



General Information and Enrollment

“Supporting Education by creating a bridge between generous Whole-Body donors and Educational Institutions of the Pacific Northwest”

Educational Body Donation is a privately owned, whole-body donation program that fulfills a unique academic need in the Northwest. We are licensed and regulated by the Oregon Health Authority as a Non-transplant Anatomical Research Recovery Organization (NARRO). This licensing and regulation is required by Oregon statute because we are not directly affiliated with, or operated by, any one educational institution, but instead, serve many institutions in their needs for whole-body study as part of their curriculum. Although licensed as a NARRO, **Educational Body Donation** is not engaged in the practice of research, but is very specifically engaged in the practice of preparing human remains for curriculum-based, cadaveric use in a classroom setting only.

How to Register:

Registration for yourself: An individual may pre-register for themselves using **Form 1**. All self-consenting individuals must have decision making capacity at the time they complete the consent form. Each form must be signed in the presence of two witnesses.

Registration for someone else: A next of kin/authorizing agent may register on behalf of their loved one using **Form 2**. If an authorizing agent is completing Form 2, please include a copy of the legal document designating your authority, such as a health care directive or power of attorney. Each form must be signed in the presence of two witnesses.

Forms should be submitted to *Educational Body Donation*:

Mail: PO Box 3570, Tualatin, OR 97062

Fax: 503-404-4115 Email: Info@EducationalBodyDonation.org

24 Hour Death Notification: 503-404-4114

What to do at the time of death:

At the time of death notification, an initial medical assessment is performed over the phone by Educational Body Donation to determine donor's initial eligibility. The initial assessment procedure is best completed with a medical professional, but it may also be completed with a family member depending on their level of comfort. If accepted through this assessment, Educational Body Donation will arrange for transportation from the place of death. For transportation outside of the greater Portland area, transportation fees may apply.

Following transportation, the program director will follow up with the donor's next of kin/authorizing agent, generally on the next business day. Note that in rare cases a donor may be ineligible for donation once a physical assessment is performed. In these cases, Educational Body Donation will contact a donor's next of kin, and if necessary, provide a referral for alternate disposition arrangements.

If a potential donor is declined through the medical assessment, alternate arrangements are the responsibility of the next of kin.



Body Donation Notice

On behalf of Educational Body Donation and Educational Institutions of the Pacific Northwest, we thank you for the generous gift of donation.

Through Educational Body Donation, a donor will be used solely for teaching and education. Following the donation of a whole-body for education, the donor's entire remains are returned to Educational Body Donation for cremation. Cremation is completed through Cascade Cremation Center. Following the cremation process, the entire cremated remains are returned as specified on the Cremation Authorization form.

There are no charges to be a donor through the Educational Body Donation. Transportation into the care of Educational Body Donation, preparation of the body, transportation to and from an educational institution, transportation to Cascade Cremation Center, and cremation of the entire donor remains will be financially covered by Educational Body Donation. *Exceptions may include:*

- *Transportation charges if mileage is greater than 100 miles*
- *Mailing of cremated remains*
- *Cemetery charges*
- *Third-party fees such as those for*
 - *Medical Examiner transportation*
 - *Additionally requested goods or services selected by the family*

If a donor is rejected after the initial screening, other arrangements for disposition must be selected, at the family's expense.

If a donation is rescinded following acceptance into the program, charges will apply for transportation, embalming, preparation and disposition, if they have occurred. *Note: donation is a manner of disposition and is irreversible much like embalming or cremation.*



Educational
Body Donation

PO BOX 3570
Tualatin, OR 97062
(503) 404-4114 Phone
(503) 404-4115 Fax
Info@EducationalBodyDonation.org

Form 1: Self-consenting Enrollment Form

*Individual Donating their own body to
Educational Body Donation*

Donor Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____

Next of kin: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Phone: _____

Disposition of Remains:

_____(initial) I acknowledge that Cremation and Disposition of my remains will be handled
according to my completed Cremation Authorization Form



Self-Consenting Consent Form:

I acknowledge by completing this Consent form that I am allowing Educational Body Donation to prepare my body for curricular needs at a qualified institution. Preparation may include embalming of my body.

I understand that following preparation, Educational Body Donation will transfer my body to a qualified institution. For the purpose of education, my body may be dissected and/or disarticulated.

I understand that certain laboratory and diagnostic testing may be performed and, if mandated by law, results may be reported to the Oregon Health Authority.

