



## IMPORTANT INSTRUCTIONS - PLEASE READ THOROUGHLY

1. The Willed Body Program Donation Form Set consists of the following:
  - A. Pages 1-10 include important instructions and Frequently Asked Questions to assist with your decision to donate.
  - B. Pages 11-16 are to be completed and returned to the address below. Page 11 is the South Carolina Certificate of Death Worksheet which is unnumbered in accordance with DHEC protocol. PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY DISREGARDING THE DEATH INFORMATION IF YOU ARE A LIVINGR DONOR.

Willed Body Program  
607 Grove Road  
Greenville SC 29605  
Tel: 864-455-9884  
Attn: Shun Vernon

2. If an answer is unknown, please indicate "UNKNOWN." Please do not leave any spaces blank. Blank spaces may cause a delay in the application process.
3. When the completed forms are received by the Willed Body Program, the forms will be stamped with the received date. Copies of the application, an initial acceptance or denial letter, as well as a donor card, if applicable, will be mailed to the donor.
4. If a gift of body donation is accepted, please provide a copy of the acceptance letter to a responsible relative, physician, clergyman, or other person designated as the Next of Kin, so that he or she may notify the Willed Body Program (also referred to as "Program") at the time of death.
5. It is the responsibility of the donor to notify the Willed Body Program of any relevant updates in the personal information contained in the forms (i.e. changes of address, phone number, Next of Kin, etc.).
6. If a donation to the Willed Body Program contradicts previous instructions in the donor's "Last Will and Testament", a codicil (change or addition) to the will should be considered. If a Willed Body Program donation is not in conflict with the donor's will, a codicil may not be necessary. We recommend discussing these potential conflicts with an attorney should donors have any questions related to the instructions contained in their wills.
7. Please note that the term "Next of Kin" as used on these forms is to be determined by the donor. The Next of Kin should be the closest legal relative(s) whom Program personnel will contact following the death of the donor. The Program will provide the Next of Kin with information regarding a death certificate, obituary notices, yearly memorial service, etc.

8. We ask that donors confirm with their designated Next of Kin that this person is willing to assume this role for the purposes of interacting with the Willed Body Program. This person will be expected to act as spokesperson for the family and to share information, as provided by the Program, as needed. In the event that the donor does not have a relative reasonably available, the donor may appoint an attorney to act as the Executor or Personal Representative for Willed Body Program purposes.
9. We suggest that donors thoroughly review this Willed Body Donation Form Set prior to completion of the forms required for donation. Many of the questions that may arise will be addressed in this Form Set. Should potential donors or family members have any questions that are not answered in these materials, please contact the Program Coordinator at (864) 455-9884.
10. Donation of a donor's body or part may be made during the life of the donor by (1) the donor, if the donor is an adult or if the donor is a minor and is at least sixteen years of age; (2) an agent of the donor, unless the power of attorney for health care or other record prohibits the agency from making an anatomical gift; (3) a parent of the donor, if the donor is less than sixteen years of age; or (4) the donor's guardian.

Please note that if the donation is being made on behalf of a decedent the person making the donation must be a member of a class of persons listed in Section 44-43-340 of Chapter 43, Article 1, of the South Carolina Code of Laws. Copied form pages are accepted for filing but the signature must be original. Forms faxed to the Program will not be accepted for filing.

11. Forms must be completed and returned to the Program office in order for filing to be considered complete. The approval process takes approximately 2-4 weeks. The witnesses for this form must include at least one person who is a "disinterested witness." A disinterested witness is a person other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who can make, amend, revoke, or refuse to make the anatomical gift, or another adult who exhibited special care and concern for the donor.



## Frequently Asked Questions

### **What is the Prisma Health-Upstate Willed Body Program?**

The Willed Body Program allows individuals and/or their next of kin to donate their bodies for study by healthcare professionals at Prisma Health-Upstate. Our dedicated staff provide the guidance and support needed before and after death to ensure that a donor's wishes are followed and that the utmost care is provided throughout the Program in which donor's body is utilized for study.

