



DONOR INFORMATION PACKET

Anatomical Board University of Central Florida College of Medicine

Health Sciences Campus at Lake Nona 6850 Lake Nona Blvd Orlando, Florida 32827-7408 407-266-1142





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TABLE OF CONTENTS:

GENERAL INFORMATION REGARDING BODY DONATION	3
INSTRUCTIONS TO PERSONS INTERESTED IN DONATING THEIR BODIES	4
INSTRUCTIONS TO THE SURVIVORS OF BODY DONORS	5
DEDICATION FORM	6-7

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ANATOMICAL BOARD OF THE STATE OF FLORIDA

GENERAL INFORMATION REGARDING BODY DONATION

We commend you for your benevolent attitude in considering body donation. Through donating your body you will make a significant contribution to medical science by enabling health care professionals to gain a better understanding of the normal and diseased states of the human body. The response in our State has been most gratifying. However, the number of donations will need to increase as research and educational programs in the medical field continue to expand. We are most grateful for your willingness to consider the donation of your body. The procedure for donating one's body is quite simple.

The donor or the surviving relatives must make arrangements with a local funeral home, crematory or mortuary and pay for:

- 1. Preliminary embalming and paperwork.
- 2. Transportation of the body to the Anatomical Board located at the University of Central Florida, Orlando, Florida.

The Anatomical Board receives no financial support from the State and regrets the necessity of requiring that you pay for the above services.

Bodies cannot be accepted for donation if:

- 1. The individual is obese or weighs more than 250 lbs.
- 2. An autopsy has been performed
- 3. Death was caused by a crushing injury
- 4. The individual has sepsis or a highly contagious disease (such as Hepatitis, AIDS, CJD, COVID-19, MRSA, Staph)

There is no age limit on donated bodies. It is important for the family to recognize that the Anatomical Board cannot issue reports regarding the cause of death or any findings. If a family wishes to receive such information, they should have an autopsy performed by a qualified pathologist.

If you are agreeable to the above conditions, please sign TWO copies of the dedication forms. You should keep one for your personal records and return one to our Orlando Office. You DO NOT need to notarize.





Thank you for your interest in our donation program.

INSTRUCTIONS TO PERSONS INTERESTED IN DONATING THEIR BODIES

- 1) Two copies of the dedication form should be signed in the presence of two witnesses. Since properly completed dedication forms have legal status, a formal will is not required.
- 2) One original dedication form should be forwarded to the Anatomical Board of the State of Florida, University of Central Florida College of Medicine, 6850 Lake Nona Blvd, Orlando, Florida 32827-7408. The other copy should be retained by the donor and placed in his or her personal files.
- 3) Copies of the "Instructions to Survivors." should be given to relatives, close friends, or whoever will be in charge of final arrangements. In this way, those concerned will know of the donor's wishes and will be in a better position to carry them out.
- 4) Although not essential, it will save your relatives the necessity of doing so if you make arrangements now with a funeral director in your vicinity. The funeral home director should be informed of your plan to dedicate your body for scientific purposes and instructed as to what his responsibilities will be (see Instructions to Survivors).
- The Anatomical Board is not able to remove and store tissues for eye banks or other agencies which collect tissues from recently deceased persons for transplantation to living persons. If you are interested in such procedures, you should discuss the possibilities with your physician. However, the Board will accept bodies from which such tissues have been removed.
- 6) Ordinarily after being used in medical research and education, the body will be cremated pursuant to Florida Statutes 497.005. If the survivors wish to receive the ashes after cremation, a written request to that effect should be filed with the dedication form or at the time the body is transported to the Anatomical Board. If no request has been received, the Anatomical Board will take responsibility for disposing of the cremains by spreading them over the waters off the Florida coast.
- 7) If you have any questions about the above procedures, please feel free to contact our office at the above address or by telephoning our number, 407-266-1142. Our answering service will answer calls after hours and can reach our staff if needed.





