

ANATOMICAL (WHOLE BODY) DONATION REGISTRATION

Please provide the following information to register with our program. We realize some information may change before the donation, but we have found it beneficial for both you and your next of kin to collect your wishes in advance and ensure your intentions are honored within the program. This information is used to complete the Tennessee Death Certificate. Complete legal name (first, middle, last, suffix): Date of birth (M/D/Y): ____/ ___/ Place of birth (city and state, or foreign country): ______ Primary phone number: (_____) _____ Alternate phone number: (_____) _____ Social Security Number: _____ - ____ Email:_ Have you ever been in the Armed Forces? ☐ Yes ☐ No Gender: ☐ Male ☐ Female Residence address (must reside in Tennessee to register): Is residence within city limits? Yes No Residence county: ___ Current marital status: Married Divorced Married, but separated □ Never married □Widowed If married, provide spouse's full name (if wife, maiden name): Father's name (first, middle, last): Mother's maiden name (first, middle, last): Usual occupation before retirement: Business or industry: ___ Bachelor's degree (e.g., BA, AB, BS) 9th - 12th grade; no diploma Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) High School graduate or GED completed Doctorate (e.g., PhD, EdD) or Professional degree Some college credit, but no degree (e.g., MD, DDS, DVM, LLB, JD) Associate degree (e.g., AA, AS) Unknown Hispanic origin: ☐ No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Amerian, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino Unknown Please specify _ White Race: Japanese Samoan Black or African American Korean Other Pacific Islander American Indian or Alaska Native ☐ Vietnamese Specify _____ Name of tribe Other Asian Other Asian Indian Specify Specify ☐ Chinese ☐ Native Hawaiian Unknown Filipino Guamanian or Chamorro Next of kin name and address: Phone: (____) Next of kin relationship to donor: Returning cremated remains: Family will pickup the ashes Mail the ashes to the family Bury the ashes in Vanderbilt's Community Garden at Woodlawn Memorial Park, Nashville Provide the name, address, and phone number of the individual or institution to return the cremains to, if different than next of kin. Same as next of kin

Phone: (

ANATOMICAL DONATION MEDICAL HISTORY

Please check any medical conditions that apply and provide as much detail below, including dates, if possible.

Specify any other conditions not listed that may be related to surgery, disease, or an accident.

Due to HIPAA privacy and confidentiality concerns, we cannot access any Vanderbilt patient records.

If your medical conditions were treated at Vanderbilt, we will still need the information here for our files.

| ☐ Chronic obstructive pulmonary disease (emphysema) | Surgery | ☐ Orthopedic surgery (specify) |
|--|---------------------------------------|--------------------------------|
| ☐ Cancer (specify type) | ☐ Hysterectomy | Trauma surgery (specify) |
| ☐ Heart disease (specify) | □ Prostatectomy | Amputation (specify) |
| Congenital variation (specify) | ☐ Knee | ☐ Appendix |
| Implanted devices | ☐ Shoulder | ☐ Gall bladder |
| ☐ Joint replacement (specify) | □Hip | ☐ Spleenectomy |
| Pacemaker | ☐ Heart | ☐ Colon resection |
| ☐ Venous Port | □ Vascular surgery (specify) | ☐ Gastric bypass |
| Discourse of the state of the s | | |
| Please specify, using additional paper if needed | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | · · | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please note, some rarely occurring conditions can prevent acceptance at time of death: morbid obesity, infectious disease, open wounds or the program is at capacity.

The requested information is necessary to complete the Certificate of Death as required by Tennessee state law and to match your donation with the most appropriate educational or research experience. Your personal health information will remain confidential within our program according to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.



UNIFORM DONOR REGISTRATION

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

And I authorize Vanderbilt Anatomical Donation Program to collect pertinent health information at the time of my death, per HIPAA 45 CFR 164.512(g)(2) regulations.

| l, | desire to donate my body for anatomical study if needed. |
|---------------------------------------|--|
| Print or type name of donor | |
| Signed by the donor and the following | two witnesses, in the presence of each other. |
| Signature of donor | Date |
| First Witness | |
| Second Witness | |

This is a legal document under the Uniform Anatomical Gift Act or similar laws.

Registration will not be complete unless all information on the Registration and Medical History is filled in, and this document is signed, witnessed, and returned to our office. Upon receipt of your enrollment forms and following a thirty day waiting period, you will receive a letter of confirmationand a donor card for your files.

Please mail completed forms to:

VUMC Anatomical Donation Program 2213 Garland Ave MRB IV 3450 Nashville, TN 37232-0480

OR

Fax all completed forms to: (615) 322-8441

Telephone: (615) 322-7948, Ext. 1
Office location: 3450 Medical Research Building IV, Nashville, TN