

**Wake Forest University**
School of Medicine

Center for Experiential & Applied Learning/Whole Body Donation
1 Medical Center Blvd, Winston-Salem, North Carolina 27157-1040
336-716-4369 | 336-716-2447 (fax) | bodydonation@wakehealth.edu

Signature on this form grants permission to release the decedent to Wake Forest University School of Medicine and authorizes delivery or dispersal of the cremated remains as directed.

SIGNATURE ON THIS FORM MUST NOT BE DATED PRIOR TO THE DEATH OF THE DONOR.

This form is *only acceptable* when signed by the legal next of kin **AFTER** death has occurred.

The following steps **are required** to process an anatomical donation:

- Signature on this release form must be processed by the **legal next of kin**. This is a specific designation outlined by statute in the State of North Carolina. Where there are multiple siblings, additional signatures may be required.
- Prior to authorizing donation, our staff will qualify condition by telephone with authorized healthcare personnel. For contact during operating hours (8:00 AM – 5:00 PM, M-F), please call **336-716-4369**. Outside those hours, please contact **336-716-2011** and **request that the operator page on-call staff for whole body donation.**
- Upon qualifying assessment with healthcare personnel, the next of kin is financially responsible for transport to our facility. With contact after hours, arrangement for transport must include appropriate storage until scheduled delivery. *On-call staff may provide assistance to identify a transport/funeral service able to manage both transport and overnight storage.*
- PLEASE REMOVE AND SECURE ALL PERSONAL PROPERTY. Only cremated remains will be returned by our program.
- The following information is requested prior to confirming or receiving a scheduled delivery:

Information to Identify Donor:

(First Name)		(Middle Name)		(Last Name)		(Suffix) <input type="checkbox"/> JR <input type="checkbox"/> SR
(Date of Birth)	(Date of Death)	(Sex)	(Social Security Number)	(Marital status – please check one) <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> LEGALLY SEPARATED		(Number of surviving children)
(Name of facility where death occurred <u>OR</u> address of private residence where death occurred)				(With death outside a medical facility, <u>please identify hospice or primary care provider</u>)		

- Cremation will not incur cost to the family. WFUSM will return the cremated remains as directed below:

***DO YOU WISH TO RECEIVE RETURN OF THE CREMATED REMAINS? (PLEASE ENTER "YES" OR "NO" IN THIS BOX:)** ☐

Requested Delivery Address for Return of the Cremated Remains:

(Name of Recipient or Funeral Home Receiving Cremated Remains)	(Phone Number for Recipient)
(Mailing Address – please include street name and number, city, state and zip code)	

In the event of a delivery failure, WFUSM will attempt contact with the legal next of kin. After a period of 12 months, cremated remains will process for dispersal according to state regulations.

- The following section must be completed by a party recognized by the State of North Carolina to hold authority. **Witness** signature must be provided by a person unrelated by blood or marriage. For questions, call 336-716-4369.

Authorized Signature(s) from Legal Next of Kin and Witness (Healthcare and/or funeral service professionals may serve as witness):

(PRINTED NAME OF SIGNATORY)	(Signature) SIGNATURE MUST NOT PREDATE THE DATE OF DEATH.	(Date) PLEASE SEE NOTIFICATION ABOVE SIGNATURE MUST NOT PREDATE THE DEATH
RELATIONSHIP TO DONOR: <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD* (please complete attestation @ right) <input type="checkbox"/> SIBLING* (please complete attestation at right) <input type="checkbox"/> HCPOA** (please complete attestation at right) <input type="checkbox"/> SPECIFY OTHER RELATIONSHIP:	*WITH SIGNATURE BY ONE OF MULTIPLE CHILDREN OR SIBLINGS TO THE DONOR: <input type="checkbox"/> If signatory is a CHILD of the donor, signatory confirms that <u>all surviving children of the donor agree to donation</u> <input type="checkbox"/> If signatory is a SIBLING to the donor, signatory confirms that <u>all surviving siblings of the donor agree to donation</u> **WITH SIGNATURE BY HCPOA: <input type="checkbox"/> If signatory is named HCPOA, signatory confirms that <u>HCPOA agreement includes specific authority for disposition of the remains</u>	
(Contact information for signatory – please include street name and number, city, state and zip code)		EMAIL
		PHONE
(PRINTED NAME OF WITNESS) HEALTHCARE/HOSPICE OR FUNERAL SERVICE CONTACT	(Signature of Witness)	(Date)
(Healthcare facility or funeral service that employs witness in this context/Residence address for personal contact)		(Facility phone number/Phone contact for personal witness)

Thank you for your support of medical education through whole body donation. Please retain this form as your record of disposition. You may contact with any questions to 336-716-4369.



every
body gives
hope



PROCEDURES FOR WHOLE BODY DONATION

Our program staff is available twenty-four hours a day to assess for potential donation when a death occurs. There is no requirement for prior preregistry.

Contacts to reach our program staff around the clock:

336-716-4369 Weekdays 8:00 AM - 5:00 PM

336-716-2011 Nights/Weekends/Holidays (*dial "0" to request on-call contact for body donation*)

Prior to the occurrence of death:

- Review these procedures with next of kin and/or healthcare provider(s)
- Request upload of this information to the medical record or share with facility contacts
- Consider options for transport service local to the area

At the occurrence of death:

- Contact our program when death is pronounced
- Verify contact with healthcare personnel to qualify condition for donation
- Identify a transport or funeral service to coordinate delivery

Upon qualifying assessment with healthcare personnel:

- Legal next of kin must sign and submit the Declaration of Consent
Signature by fax, email or DocuSign is required to authorize delivery
- Arrange transport for delivery to our program (see link below)

Deliveries are scheduled weekdays between 8:00 AM – 3:00 PM

On-call staff is available for assistance with resolving appropriate storage until scheduled delivery.

If the family is not already working with a local funeral home, a listing of transport services utilized by the medical examiners in Forsyth County is available on our website at the link below. Information regarding transport from different counties may also be accessed here:

<https://school.wakehealth.edu/whole-body-donation>

Whole body donors to North Carolina medical schools improve training for providers who serve critical and ongoing needs in our local and regional healthcare facilities. We very much appreciate your intended donation to the School of Medicine.



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