



## ANATOMICAL WHOLE BODY DONOR ACKNOWLEDGEMENT FORM

I, the undersigned, acknowledge that \_\_\_\_\_ (*name of donee Willed Body Program or Non-Transplant Anatomical Donation Organization*) informed me about the following regarding my whole body donation for the advancement of medical, dental, and forensic science education, training, and/or research. **(Check the boxes that apply).**

**1) The donee may or will use my whole body or part of my body donation for:**

- Medical education (e.g., medical, dental, or health professions educational courses/labs).
- Research (e.g., anatomical, cellular, and/or tissue studies, medical device innovation).
- Clinical skills training (e.g., medical device training, current, or new surgical training).
- Mortuary science education (e.g., training for funeral services, embalming).
- Forensic science education (e.g., studying body decomposition outdoors in the natural elements) or search/rescue training (e.g., canines used to find a body/part(s) buried in debris).
- Other: \_\_\_\_\_

**2) Consequences of donating my whole body to the donee will or may include:**

- Students/health professionals dissecting or observing the dissection of my body/body part(s), where the skin and tissue are cut or taken apart, to learn about the body by identifying muscles, nerves, vessels, bones, joints, and/or organs.
- The removal/separation of body parts from my body and transferred to multiple locations for trainings, medical device testing, education, etc., by the donee or 3<sup>rd</sup> parties.
- The transfer of my body/body part(s) to 3<sup>rd</sup> party facilities:
  - in-state       out-of-state       out-of-country.
- Use by students and health professionals at traditional educational settings (e.g., university classrooms/labs), traditional medical facilities (e.g., hospitals, bioskills facilities), or non-traditional facilities (e.g., hotels, convention centers).
- Redistribution of my body in-state/out-of-state by the Texas Funeral Service Commission.
- Photo/video use of my body or body part(s), which may include identifying features.
- Other: \_\_\_\_\_

**3) The final disposition of my whole body donation by the donee may include:**

- Cremation and return of the cremated remains to the family/designee.
- Use or cremation by the donee or third-party, and cremated remains will not be returned.
- Other: \_\_\_\_\_

Donee gave me time to ask questions and receive information on the uses, consequences, and final disposition of my whole body donation. I understand more detail will be in the consent form.

**Donor/Designee  
(Signature)**

**Donor/Designee Name  
(Printed)**

**Donor DOB**

**Date**