



REQUESTED MATERIALS FOR BODY DONATION

Thank you so much for your interest and for your intended support of medical education through whole body donation at Wake Forest University School of Medicine.

Our program staff is available twenty-four hours a day to assess for potential donation when death occurs. There is never a requirement to submit paperwork to our program prior to that contact.

Enclosed is a checklist that includes information to reach our on-call staff around the clock, every day of the year. To best prepare healthcare and/or funeral service professionals to proceed with donation at the occurrence of death, you may provide them with copies of this information.

If your contact regards a prior application for pre-registry, we very much appreciate your commitment to make a positive difference in healthcare. Our process for pre-registry has updated to align with changes in state regulations. These materials outline the current process for donation.

Every potential donor who meets current criteria at the time of contact will be accepted for donation, with authorized signature from the legal next of kin. Every contact will require assessment with healthcare personnel, regardless of the status of prior pre-registry.

Our printed packet includes a wallet card that will provide immediate direction for healthcare providers and/or next of kin to guide contact at the occurrence of death. To request a printed packet, please contact our program office at 336-716-4369 or **bodydonation@wakehealth.edu**.

Whole body donors to North Carolina's university healthcare systems improve training for providers who meet critical healthcare needs in our state and local communities. We very much appreciate the generosity in your consideration.

With sincere gratitude,

Whole Body Donation Program
Center for Experiential and Applied Learning
Wake Forest University School of Medicine





PROCEDURES FOR WHOLE BODY DONATION

We are available twenty-four hours a day for contact at the time of donation.

There is no paperwork required by our program in advance of that contact.

You may reach our program staff at the numbers below for process when a death occurs:

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

336-716-2011 Nights/Weekends/Holidays (*dial "0" to request on-call staff*)

Prior to the occurrence of death:

- **Review this outline of procedures**
- **Ensure understanding with family members and healthcare providers**
- **Consider options for a transport service local to the area**

At the occurrence of death:

- **Notify program staff (available around the clock)**
- **Confirm contact between healthcare personnel and our program to verify condition**
- **Identify a transport or funeral service to manage delivery**

Upon qualifying assessment with healthcare personnel:

- **Process and submit the Declaration of Consent**
Signature by fax, email or DocuSign is required to authorize delivery
- **Contact a transport/funeral service to arrange delivery**
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 improve training for providers who serve urgent and ongoing healthcare needs in North Carolina. We very much appreciate your contact with donation.



every
body gives
hope



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 <input type="checkbox"/>
(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)	(Date)
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)	(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.

