

# **INSTRUCTIONS FOR THE WILLING OF BODIES TO: DEPARTMENT OF CELLULAR AND STRUCTURAL BIOLOGY THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO**

## **PURPOSE OF THE BODY DONATION PROGRAM**

The Willed Body Program provides anatomical material that is essential for the furtherance of medical knowledge. Most of the bodies which come through this program to the University of Texas Health Science Center at San Antonio are used in the teaching of anatomy (body structure) to medical students, dental students or students of the allied health sciences. Some bodies are used by resident physicians and dentists in their training for specialty practice. Other bodies may be used by biomedical scientists in research aimed at the solution of specific health problems or the development of new medical or surgical procedures or devices. In all cases, the Willed Body Program retains control of the body and is responsible for its treatment in a manner befitting a human body.

## **PROCEDURE FOR WILLING YOUR BODY**

Texas law (Health and Safety Code of the State of Texas, Title 8, Chapters 691-693) allows persons 18 years of age or older to will their bodies for use in the advancement of medical science. This bequest does not require the consent of relatives and may be made by completing the simple statement on the attached Body Bequeathal Agreement form. The statement requires the donor's signature, attested to by the signatures of two witnesses of legal age. The form does not need to be notarized; and relatives, spouses, or neighbors, etc., may sign as witnesses. In fact, it is desirable to have such persons witness the form to avoid misunderstanding among the survivors. You have been given one copy of the will form designating The University of Texas Health Science Center at San Antonio as recipient of your body. When you have completed the form, please return it to the address at the top of the page for registration by our office.

After your will is entered into our records, a signed copy of the form will be returned to you, along with a wallet card that identifies you as a body donor. One copy of the form should be kept with your personal papers, but do not place it in a safe deposit box in a bank vault. It is important to use these forms and follow this procedure, since a bank box may not be opened or a formal will may not be read until it is too late to comply with your intentions to have your body used for medical purposes. Other copies of the form may be used to inform the person who is likely to manage your affairs at the time of your death that you wish your body to be used in medical science. Also notify your family, attorney, doctor, and friends of your bequest.

## **ARRANGEMENTS FOR DELIVERY OF YOUR BODY TO THE HEALTH SCIENCE CENTER**

For use in medical studies, bodies must be specially embalmed as soon after death as reasonably possible; if embalming is not begun within six to ten hours after death, the body may not be acceptable. The Willed Body Program can help make these arrangements at the time of death; if the family so desires, they should call the office at **(210) 567-3900**. In case of difficulty in reaching the department office by phone, call the University Police at (210) 567-2801 and ask that they relay the message to us. If the family prefers to make private arrangements with a mortuary, the Willed Body Program should be informed at the time of death and then called by the funeral home when the body is ready to be released; in this case, it may be helpful to provide a copy of the will form and these instructions to the firm that is likely to be chosen. If a funeral is to be held, the Willed Body Program should be notified of the death and called again after the service is completed, to arrange for delivery of the body. Please note that embalming beyond that needed for anatomical study will render the body unacceptable; if questions regarding procedure arise, please have the mortician call our office for clarification.

## **DISPOSITION OF REMAINS**

After study of the body is completed, the remains shall be cremated. It is not unusual for the length of study to require three (3) to five (5) years, but it may be shorter. **We will neither promise nor agree to a time span for the length of our studies.** If a request has been made to return the ashes, our office will call the telephone number provided in order to notify the recipient when the ashes are ready to be mailed by registered mail through the United States Postal Service. Unless we are asked to return the cremated remains, the ashes from all bodies studied during the same general period of time will be buried, approximately once a year, in the University's private cemetery.

The Willed Body Program can return available cremated remains of your body to your family if, **at the time the body is received**, the request is made and the agreement to do so is signed. It may not be possible to comply if the request is made at a later time.

The Body Bequeathal Agreement form on the back of the next page contains a blank in which your desire concerning the disposition of ashes can be recorded. There is a separate agreement to the conditions placed upon return of available cremated remains. Your survivors will be required to pay for the return of ashes. Under no circumstances will uncremated remains be returned.

### **COST**

Ordinarily the Health Science Center will pay a nominal fee for the mortician's basic services in preparation and transportation of your body from the funeral home to the Center when death occurs within 100 miles of San Antonio. **Costs of services beyond those ordinarily required for anatomical preservation of the body or charges exceeding those normally paid by this institution will be the responsibility of the family or estate. The Willed Body Program will not accept charges for funerals, memorial services, counseling, etc., or for transportation of bodies beyond 100 miles from San Antonio.** If death occurs at a greater distance from San Antonio, expense can sometimes be minimized by arranging at the time for the body to be received by an appropriate institution located closer to the place of death; the Willed Body Program often can assist but cannot guarantee success in this effort. **Additionally as noted in the preceding section, the Willed Body Program will require payment for the return of available cremated remains, if that agreement is signed.** If you move out of the San Antonio area, your will to this Health Science Center should be revoked and a substitute arrangement made with an approved institution nearer your new home.