The Willed Body Program has two divisions of donation: the Clinical Anatomy Division and the Military Personnel Training Division. The Clinical Anatomy Division focuses on the education of students, physicians, and other health care workers, while the Military Personnel Training Division focuses on the education of men and women in the armed forces who serve in a variety of healthcare roles. The Willed Body Program reserves the right to designate donors into either division of the Program, unless the individual or next of kin chooses to OPT OUT of the Military Personnel Training Division (see page 6). The Program will unequivocally honor a donor's wishes. The answers below to 'Frequently Asked Questions' are applicable to both divisions within the Prisma Health-Upstate Willed Body Program.

### **Which program or division will use my body for study or training purposes?**

All donors whose bodies meet eligibility criteria will be designated for use by the Willed Body Program. Donors' bodies will reside in the USC School of Medicine-Greenville building on the campus of Prisma Health-Upstate Greenville Memorial Hospital.

If a donor's body does not meet eligibility criteria for the Clinical Anatomy Division (see below for a list of exclusion criteria) or if the Clinical Anatomy Division does not need any additional donors for its immediate needs, donors may be eligible for use by the Military Personnel Training Division. In that scenario, donors' bodies still reside in the USC School of Medicine-Greenville building but may occasionally be transferred out of the building by military personnel for training purposes. Any donor's body that leaves the Prisma Health-Upstate Greenville Memorial Hospital campus will have a dedicated escort at all times.

### **Who is eligible to donate his or her body?**

Donors must be at least 18 years of age and competent to make the decision to donate. There is no maximum age limit.

### **Are there any circumstances or conditions in which my body will not be accepted?**

The Willed Body Program may decline any donor's body that may not be suitable for educational purposes. Registration as a donor in our Willed Body Program therefore does not mean that the body donation is always accepted. That decision is made at the time of death

and at the discretion of the Program consistent with the exclusion criteria listed in the table below.

It is wise to have an alternative plan given these restrictions. In the event that the Willed Body Program determines that the donor body is not suitable, the Next of Kin will be responsible for making alternative arrangements for final disposition. The Willed Body Program is not responsible for any costs associated with such alternative arrangements.

### Willed Body Program Exclusion Criteria

Willed Body Program – Clinical Anatomy Division	Willed Body Program – Military Personnel Training Division
<ul style="list-style-type: none"> <li>• More than 72 hours post mortem (even if stored in cold room/morgue storage)</li> <li>• Sepsis or open wounds</li> <li>• Organs (other than eyes) have been removed at or near the time of death, such as for organ donation and/or autopsy</li> <li>• Postmortem donated body parts to other programs</li> <li>• Dementia from Creutzfeldt-Jakob (early onset/rapid death) form of Alzheimer’s</li> <li>• Infectious diseases or any potential infection which could present a hazard to faculty, staff or students during study e.g. HIV/AIDS, MRSA, VRE, Hepatitis C, any current Hepatitis, Tuberculosis, etc.</li> <li>• Major trauma to the body (i.e., accident, suicide, etc.)</li> <li>• Any recent (72 hour) radiation, isotope tracing, radioactive angiogram or radioactive iodine</li> <li>• Any radioactive implant for cancer treatment</li> <li>• Severe obesity, jaundice, or body contractures</li> </ul>	<ul style="list-style-type: none"> <li>• More than 72 hours post mortem (even if stored in cold room/morgue storage)</li> <li>• Organs (other than eyes) have been removed at or near the time of death, such as for organ donation and/or autopsy</li> <li>• Postmortem donated body parts to other programs</li> <li>• Any recent (72 hour) radiation, isotope tracing, radioactive angiogram or radioactive iodine</li> <li>• Any radioactive implant for cancer treatment</li> <li>• Severe obesity, jaundice, or body contractures</li> </ul>

### What are my Next of Kin’s responsibilities if my body is refused?

Next of Kin should be prepared to make alternate arrangements for the body should the Program decline the donation at the time of the donor's passing. We encourage donors to have an alternate plan in place and to notify their Next of Kin of that plan. You may contact the Program Coordinator to discuss alternate options (864) 455-9884.



