

**THE TEXAS A&M UNIVERSITY SCHOOL OF MEDICINE
NEUROSCIENCE & EXPERIMENTAL THERAPEUTICS
WILLED BODY PROGRAM**

8447 Riverside Parkway, Suite 1005
Bryan, TX 77807-3260
(979) 436-0316

DONATION OF A DECEDENT'S BODY

I, _____, residing
at _____ being the
_____ of the late _____,

donate said decedent's body to the Anatomical Board of the State of Texas as represented by The Texas A&M University System Health Science Center's School of Medicine for the purpose of advancing medical education. I am not aware of any contrary indications from the decedent neither prior to death, nor of the opposition of this donation on the part of any member of the same or a prior class. I authorize the Anatomical Board of the State to transfer the willed/donated body hereon described to other teaching or research institutions within the State of Texas or out of the State of Texas in the event that the holding institution and the Executive Secretary of the Board have determined an excess of bodies currently exists in the State of Texas. I authorize release of pertinent radiographs and information from the medical records of the donated body hereon described to officials at the institution named above for the purpose of enhancement of the use of the body in medical education and research.

I understand that determination of actual acceptance for donation cannot be determined until actual time of death, and that a representative of the Texas A&M University System Health Science Center's School of Medicine Willed Body Program reserves the right to refuse the donation if the body does not meet our criteria.

I understand that the receiving institution will pay a basic fee for embalming and transportation of the donated body, hereon described, a distance of 200 miles or less from the institution. Any additional costs will be charged to the estate. If the body is not accepted for donation, the family or estate would be responsible for payment of the transport costs.

I understand that final disposition of the body shall be cremation. I hereby relinquish all rights and claims regarding hereon described body, by any person whosoever, and direct that in accepting and using this body for medical education purposes, and disposing of the body, neither the Anatomical Board of the State of Texas nor the receiving institution shall incur any liability, and no claim shall arise against that institution in any manner.

I understand that complaints or inquiries regarding a willed or donated body should be directed to the Executive Secretary of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered. Pursuant to Section 3. (b) of Article 4590-2, V.T.C.S., the classes of donors, in order of priority, are: (1) the spouse, (2) an adult son or daughter, (3) either parent, (4) adult brother or sister, (5) a guardian of the person at the time of death, (6) any other person authorized or under obligation to dispose of the body.

(continued on next page)

Do you want the ashes returned to the family? _____ YES _____ NO

(If "YES", there will be a modest \$100.00 charge for this service. Checks can be made out to "TAMU-COM Willed Body Program". If "NO", the ashes will be buried or scattered in a local Bryan/College Station cemetery at the expense of the Department.)

Ashes to be returned to: _____

NAME

RELATIONSHIP

ADDRESS

CITY

STATE

ZIP

PHONE #

Email

WITNESS MY HAND this _____ day of _____, 20____.

Donor's Signature: _____

Printed Name: _____

Address: _____

Phone#: _____

Email: _____

Signatures and addresses of two (2) witnesses.

I, the undersigned witness, hereby certify that I am over 21 years of age on this date and that I have witnessed the signature of the Donor above.

(Witness Name)

(Printed Name)

(Date)

(Address)

(Phone #)

(Email)

(Witness Name)

(Printed Name)

(Date)

(Address)

(Phone #)

(Email)

FOR FURTHER INFORMATION, CALL (979) 436-0316 or write:

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