### **EXCLUSIONS**

Because bodies willed to the school are used mainly in the education of physicians, dentists, and allied health personnel, and to a minor extent in medical research, the usefulness of a body is greatly diminished if all parts are not intact. Therefore bodies from which parts have been removed for transplant purposes or during the course of an autopsy will not be accepted for the Willed Body Program. Our program is not attempting to compete with other programs that make organs and tissues available for transplantation or with those that promote postmortem studies necessary for the maintenance of quality in medical care; all these efforts offer benefits to society, but since the needs of each program exclude mutual use of the body, the donor or survivors must make a clear choice in how the body will be used. Exceptions to this general rule are that the corneas (but not whole eyes) may be donated to an eye bank (through a separate willing process) and that bodies on which surgery or amputation has been performed will usually be accepted, if the incisions have healed.

The Willed Body Program cannot guarantee acceptance of a willed body. A body will not be acceptable if any of the following conditions are present:

1. Organs or parts (other than corneas) have been removed at or following the time of death, such as for transplantation or in an autopsy;
2. Decomposition of the body prior to embalming;
3. Severe trauma, such as death from drowning, burning, homicide, or motor vehicle accident;
4. Death by suicide;
5. Open wounds (including recent major surgery) or ulceration of the body;
6. Contagious diseases, especially viral, such as virulent herpes, hepatitis, or HIV, but also other drug-resistant infectious diseases, as well as dementias of the Creutzfeldt-Jacob type;
7. Excessive obesity, emaciation, or body contractures;
8. Ruptured aneurysm; or
9. Malignancy that has spread to involve multiple adjacent organs, especially within the abdominal region.

In summary, the Willed Body Program reserves the right to refuse any body which is, in the opinion of the Director, unfit for its use or which for other reasons it cannot use.

### **REGISTRATION OF THE FORM WILLING YOUR BODY**

If you wish to will your body to The University of Texas Health Science Center at San Antonio under the foregoing conditions, **complete and return** this form to the Willed Body Program to the address shown at the bottom of this page. One copy will be placed in our files and two registered copies of the form, signed by our personnel, will be returned for your use. You will also be sent an identification card to carry in your wallet, stating your wish that your body be used in our willed body program and giving instructions for notifying us of your death. **It is essential that your will forms be registered by our office, since your body may not be accepted if we do not have a record of your will.**

# **THIS IS THE DONATION FORM. IT MUST BE FILLED IN**

## **BODY BEQUEATHAL AGREEMENT**

To Whom It May Concern:

It is my desire that upon my death my body be given, for the purpose of advancement of medical and research education, to THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO as provided by the Anatomical Board of the State of Texas. Therefore, I have instructed those who will arrange for disposition of my body to notify the Willed Body Program of the institution named above, **(210) 567-3900** [emergency number--University Police: **(210) 567-2801**], at the time of my death, so that appropriate arrangements can be made.

Furthermore, I understand that the institution is obligated to pay only standard fees for embalming and transportation according to rates approved by the Health Science Center. The University will pay to transport a body a distance of 100 miles or less from San Antonio, Texas. If my death should occur at a greater distance from San Antonio, I have instructed my representative to pay for the transportation in excess of 100 miles or to locate a closer approved institution to receive my body.

Although I am willing my body to the institution named above, I realize that my body may be sent to another institution which might have greater need for anatomical specimens, as directed by the Anatomical Board. The University of Texas Health Science Center at San Antonio will only accept donations that allow The Anatomical Board to export the body out of The State of Texas. **If you do not want to permit the body donated by this agreement to leave The State of Texas, DO NOT COMPLETE AND SIGN THIS FORM. Please contact another donation location in the state. We can give other telephone numbers if you call our office. Transportation outside of The State of Texas will be paid by the University. It is not unusual for the length of study to require three (3) to five (5) years, but it may be shorter. We will neither promise nor agree to a time span for the length of our studies.**

In addition, I understand that I cannot be guaranteed that my body will be acceptable at the time of death. If I am obese, emaciated, or have arms or legs that cannot be straightened; if I have a dangerous contagious disease at the time of my death; if my body has open wounds, is damaged by severe trauma (violent death), or undergoes decomposition prior to embalming; if organs or parts are removed (transplantation or for an autopsy); if I have widespread cancer or massive internal hemorrhage; or if I commit suicide, my body will not be acceptable for the Willed Body Program. If my body is rendered unfit for use in anatomical studies by these or other reasons, my survivors will need to make other arrangements for the final disposition of my body. If my body is acceptable, I authorize release of pertinent radiographs and information from my medical records to officials of the above named institution, for the purpose of enhancement of the use of my body in medical education or research.