### **How do I donate my body to the Prisma Health-Upstate Willed Body Program?**

If you are interested in donating your body to help educate our future healthcare professionals, you will first need to contact our Program via email, mail, or phone and ask for the Willed Body Program Donation Form Set. You can also download and print these forms from our website.

We will provide a set of forms to review, four of which will need to be completed and mailed back to the Program. Pages 9 – 12 of the registration packet need to be completed and returned.

The Willed Body Program can also accept donation of deceased persons who did not register with our program prior to death. The Next of Kin may contact the Willed Body Program to initiate the donation process and he or she will be asked to complete the registration documents.

### **What happens after I receive my acceptance letter?**

The Program encourages all donors to inform their families (and Next of Kin) of their decision and acceptance into the Willed Body Program. Family members may need some time to understand this unique and generous decision. Ideally, donors should inform their Next of Kin or the Executor of their estate and provide copies of the donation paperwork. We also advise that donors notify their physician(s), clergy, and attorney(s) regarding these plans.

We require all donors to identify a person (Next of Kin or legal representative) who will contact the Program following their death. Following the death of a donor, the Next of Kin or legal representative should contact the Program at (864) 455-9539.

Program personnel will review acceptance criteria and promptly make a decision regarding acceptance or denial of the donor's body. The Next of Kin will be asked to complete a Post-Mortem Donation Release form and a South Carolina Certificate of Death Worksheet. When those forms are completed and the family is ready, the Program will make arrangements for transportation of the body to the Willed Body Program.

### **What happens if I die on the weekend or after office hours?**

The Next of Kin or legal representative should contact the Program at (864) 455-9539. The Willed Body Program operates 24 hours a day, 7 days a week.

\*\* If a donor dies at home, the first call should be to 911 and then to the Coroner's office to notify them of the death. After the Coroner's office has been called, the Willed Body Program should be contacted. The Coroner's office or the facility in which the donor passed should fax the Burial Removal & Transit Permit (BRT) to the Program at (864) 455-2205. \*\*



**What happens if I die on vacation or while out of the country? What if I spend part of each year in another state?**

If a donor dies outside of the state of South Carolina, we advise the Next of Kin to donate the body to a local body donation program. We are not able to accept any donor's body who dies outside the boundaries of the state of South Carolina.

If a donor dies while overseas, we suggest that the Next of Kin cancel the intent of donation. The cost and time involved in transporting a decedent back to the U.S. can be significant.

We ask that the Next of Kin inform us of these situations in order to update our files accordingly.

**Should my family or Next of Kin contact a funeral home?**

Contacting a funeral home is only necessary if the Next of Kin wishes to conduct a memorial or funeral service for the donor or to perhaps post an obituary in the newspaper. If these services are not desired, then the Next of Kin can contact the Program directly upon the death of the donor.

Depending on the circumstances and/or location of death, a family may need to contract with a funeral home to transport and hold a donor's body before acceptance is approved or declined. The family will be financially responsible for all arrangements other than those specified by the Willed Body Program.

**Will my body need to be embalmed?**

We prefer that embalming be performed under our supervision. However, if a donor's body has already been embalmed, it can still be accepted if the embalming process meets certain specifications. This acceptance will be provided on a case by case basis and at the full discretion of Program personnel.

**Is a funeral or memorial ceremony allowed before donation of my body?**

While the Program understands the desire to conduct a memorial or funeral service, it is preferable that these services be conducted without the donor's body present in order to maintain its integrity. Permission for such services is therefore provided on a case by case basis and is at the full discretion of Program personnel given the time constraints noted in the exclusion criteria. Any ceremony arrangements and costs are the responsibility of the family and/or Next of Kin.

If individuals are traveling from a distance for a memorial or funeral service, the Program can delay transport as long as the body is kept cool and is received within 72 hours. However, any delay in transport of the body must be discussed with Program personnel. The Next of Kin will



be responsible for any financial charges related to funeral ceremonies or transportation should such delays result in the donor's body not meeting eligibility criteria.

