

#### MEDICAL CENTER

### 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 n	ame (first, middle, last, suffix):				
Date of birth (M/I	D/Y):// Place of birt	ch (city and state, or foreign co	ountry):		
Primary phone n	umber: ( )	Alternate phone number:	Alternate phone number: ( )		
Social Security N	lumber:	Email:	Email:		
Have you ever been in the Armed Forces? Yes No Gender: Male Female					
Residence addre	ess (must reside in Tennessee to register): _				
Is residence with	in city limits? Yes No Reside	nce county:			
Current marital s	tatus: Married Divorced	Married, but separated	Never married		
If married, pro	ovide spouse's full name (if wife, maiden nan	ne):			
Father's name (fi	irst, middle, last):				
Mother's maiden	name (first, middle, last):				
Usual occupation before retirement: Business or industry:					
Education level:	☐ 8th grade or less ☐ 9th - 12th grade; no diploma ☐ High School graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g., AA, AS)		(e.g., MA, MS, MEng, MEd, MSW, MBA) PhD, EdD) or Professional degree		
Hispanic origin:	<ul><li>No, not Spanish/Hispanic/Latino</li><li>Yes, Puerto Rican</li><li>Yes, other Spanish/Hispanic/Latino</li><li>Please specify</li></ul>	☐ Yes, Mexican, Me ☐ Yes, Cuban ☐ Unknown	exican Amerian, Chicano		
Race:	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Name of tribe</li> <li>Asian Indian</li> <li>Chinese</li> <li>Filipino</li> </ul>	☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Specify ☐ Native Hawaiian ☐ Guamanian or Chamorro	☐ Samoan ☐ Other Pacific Islander Specify ☐ Other Specify ☐ Unknown		
Next of kin name	and address:				
Next of kin relation	onship to donor:		Phone: ()		
Returning crema	_ , , ,	es  Mail the ashes to the soilt's Community Garden at Wo	family oodlawn Memorial Park, Nashville		
Provide the name	e, address, and phone number of the individ of kin	ual or institution to return the o	cremains to, if different than 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.

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

Please be aware that certain conditions will prevent acceptance of your body donation. For example, morbid obesity and infectious disease at the time of death.

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.

# Anatomical Donations Program VANDERBILT TUNIVERSITY

## **MEDICAL CENTER**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 wit	nesses, 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 acceptance you will receive a letter of confirmation and a donor card for your files.

Please mail completed forms to:

VUMC Anatomical Donation Program 2213 Garland Ave MRB IV 3450 Nashville, TN 37232-0432

OR

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

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