

I authorize the WBP to transfer/transport the Donor inside or outside the State of Texas as deemed appropriate by the Texas Funeral Service Commission (TFSC). All transferred donors are returned to WBP for cremation.

At the time of the Donor's passing the family or responsible party must contact the WBP to coordinate retrieval of the donor. For Donors outside Lubbock County, the family or estate may be required to arrange for a local funeral home to pick up and hold the Donor until the WBP can arrange transportation. The WBP is not responsible for any costs charged by the funeral home or associated with holding the Donor for WBP transportation.

I waive and release all claims, whether known or unknown, in law and equity against the TFSC, TTUHSC, IAS, or WBP.

Donor Information:

Name of Donor: _____ Email: _____ Sex: ☐ Female ☐ Male

Social Security Number*: ____ - ____ - ____ Date of Birth: ____ / ____ / ____ Phone: ____ - ____ - ____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Cremation Designation: Please initial next to the desired option.

_____ **I DO NOT WISH** the cremated remains to be returned. The WBP will arrange for the proper disposition of the remains by irretrievably co-mingling the remains in the WBP ossuary.

_____ **I WISH** the cremated remains be returned to the individual designated below. The WBP will make contact via phone, email, or letter, at the time of cremation to arrange for the cremated remains to be returned by in-person appointment or U.S. Mail (via Priority Mail Express, return receipt requested) and may take up to 24 months from the date of death.

Designated Individual to Receive Cremated Remains:

Name: _____ Email: _____ Phone: ____ - ____ - ____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Attestation: Complete the appropriate section below.

Self-Donor: I, being of sound mind and disposition, having been informed about donation via the "Anatomical Donation Disclosure," desire that my body be donated after my death to support health sciences education, training, and research. I relinquish all rights and claims regarding my donation, including all medical and/or dental implants, devices, or materials.

Signature: _____ Print Name: _____

Phone: ____ - ____ - ____ Date: ____ / ____ / ____

Witness 1: _____ (Anyone 18 years or older, including relatives; notary not necessary.) Witness 2: _____ (Anyone 18 years or older, including relatives; notary not necessary.)

Next of Kin: I, being next of kin of the above-named Donor, having been informed about donation via the "Anatomical Donation Disclosure," authorize the donation of the Donor to support health sciences education, training, and research. I relinquish all rights and claims regarding the Donor, including all medical and/or dental implants, devices, or materials.

Signature: _____ Print Name: _____

Phone: ____ - ____ - ____ Email: _____ Date: ____ / ____ / ____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Witness 1: _____ (Anyone 18 years or older, including relatives; notary not necessary.) Witness 2: _____ (Anyone 18 years or older, including relatives; notary not necessary.)

Complaints/inquiries regarding a willed or donated body should be directed to the TFSC: phone 512-936-2474 email: anatomical@tfsc.texas.gov

WBP Offical Use Only

_____ (Date of Death) _____ (Registration Number) _____ (Date of Receipt)

*Notice for Request of Disclosure of Social Security Number (SSN). Pursuant to the Federal Privacy Act of 1974, I have been notified that disclosure of the SSN is required in order for TTUHSC-IAS-WBP to register the death with the Texas Department of State Health Services and the Social Security Administration to verify your identity. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable laws.

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Willed Body Program

VITAL STATISTIC INFORMATION

The Willed Body Program will file the death certificate for each donor who passes away in the State of Texas and is accepted into the program. The information requested below is needed to complete this official record. Please review the information carefully and confirm that it is accurate to the best of your knowledge to help avoid delays or errors. State regulations allow up to 10 days from the date of death to file the death certificate, and our staff will keep you informed of the status throughout this process.

Please retain copies of all submitted documents for your records and future review, this will also help to prevent document loss as well as assisting your family/representative at the time of need.

LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) | (Maiden Name (if applicable)

SEX | DATE OF BIRTH (mm-dd-yyyy) | AGE-Last Birthday (years) | BIRTHPLACE (City, County & State (or Foreign Country)

SOCIAL SECURITY NUMBER | MARITAL STATUS AT TIME OF DEATH: ◯ Married ◯ Widowed (and not remarried) ◯ Divorced (and not remarried) ◯ Never Married ◯ Unknown | SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)

RESIDENCE STREET ADDRESS | APT. NO. | CITY OR TOWN

COUNTY | STATE | ZIP CODE | INSIDE CITY LIMITS? ◯ Yes ◯ No

FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE | MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE

PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL: ◯ Inpatient ◯ ER/Outpatient ◯ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ◯ Hospice Facility ◯ Nursing Home ◯ Decedent's Home ◯ Other (Specify)

COUNTY OF DEATH | CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) | FACILITY NAME (If not institution, give street address)

METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)

SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: TTUHSC INSTITUTE OF ANATOMICAL SCIENCES STAFF

☒ Unknown
Section _____
Block _____
Lot _____
Space _____

PLACE OF DISPOSITION (Name of cemetery, crematory, other place): TEXAS TECH UNIVERSITY INSTITUTE OF ANATOMICAL SCIENCES

LOCATION (City/Town, and State): LUBBOCK, TX

NAME OF FUNERAL FACILITY: TEXAS TECH UNIVERSITY INSTITUTE OF ANATOMICAL SCIENCES

COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 3601 4TH STREET, MAIL STOP 6528, LUBBOCK, TX 79430-6528

EDUCATION: ◯ 8th grade or less ◯ 9th-12th grade, no diploma ◯ Some college credit, but no degree ◯ Associate's degree (e.g. AA, AS) ◯ High school graduate or GED ◯ Bachelor's degree (e.g. BA, AB, BS) ◯ Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA) ◯ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) ☐ **TTUHSC Alumni? Year:** _____

HISPANIC ORIGIN: ◯ No, not Spanish/Hispanic/Latino ◯ Yes, Puerto Rican ◯ Yes, Mexican/Mexican American/Chicano ◯ Yes, Cuban ◯ Yes, other Spanish/Hispanic/Latino: (specify) _____

U.S. ARMED FORCES: ☐ Yes ☐ No ☐ Army ☐ Air Force ☐ Coast Guard ☐ Marine Corp. ☐ Navy ☐ Space Force

***Please provide a copy of your DD-214*

PEACE OFFICER (in this state): ◯ Yes ◯ No

USUAL OCCUPATION (Do NOT use retired)

Type of Business/Industry:

INFORMANT'S NAME & RELATIONSHIP TO DECEASED | MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code)

INFORMANT'S PHONE NUMBER | INFORMANT EMAIL ADDRESS

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Medical Questionnaire completed by:

☐ Donor
☐ Next of Kin
☐ other: _____

INSTITUTE of ANATOMICAL SCIENCES
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Willed Body Program

Date:_____

This form should be updated every 5yrs if possible

Donor L.Name	Age	Gender: ○ M ○ F Other Explain:	Height	Weight

Note: The person completing this form should check next to ALL items experienced, to the best of his/her knowledge.
Provide explanation on all questions marked on page 2 of this form.

MEDICAL QUESTIONNAIRE

1. General ☐ UNKNOWN

☐ Allergies
☐ Migraines
☐ Skin Conditions (eczema; acne; etc.)
☐ Tobacco Use

2. Vision/Eyes ☐ UNKNOWN

☐ Age-Related Macular Degenration (AMD)
☐ Cataracts
☐ Diabetic Retinopathy
☐ Glaucoma
☐ Vision changes (blurry/blindness)

3. Cardiovascular/Heart ☐ UNKNOWN

☐ Aortic Aneurysym/Artery Surgery
☐ Arrhythmia
☐ Cardiomyopathy
☐ Cerebrovascular Disease
☐ Congestive Heart Failure
☐ Coronary Artery Disease w/or w/o pectoral
☐ Heart Attack/Failure
☐ Heart Valve Disease
☐ Stents