**Can my Next of Kin hold a viewing or visit the USC School of Medicine-Greenville after my body has been transferred to Willed Body Program?**

Given the confidentiality we maintain out of respect for all of our donors, unfortunately the Willed Body Program cannot accommodate such requests.

**How does the donation of my body benefit healthcare professionals?**

Learners gain invaluable experience made possible by the extraordinary gifts of our body donors. Body donations provide learners with the foundation for acquiring the practical skills and knowledge that are essential to a future practice in healthcare. The anatomy lab provides learners with the unique opportunity to learn about the structures of the human body as well as bodily functions through direct contact and discovery.

Since every donor's body is unique, the subtle anatomical differences found in each person's body can be observed by our healthcare professionals. Donors thereby help learners appreciate how the idealized illustrations found in textbooks and models actually look in the real world.

**What is the Celebration of Life Ceremony and who is invited to attend?**

The Willed Body Program, medical students, and professors at the USC School of Medicine-Greenville sponsor an annual Celebration of Life Ceremony to honor all donors who died during the previous study year. Family and friends of donors in both divisions of the Willed Body Program (Clinical Anatomy Division and the Military Personnel Training Division) will be invited to join our faculty and learners at this service.

**What immediate financial charges can my Next of Kin expect following my death? Can my family or Next of Kin get paid or reimbursed for donating my body?**

There are no charges from the Willed Body Program if a donor's body is accepted following his or her death. The Willed Body Program will pay for transportation, embalming (at our facility), a death certificate, and cremation charges.

If a funeral home is engaged in any capacity, the Next of Kin will be responsible for any charges billed by the funeral home. The donor's family will be responsible for any funeral arrangements or other fees. The Program provides no reimbursement or compensation for donation of a body.





### **How does my Next of Kin obtain a copy of my Death Certificate?**

The Program Coordinator will remain in contact with the Next Of Kin regarding the Death Record process. The Coordinator will generate the Death Certificate and supply the family with 5 copies. Any additional copies can be retrieved from the Vital Records Office by the family. The overall Death Certificate process, from filing to providing copies to the family, at minimum takes approximately two weeks.

### **What about my personal effects?**

Any jewelry or other personal effects should be claimed by the Next of Kin prior to transport to the Program. The Program is not responsible for any unclaimed personal effects.

### **May I donate even if I have had an organ removed by surgery or lost a limb?**

Yes. Unless significant organs have been removed (for donation or autopsy purposes), donors may still be eligible even if an isolated organ or limb has been removed.

### **Can I donate my organs for transplant?**

The only type of organ donation allowed in conjunction with the Willed Body Program is eye donation. If the donor wishes to follow this intent, those arrangements must be made in advance with a local hospital or clinic once death has occurred. These arrangements, and any costs incurred, are the responsibility of the donor and/or the donor's Next of Kin. These procedures must be completed prior to transport to the Program as we do not have the facilities or staff to perform this procedure.

### **Is the Willed Body Program connected to other programs in the state?**

No. The Program is owned and operated by Prisma Health-Upstate and is not affiliated with any other donation program in the state. All such programs are operated independently and according to their specific policies and procedures. As such, a body donation previously agreed to by a donor with another program is not transferrable to our Program.

### **What will my body be used for and can it be used for research in order to cure a particular disease/disorder?**

The Willed Body Program is used to train students, physicians, and other healthcare workers in the subjects of Gross and Clinical Anatomy. The Program also maintains agreements with a limited number of partners to provide military trainees with critical healthcare skills for use in a variety of combat situations through its Military Personnel Training Division.

Given the focus of study on gross and clinical anatomy, bodies donated to the Program are not used for research focused on specific diseases or disorders. It is not uncommon to encounter such disorders during the routine course of study in the anatomy lab, adding to the educational





value of the experience and highlighting, as previously noted, some of the anatomical differences between one person's body and the next.

