



Donor Authorization for Anatomical Gift to Wayne State University Body Bequest Program

Being eighteen years of age or over and of sound mind, I hereby offer my body, after death, as an unrestricted anatomical gift to the Wayne State University Body Bequest Program.

- I understand that my accepted body may be used for the purpose of education or research, both within WSU and outside WSU by another institution, in the sound judgement and sole discretion of the program.
- I understand that the acceptance and exact use of my body will be at the discretion of the program. In some cases, such use may involve exposure to destructive or damaging forces (e.g., impacts, crashes, ballistic injuries, blasts). Examples of how the gift might be used for education or research include: medical education and training, forensic sciences (e.g., gross anatomy, pathology, engineering, anthropology); vehicle safety or the development of protective equipment (e.g., military, law enforcement, sports).
- I understand that, for the purposes of education or research, the program reserves the right to preserve and retain individual tissues and organs, and to create photographic, video, or media images of parts of my gift in ways that are de-identified and with respect for my dignity.
- This authorization is voluntary and no treatment, payment, or enrollment or eligibility for benefits is conditioned upon my signing this form. This authorization expires only upon revocation of my anatomical gift. For information on revoking this authorization and delivering a revocation, please contact the program.
- My signature below confirms that I have read the "Body Bequest Program Brochure" attached to this Donor Authorization form. I understand any questions that may arise may be directed to the Program by phone at (313) 577-1188, or by email at brosso@med.wayne.edu.

I understand this donation is subject to applicable law and program policies in effect at the time of my death.

First Name	Middle Name	Last Name	
Name at Birth	Date of Birth	Place of Birth (city and state)	
Residence Address	Residence City	Zip	Residence County
Social Security Number	Sex	Race	Ancestry

Highest Level of Education		Hispanic?	Usual Occupation (even if retired)	Industry
Veteran?	Marital Status		Surviving spouse's name (if wife, maiden name)	
Father's Name			Mother's Name (Maiden)	
Signature of Donor			Date Signed	
Next of Kin Information Name and Phone Number			Next of Kin Information Name and Phone Number	
Signature of Witness/Date Signed			Signature of Witness/Date Signed	

GIFT OF HUMAN ANATOMY TO EDUCATIONAL INSTITUTION

Pursuant to the provision of the revised uniform anatomical gift law, public act 368 of 1978, amended as public act of 2008, I hereby give my body, to be delivered after my death as provided in the aforementioned law, to Wayne Sate University School of Medicine to be used in the advancement of medical teaching and/or research.

To fulfill the purposes hereby intended, my body is not to be autopsied since an autopsy would render it unsuitable. However, if my next of kin should grant permission to perform an autopsy which is deemed to be necessary, then my body is to be buried at the expense of my estate or next of kin and notification given to Wayne State.

I understand **there is the potential the donated body may not be accepted by the medical school.** This decision is made at my time of death and is based upon an evaluation for contagious diseases that may be transmissible after death, the height and weight of my body (BMI of 18-30), amputations, recent major surgeries, bedsores, in a fetal or contracted position, or decomposition of my body. If the medical school determines the body is not suitable for donation, the next-of-kin are responsible for arranging for either burial or cremation at their expense.