INSTRUCTIONS TO THE SURVIVORS OF BODY DONORS

- 1) As soon as possible after death, the body should be transferred to a funeral home of the family's choice. We can help you locate a funeral home. Please call us for assistance.
- 2) The funeral home director should be told of the wishes of the deceased to have his or her body made available for use in medical research and education/Anatomical Board of Florida. Most, if not all, of the funeral home directors should be familiar with our procedures and what protocols they need to follow. They may call us for assistance.
- 3) The cost of the preliminary embalming and transportation to Orlando will be borne by the family or estate of the deceased. Charges for these services are determined by the individual funeral homes. The Anatomical Board has no jurisdiction in this matter. You may wish to discuss arrangements with more than one funeral director. Bodies delivered to the Anatomical Board should not be in a casket.
- 4) Bodies of persons dying from crushing injuries, sepsis or certain highly communicable diseases (such as AIDS, COVID-19, Hepatitis, CJD, MRSA, Staph) cannot be accepted by the Anatomical Board. Autopsied bodies or those with obesity also cannot be accepted. It is important for the family to recognize that the Anatomical Board cannot give any reports to them regarding the cause of death or any findings. If a family wishes to receive such information, they should have an autopsy performed by a qualified pathologist.
- 5) After being used for medical education and research purposes, the body will ordinarily be cremated pursuant to Florida Statutes 497.005. The ashes are made available to the family or friends if requested in writing at the time the body is transported to the Anatomical Board. Medical education and research take approximately two years to be completed. At that time, next of kin are notified of the availability of the cremains if there was a previous request for their return. If no request has been received, the Anatomical Board will take responsibility for disposing of the cremains by spreading them over the waters off the Florida Coast.
 - office at the above address or by telephoning our number, 407-266-1142

 med.ucf.edu/willed-body



(PRINT NAME LEGIBLY)



Anatomical Board University of Central Florida College of Medicine 407-266-1142

DEDICATION FORM

(Does NOT need to be notarized)

_____, the undersigned, desire that my body, at the time of death, be

given to the Anatomical Board of the State of Florida for s understood that the Anatomical Board of the State of Fwithin the geographical limits of the State of Florida or if Board assume responsibility for returning my body to the t is also understood that this is a legal document in that my body for medical use, as provided in Chapter 406.50 to 765.514, Florida Statutes. In order that this wish be pronaccept responsibility for obtaining the consent of all my	Florida can accagencies or in State of Florida is a statement of the Statement of the Statement of use by the sains will be can ay possess certains can accompany the sains will be can an accompany possess certains will be can accompany the same accompany to the same accompany	cept my boo ndividuals o ida. ent of my wi of and Chap ectively carri ose friends l University remated an ertain uniqu	dy only if I become deceased ther than the Anatomical ish and intention to dedicate ter 765.510 through ied out after my death, I likely to have any concern or other educational d distributed pursuant to be structures, either	
Date of Birth:	Name (PRINT LEGIBLY)			
	Signature			
Driver License/ID #:	Address (PRINT LEGIBLY)			
Social Security #: <u>XXX</u> - <u>XX</u>	City	State	Zip Code	
Signed in the presence of these witnesses of this	day of		20	
Witness:	Witness:			
Signature	Signature		<u> </u>	
Address	Address			
City State Zip Code AN EQUAL OPPORTUR	City	State	Zip Code	
ANTEGOREOTTORIO				



(PRINT NAME LEGIBLY)



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Date of Divide.	Name (PRINT LEGIBLY)		
Date of Birth:	Signature		
Driver License/ID #:	<u> </u>		
	Address (PRINT LEGIBLY)		
Social Security #: <u>XXX</u> - <u>XX</u>			
	City State Zip Code		
Signed in the presence of these witnesses of thi	s day of20		
Witness:	Witness:		
Signature	Signature		
Address	Address		
City State Zip Code	City State Zip Code		
AN EQU	AL OPPORTUNITY INSTITUTION		