**Will my family or Next of Kin get a report about what caused my death?**

The Willd Body Program does not generate an autopsy or report of abnormal findings for the family or Next of Kin. At the time of death, if the Next of Kin does not know the cause of death and desires to learn more, an autopsy may be requested. The performance of an autopsy will exclude the donor's body from being accepted into the Program given the disruption to various organs and tissues that are an inherent part of that procedure.

**How long will the Program hold my body for study after I die? What happens to my body after the study is complete?**

The study period for a donor's body generally ranges from 6 months to 2 years depending on its assignment. At the end of the study period, each donor's body will be cremated (producing "cremains") and returned to the Willd Body Program offices for arrangement of final disposition.

The Program Coordinator will discuss final disposition options with the Next of Kin. In certain educational circumstances, donors may not be cremated in their entirety. Certain anatomical components may be preserved for long-term educational purposes.

All donors, regardless of whether their bodies were studied in the Clinical Anatomy Division or the Military Personnel Training Division, will be honored with an annual plaque that will be placed at the Willd Body Program Memorial Gardens, where families are welcome to visit.

**Can my ashes be buried/scattered/entombed at a particular location?**

Your Next of Kin will be responsible for choosing the final disposition of your cremains once they have been provided by the Program. This applies to both the Clinical Anatomy Division as well as the Military Personnel Training Division. We urge families and Next of Kin to adhere to all codes, laws, rules, and regulations as they consider this disposition.

If the Next of Kin does not respond to the Program Coordinator regarding the return of a donor's cremains, his or her cremains will be held in the Program offices for 12 months and then interred by the Willd Body Program at its discretion. It is the responsibility of the Next of Kin to notify the Program of any change of address or a change in any other contact information to facilitate proper communication during this time.



### **Can my Next of Kin change my donation intent against my will? What if my next of kin and I are estranged or I want to donate no matter what they say?**

The form signed by donors indicating a desire to donate their bodies to science following their death is a legal document. We strongly suggest that each donor discuss his or her wishes with the Next of Kin. We recommend that donors keep two facts in mind:

1. If the Next of Kin does not inform the Program about the death of a donor, then the Program cannot carry out a donor's intent. Donation can only occur if the Program is informed of the donor's death.
2. The Program will not "force" a donation against the expressed protests of his or her family. We recommend discussing your decision with your family in order to ensure that everyone is aware and will respect your desire to donate your body at the time of death.

While the Willed Body Program does not provide legal advice, we recognize that many donors formally designate a specific person as the Executor of their Last Will and Testament. The Executor is a person entrusted to carry out the instructions for the disposition of a deceased person's body and estate. You may want to speak with an attorney regarding the appointment of an Executor if you have further concerns.

### **What if my friend/relative wants to donate when he/she dies? Can I donate my deceased friend/relative?**

If you are the Next of Kin or have been legally appointed as your friend/relative's Executor, you may initiate the donation process by completing the Post-Mortem Donation Release form below. The full requirements for doing so can be found in section 44-43-340 of the Uniform Anatomical Gift Act of the State of South Carolina, which is also provided below. Please contact the Program if your relationship to the donor makes it unclear whether you are able to file a Post-Mortem Donation Release.

In the absence of any indication to the contrary, donation at death may be made by the following people in the following order of priority:

1. An attorney appointed by the decedent in a durable power of attorney, if the decision is within the scope of his authority;
2. A spouse of the decedent unless the spouse and the decedent are legally separated.
3. Adult children of the decedent;
4. Parents of the decedent;
5. Adult siblings of the decedent;
6. Adult grandchildren of the decedent;
7. Grandparents of the decedent;
8. An adult who exhibited special care and concern for the decedent;
9. The persons who were acting as the guardians of the person of the decedent at the time of death;
10. And any other person authorized or under obligation to dispose of the body.