I also agree to notify the Willed Body Program of the above named institution if there is a change in address.

Complaints or inquiries regarding a willed or donated body should be directed to the Secretary-Treasurer 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, or will be, delivered and is listed in the Texas State Telephone Directory.

**My signature below attests to my acceptance of the conditions outlined in the BODY BEQUEATHAL AGREEMENT on the previous page.**

**Name:** \_\_\_\_\_  
(Please Print) First Middle Last

**Social Security #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

**Date of Birth:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**SIGNATURE OF DONOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
First Middle Last  
(Please sign in ink)

My Next of Kin is: \_\_\_\_\_  
(name - please print)

\_\_\_\_\_ Address

Relationship Phone Number

City State Zip

**SIGNATURE WITNESSED BY:**

\_\_\_\_\_  
Signature of first witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (please print) year of birth

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature of second witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (please print) year of birth

\_\_\_\_\_  
City State Zip

**RETURN OF AVAILABLE CREMATED REMAINS --- I understand that I will be required to pay a nominal fee for this service prior to receiving the cremated remains.**

\_\_\_\_\_ I **DO NOT** wish to have available cremated remains returned  
(If checked, stop here)

\_\_\_\_\_ I **DO** wish to have available cremated remains returned.  
(If checked, the accompanying agreement must be read, and then signed.)

**Notice for Request of Disclosure of Social Security Number**

Disclosure of your Social Security Number ("SSN") is required of you in order for The University of Texas Health Science Center at San Antonio to register this body with The Anatomical Board of the State of Texas, as mandated by Texas Administrative Code, Title 25, Part 4, §477.7 "Board Forms". Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

**NOTICE ABOUT INFORMATION LAWS AND PRACTICES** With few exceptions, you are entitled on your request to be informed about the information The University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 559.004 of the *Texas Government Code*, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center at San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. Of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

You may send any requests to Harry S. Lynch Jr., MBA, PA  
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900  
By e-mail to: [Lynch@UTHSCSA.edu](mailto:Lynch@UTHSCSA.edu)  
By fax to: (210) 567-7027  
In person at: Medical School Building, Room 426

**DO NOT WRITE BELOW THIS LINE** (for office use only)

Registered by the Willd Body Program of The University of Texas Health Science Center at San Antonio

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **COMPLETE THIS FORM ONLY IF CREMATED REMAINS ARE TO BE RETURNED**

## **CREMATION AGREEMENT RETURN OF CREMATED BEQUETHAL REMAINS**

***In compliance with Texas Administrative Code §479.4, UTHSCSA will agree to return the available cremated human remains of an individual person ONLY under the conditions presented in this agreement.***

When a body is donated to science in the state of Texas, it reaches its permanent and final legal destination when it arrives at the institution to which it is donated. In this case, that institution is The University of Texas Health Science Center at San Antonio (UTHSCSA). The relevant statute is contained in the Health and Safety Codes of The State of Texas, §691. A body that is donated to science at UTHSCSA may be used in health education, research or both. In the process of education and/or research, parts of the body may be completely destroyed, or they may be kept for teaching purposes. These parts will **NOT** be available for cremation.

Cremation is a non-reversible process in which human remains are burned in a gas flame at a temperature of about 1800°F. At this temperature, all soft parts of the body vaporize and only burned bone remains. The pieces of burned bone are removed and processed to resemble ash or sand. These processed cremated human remains become the “ashes” which can then be returned if requested.

If the cremated remains are NOT to be returned to the legal next of kin or a designated individual, the human remains may be cremated at the same time with the remains of other individuals. Under these conditions, the cremated remains of a single individual will NOT be recoverable. The cremated remains of all individuals that are not returned will be irretrievably co-mingled with the cremated remains of other individuals in a common container, which will be buried underground in the UTHSCSA Cemetery. The site is identified with a marker stone.

When the cremated remains of an individual human ARE to be returned, the cremator is cleaned thoroughly before cremation and the available remains of only one human body cremated at a time. After the cremation, the machine is thoroughly cleaned and the cremated remains are processed for return.

In order to provide the extra services associated with the return of available cremated human remains of an individual, a fee of \$250.00 is charged.

Your signature indicates you have read and understand the conditions that UTHSCSA places upon agreeing to return the cremated remains of a human to you. It also indicates that you will hold harmless the university and its employees in this process.