4. Respiratory/Breathing ☐ UNKNOWN

☐ Asthma
☐ COPD
☐ Cystic Fibrosis
☐ Emphysema
☐ Pulmonary Hypertension
☐ Mesothelioma

5. Gastrointestical/Digestion ☐ UNKNOWN

☐ GERD
☐ Peptic Ulcer Disease
☐ Irritable Bowel Syndrome (IBS)
☐ Inflammatory Bowel Disease (IBD)
☐ Celiac Disease
☐ Diverticulosis/Diverticulitis
☐ Gastroenteritis (stomach flu)

6. Endovascular/Circulation ☐ UNKNOWN

☐ Aneurysm
☐ Atherosclerosis
☐ Carotic Artery Disease
☐ Peripheral Vascular Disease
☐ Poor Blood Flow-Arms/Legs
☐ Stents to arteries
☐ Thoracic Outlet Syndrome
☐ Venous/Lymphatic Disorder

7.Renal/Kidney ☐ UNKNOWN

☐ Acute Kidney Injury (AKI)
☐ Chronic Kidney Disease (CKD)
☐ End Stage Renal Disease (ESRD)
☐ Kidney Failure
☐ Kidney Stones
☐ Nephrotic Syndrome
☐ Dialysis
☐ Kidney Transplant

8. Musculoskeletal/Mobility ☐ UNKNOWN

☐ Osteoarthritis
☐ Rheumatoid Arthritis
☐ Spinal Stenosis
☐ Herniated Disc
☐ Fractures
☐ Tendinitis
☐ Osteoporosis
☐ Amyotrophic Lateral Sclerosis (ALS)
☐ Fibromyalgia
☐ Scoliosis
☐ Spinal Cement
☐ Bone Cement
☐ Misc. Hardware

9. Psychiatric/Mental ☐ UNKNOWN

☐ Anxiety Disorder
☐ Depression
☐ Bipolar Disease
☐ Post Traumatic Stress (PTSD)
☐ Schizophrenia
☐ Eating Disorder
☐ Neurodevelopment Disorder

10. Metabolic/Metabolism ☐ UNKNOWN

☐ Diabetes Mellitis
☐ Type I
☐ Type II
☐ Metabolic Syndrome
☐ Obesity

11. Cancer ☐ UNKNOWN

☐ Bladder
☐ Brain
☐ Blood
☐ Colorectal
☐ Espohageal
☐ Head/Neck
☐ Kidney
☐ Liver
☐ Lung
☐ Metastatic
☐ Pancreated
☐ Sarcoma
☐ Skin
☐ Stomach
☐ Thyroid
☐ Uterine

FEMALE
☐ Breast
☐ Cervical
☐ Ovarian

MALE
☐ Breast
☐ Prostate
☐ Testicular

☐ Surgical Implants: explain under surgeries

12. Infectious/Contagious Disease ☐ UNKNOWN

☐ Clostridioides difficile(C.diff)
☐ Creutzfeldt-Jakob disease(CJD)
☐ Hepatitis B
☐ Hepatitis C
☐ HIV/AIDS
☐ Tuberculosis
☐ Sepsis
☐ MRSA

Sexually Transmitted Disease (STD)-w/i 12mths
☐ Syphillis
☐ Gonorrhea
☐ Genital Herpes
☐ Venereal Warts

☐ ever been incarcerated or an inmate for more than 72hrs
(confined to lockup, jail, or prison?) when:_____

13. Surgical Procedures *(last 5 years)*

Date:_____ Explain:_____

Date:_____ Explain:_____

Date:_____ Explain:_____

Date:_____ Explain:_____

Provide additional information/notes on all maked answers from page 1 When, Why, Treatment, Results, etc.

1. General	2. Vision/Eyes	3. Cardiovascular/Heart
4. Respiratory/Breathing	**5. Gastrointestical/Digestion**	**6. Endovascular/Circulation**
7. Renal/Kidney	**8. Musculoskeletal/Mobility**	**9. Psychiatric/Mental**
10. Metabolic/Metabolism	**11. Cancer**	**12. Infectious/Contagious Disease**