## SOUTH CAROLINA CERTIFICATE OF DEATH WORKSHEET

DATE OF DEATH:(MM/DD/YYYY) \_\_\_\_\_

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last)			2. SEX	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months	4c. UNDER 1 DAY Hours   Minutes	5. DATE OF BIRTH (MM/DD/YYYY)	6. BIRTHPLACE (City and State or Foreign Country)
7a. RESIDENCE-STATE		COUNTY	7c. CITY OR TOWN	
7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? O Yes O No
8. EVER IN US ARMED FORCES? O Yes O No	9. MARITAL STATUS AT TIME OF DEATH O Married O Married, but separated O Widowed O Divorced O Never Married O Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)	
14. PLACE OF DEATH (Check only one; see instructions)				
IF DEATH OCCURRED IN A HOSPITAL: D Inpatient D Emergency Room/Outpatient D Dead on Arrival D Nursing home/Long term care facility D Decedent's home O Other (Specify)		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: O Hospice facility		
15. FACILITY NAME (If not institution, give street and number)		16. CITY OR TOWN, STATE AND ZIP CODE		17. COUNTY OF DEATH
18. METHOD OF DISPOSITION O Burial O Cremation O Donation O Entombment O Removal from state O Other (Specify)		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND ADDRESS OF FUNERAL FACILITY		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT		23. LICENSE NUMBER (Of Licensee):		
23a. EMBALMER (Signature)		23b. EMBALMER LICENSE NUMBER	23c. LICENSE NUMBER (Of Facility)	
51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. D 8th grade or less D 9th-12th grade: no diploma D High school graduate or GED completed D Some college credit, but no degree D Associate degree (e.g., AA, AS) D Bachelor's degree (e.g., BA, AB, BS) D Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) D Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino/Latina. Check the "No" box if decedent is not Spanish/Hispanic/Latino/Latina. D No, not Spanish/Hispanic/Latino/Latina D Yes, Mexican, Mexican American, Chicano/Chicana D Yes, Puerto Rican D Yes, Cuban D Yes, other Spanish/Hispanic/Latino/Latina (Specify) _____		53. DECEDENT'S RACE. (Check one or more races to indicate what the decedent considered himself or herself to be) O White O Black or African American D American Indian or Alaska Native (Name of the enrolled or principal tribe) D Asian Indian D Chinese D Filipino D Japanese D Korean D Vietnamese D Other Asian (Specify) _____ D Native Hawaiian D Guamanian or Chamorro D Samoan D Other Pacific Islander (Specify) O Other (Specify)
54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE THE TERM "RETIRED.")				
55. KIND OF BUSINESS/INDUSTRY				
The information above was reviewed and found to be correct:				
_____ (Signature of Informant) (Required)		_____ (Date)		

BRTF NO.

### MEDICAL QUESTIONNAIRE

**PAST MEDICAL HISTORY:** Please indicate with a check mark whether you have had any of the following medical problems:

<input type="checkbox"/> Congenital Heart disease	<input type="checkbox"/> Thyroid problem (Type: _____)
<input type="checkbox"/> Myocardial Infarction (Heart attack)	<input type="checkbox"/> Coagulation (bleeding/clotting) disorder
<input type="checkbox"/> Hypertension (High blood pressure)	<input type="checkbox"/> Cancer (Malignancy) (Type: _____)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Depression/suicide attempt
<input type="checkbox"/> High cholesterol	<input type="checkbox"/> If you have ever had a blood transfusion
<input type="checkbox"/> Stroke	

**SURGICAL HISTORY** (Please list all prior operations and date/year. Feel free to attach additional sheets of medical/surgical history):

Operation	Date/ Year

WOMEN'S GYNECOLOGIC HISTORY:	SOCIAL HISTORY:
# pregnancies:	Do you use Tobacco: YES NO
# deliveries:	Current Smoker, how many packs/day ____x____years
# abortions:	Former smoker, quit date _____
# miscarriages:	Do you drink alcohol? YES NO
Age at 1st period:	How many drinks per week: _____
Frequency of periods:	Have you ever used any recreational drugs: YES NO
Age at last period (menopause):	

Other medical or surgical information:

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**SELF-DONATION**

Please check if self-donation is not applicable in this case.