I understand and authorize Educational Body Donation or the Educational Institution to acquire and retain images related to specific medical education studies with the understanding that care will be taken to protect identity and dignity.

I understand that Educational Body Donation may capture digital fingerprints.

I understand that a donor or next of kin/authorized agent cannot select the Educational Institution or curriculum for the anatomical donation.

I understand that my body will need to be assessed for donation at the time of death and may not be accepted to the Educational Body Donation program. I understand that if this situation arises my next of kin/authorizing agent will be required to make alternate arrangements for final disposition of my body at their expense.

I understand that if my next of kin/authorizing agent rescinds my donation, after acceptance into the program, charges will apply for transportation, embalming, preparation and disposition, if they have occurred. The next of kin/authorizing agent would be responsible for these charges. *Note: donation is a manner of disposition and is irreversible much like embalming or cremation.*

I understand that I may amend or revoke a donation at any time prior to death.

I agree that a copy of this Consent Form is valid as an originally signed Consent Form.

I acknowledge that I am at least 18 years of age and competent to make decisions on my own behalf and that I have signed this Enrollment Form in the presence of at least two adult witnesses.

Authorized Signature:

I acknowledge that I have read (or had read to me) this document in its entirety. I have had the opportunity to ask questions, have had my questions answered, and I fully understand this document. By signing below, I consent to the donation and disposition of my remains as described above. In signing below, I represent myself as the Donor named on this form.

Signature of Donor

Date



Educational Body Donation

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Tualatin, OR 97062
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Signature of Witnesses:

Two witnesses must sign this form to abide by your wishes to donate to Educational Body Donation. Neither of these two witnesses can be affiliated with a funeral service establishment or hospice agency involved in the donor's care. One of the two witnesses must be a "disinterested witness," meaning someone other than:

A spouse, domestic partner, child, parent, sibling, grandchild, grandparent, extended relative or guardian of the donor; or

An adult who exhibited special care and concern for the donor; or

A representative of an institution (including a hospital, accredited medical school, dental school, college, university) or organization (including an organ procurement organization, eye bank, tissue bank)

By signing below, I declare that the person listed above, signed this enrollment form in my presence and that he/she appeared to be of sound mind and not acting under duress, fraud or undue influence. Please print the information legibly.

Witness Signature

Witness Signature

Full Name of Witness

Full Name of Witness

Witness Relationship

Witness Relationship

Street Address

Street Address



Form 2: Next of Kin/Authorizing Agent Enrollment Form
***Next of Kin/Authorizing Agent Donating a Body on Behalf of an
Individual to Educational Body Donation***

Donor Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____

Next of kin: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Phone: _____

Disposition of Remains:

_____(initial) I acknowledge that Cremation and Disposition of the remains, named above, will be handled according to the completed Cremation Authorization Form



**Next of Kin/Authorizing Agent
Consent Form:**

I acknowledge that I am authorized to make this donation on behalf of the person named above and understand that I may need to provide supporting documentation designating my authority to make the donation.

I acknowledge that I am not aware of any record signed or otherwise made by the person named above refusing to make an anatomical gift.

I acknowledge by completing this consent form that I am allowing Educational Body Donation to prepare the body for curricular needs at a qualified institution. Preparation may include embalming of the body.

I understand that following preparation, Educational Body Donation will transfer the body to a qualified institution. For the purpose of education, the body may be dissected and/or disarticulated.

I understand and authorize Educational Body Donation or the Educational Institution to acquire and retain images related to specific medical education studies with the understanding that care will be taken to protect identity and dignity.

I understand that Educational Body Donation may capture digital fingerprints.

I understand that a donor or next of kin/authorized agent cannot select the curriculum or Educational Institution for the anatomical donation.

I understand the donated body may not be accepted for donation at the time of death. I understand that if this situation arises the next of kin/authorizing agent will be required to make alternate arrangements for final disposition of the body at their expense.

I understand that if donation is rescinded, after acceptance into the program, charges will apply for transportation, embalming, preparation and disposition, if they have occurred. The next of kin/authorizing agent would be responsible for these charges. Note: donation is a manner of disposition and is irreversible much like embalming or cremation.

I agree that a copy of this Consent Form is valid as an originally signed Consent Form.

I acknowledge that I am at least 18 years of age and that I have signed this Consent Form in the presence of at least two adult witnesses.

I understand that certain laboratory and diagnostic testing may be performed and, if mandated by law, results may be reported to the Oregon Health Authority.