Pursuant to the provisions of the Uniform Anatomical Gift Act of the State of South Carolina (South Carolina Code Annotated. 44-43-310 through 44-43-400, 1976, as amended),

I, \_\_\_\_\_ (Print Full Name of Donor) being of sound mind and over the age of Eighteen (18) years, do hereby, effective at the time of death, give my entire body to the Prisma Health-Upstate Willied Body Program for the purposes of medical education and research. The Prisma Health-Upstate Willied Body Program reserves the right to use the donation here or at other health-related schools or hospitals.

**Signing this document acknowledges that you, the donor, have read and understand all of the attached instructions.**

Executed this \_day of \_\_\_\_\_, \_\_\_\_\_ (Date)  
(Month/Year) (Signature of Donor)



**DONATION INTENT DECLARATIONS**

I, \_\_\_\_\_ [State Name & Relationship to donor or put "Self" if you are filling them out for yourself] agree to each of the following statements as indicated by my initials on the line next to each statement below:

	I understand and agree to the conditions for donation of this donor to the Prisma Health-Upstate Willed Body Program upon the event of my death, as laid out in this Form Set as provided by the Willed Body Program.
	I authorize the release of this donor's medical information and history to the Willed Body Program and Prisma Health-Upstate for educational and research purposes.
	I understand that it is my responsibility to contact the program with any information to be updated (change of address, Next of Kin designation, marital status, etc. for this donation intent to remain current.
	I understand that I may change my mind at any time and cancel this donation intent by means of signed letter written to the Program. The Program will mail confirmation of cancellation to the donor at the last address noted.
	I understand and agree that ultimate acceptance of donation into the Willed Body Program is decided at the time of death and is dependent upon meeting the acceptance criteria outlined in the program paperwork and confirmed by Willed Body Program personnel.
	I understand and agree if this donor is accepted into the Program and the family revokes the donation, the family will be financially responsible for reimbursing the Program for services rendered and all other expenses related to end of life arrangements.
	By signing my initials I am indicating that I would like to OPT OUT of the possibility of my donation being utilized by the Willed Body Program – Military Personnel Training Division.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE LIST TWO ALTERNATE RELATIVES WITH NAME, ADDRESS AND PHONE NUMBER:




**POST-MORTEM DONATION RELEASE**

This document certifies that I, \_\_\_\_\_, being the \_\_\_\_\_ of the deceased  
 (Print Name) (Relationship)

\_\_\_\_\_  
 (Print Name of Deceased)

am the person legally responsible for the disposal of his or her body and do hereby donate and release, without restriction, said body to Prisma Health-Upstate, Willed Body Program to be used for medical education and research. Pursuant to section 44-43-340 of the Uniform Anatomical Gift Act of the State of South Carolina, donation may be made after death by having the person who is responsible for the disposition of the body complete an after-death donor form.

\* Please see pages 10-11 of this packet to see full list of eligible persons legally able to make a post-mortem whole body donation\*

**Relative and Witnesses must sign in the presence of each other.**

Signature	
Date	
Phone	
Address	
City, State, Zip Code	

First Witness		Second Witness	
Signature		Signature	
Date		Date	
Street Address		Street Address	
City & State		City & State	
Zip		Zip	



## FINALDISPOSITION

Option 2 is automatically chosen as an alternate solution in the event that the Next of Kin does not claim, accept, or retrieve the decedent's cremains within 12 months after the first attempt is made to establish plans for pickup or delivery. After 12 months the cremains will automatically be placed into the Willed Body Program Memorial Garden ossuary. PLEASE BE AWARE: It is impossible to retrieve cremated remains from the ossuary once the cremated remains are placed inside it. Every possible and reasonable attempt (within 12 months) will be made to contact the Next of Kin before moving to Option 2.

1.  Cremation with cremains returned to the Next of kin at the follow address:

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2.  Cremation with cremains interred in the Willed Body Program Memorial Garden
3.  The Willed Body Program offers each of our donors a complimentary bronze leaf engraved with your loved one's name and life dates to be placed in our public memorial garden. By checking this box, you are OPTING OUT of this service and no leaf will be provided.

Signature	Date	
Donor Name	DOB	DOD